

HCV ECHO Case Recommendations



Session 11: April 14, 2025

Case Recommendations and Considerations:

CATEGORY	RECOMMENDATIONS	Relevant Presentation Question or Concern	REFERENCES/ RESOURCE LINKS
History	<ul style="list-style-type: none"> ● A patient’s birth history is important particularly for patients who are co-infected with Hepatitis B. This 47 y/o patient has serology with Hepatitis B E antigen negative and E antibody positive, suggesting that he may have acquired Hepatitis B a long time ago. This is commonly seen in patients of Asian descent who have acquired Hepatitis B via vertical transmission. It is less commonly seen in Caucasian patients, but not impossible, and could still represent vertical transmission. Alternately, he may have acquired Hepatitis B through sexual transmission or IV use, earlier in his life. ● A diagnosis of “Schizophrenia” in the medical record should be taken with caution. Look for accompanying documentation that the patient has been formally evaluated and diagnosed by a mental health professional. ● The symptom “Psychosis” can be caused by many conditions. These include, but are not limited to, schizophrenia, bipolar disorder with mania, and drug use. ● For this patient, the combination of amphetamine and quetiapine would be an unusual regimen for schizophrenia. 	<ol style="list-style-type: none"> 1. Where was the patient born? 2. Is the diagnosis of schizophrenia certain? 	
Physical Exam	<ul style="list-style-type: none"> ● 		

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<p>Diagnostic evaluation</p>	<ul style="list-style-type: none">• The upper limit of normal for AST and ALT are not unique to each condition, it is 25 IU/L for women and 35 IU/L for men. The Asian American treatment algorithm by Dr. Tong provides a guide to navigate the treatment of chronic hepatitis B in Asian Americans. There has recently been an effort to simplify the approach to the treatment of chronic hepatitis B called “SABA” which stands for the Simplified Approach Hepatitis B Algorithm. This new approach takes into account the patient’s age vs. Dr. Tong’s algorithm.• The Simplified Approach Hepatitis B Algorithm emphasizes the risk of mutation and increased potential for the virus to become carcinogenic as patients are exposed to the virus for longer periods of time. This is best highlighted by persons who were infected through vertical transmission. Getting them treated more aggressively, independent of their liver enzymes, may prove beneficial.• To assess the patient’s gluten intolerance and screen for celiac disease, add tissue transglutaminase IgA antibodies (tTg-IgA) in his next set of laboratory work. This will help delineate between Celiac Disease vs. gluten intolerance.	<ol style="list-style-type: none">1. What is the upper limit of normal for AST and ALT for hepatitis B patients? 2. For this patient with gluten intolerance, how should he be worked up for celiac disease?	<ul style="list-style-type: none">• Tong MJ, Pan CQ, Han SB, et al. An expert consensus for the management of chronic hepatitis B in Asian Americans. <i>Aliment Pharmacol Ther.</i> 2018;47(8):1181-1200. doi:10.1111/apt.14577• Dieterich D, Graham C, Wang S, et al. It Is Time for a Simplified Approach to Hepatitis B Elimination. <i>Gastro Hep Advances.</i> 2023;2(2):209-218. doi:10.1016/j.gastha.2022.10.004• https://www.vemlidyhcp.com/treatment-guidelines/
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<p>Medication Therapy & Adjustments</p>	<ul style="list-style-type: none"> • The patient discussed today highlights multiple complex issues, notwithstanding his co-infection with chronic hepatitis B and chronic hepatitis C. Securing reliable food and shelter is the highest priority. Treatment at this time for hepatitis may not be the best course. Establishing rapport and building trust is another priority. • This patient is at high risk for chronic hepatitis B reactivation. Regarding treatment timing, treatment for Hepatitis B and Hepatitis C can be started at the same time. Hepatitis B reactivation is usually seen 4-8 weeks from the start of treatment when the HCV RNA levels drop and the immune system “relaxes”. If treatment is started at the same time, the drug levels for hepatitis B treatment would have reached a sufficient level that much reduces the risk for reactivation. • The choices for the treatment of Chronic Hepatitis B include Entecavir, Tenofovir alafenamide (TAF), and Tenofovir Disoproxil Fumarate (TDF). TDF has increased risk for decreased bone density and renal dysfunction making TAF the preferred choice between the two Tenofovir formulations. • For Hepatitis C treatment, either Glecaprevir / Pibrentasvir (Mavyret) or Sofosbuvir / Velpatasvir (Epclusa) are good treatment options. The pill burden and treatment schedule for these regimens is different and shared decision making is the best approach to find the optimal direct acting antiviral agent (DAA). Glecaprevir / Pibrentasvir (Mavyret) has a shorter 	<ol style="list-style-type: none"> 1. In this unhouseed patient with a history of a complex psychiatric diagnosis and celiac disease, who presents with chronic hepatitis B and hepatitis C, without evidence of clinically significant portal hypertension or liver synthetic dysfunction, how should we approach treatment? 	
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	<p>duration- 8 weeks, however, the treatment regimen involves 3 pills/day. Sofosbuvir / Velpatasvir (Epclusa) requires 1 pill/day but the treatment duration is 12 weeks. These factors should be balanced with patient preference.</p> <ul style="list-style-type: none"> • While chronic Hepatitis B reactivation is rare, he is at high-risk. Once a patient has HBV reactivation, treatment control is more difficult and the risk for mortality is increased. It is not recommended to treat the patient's chronic Hepatitis C alone. • This patient is prescribed amphetamines twice a day for unclear indications. He is underweight. It is worth considering adjusting his medications in conjunction with pharmacy and psychiatry. 	<ol style="list-style-type: none"> 2. Is it possible to just cure the chronic hepatitis C first? 3. Should the patient's medications for ADHD be tapered to help with his appetite? 	
Vaccination	<ul style="list-style-type: none"> • Vaccination for Hepatitis A has 2 roles in this case. The first role is protection against Hepatitis A for a patient with increased risk due to chronic Hepatitis B and C. • Offering the Hepatitis A vaccine to this patient may also provide an opportunity to build a therapeutic relationship given the vaccine's high efficacy and low risk. A good approach is to introduce the vaccine and its benefits as well as its low risk, allow the patient to digest the information, and ask "May I give you the vaccine today?" 	<ol style="list-style-type: none"> 1. What is the role of vaccination in this case? 	
Social Determinants of Health (SDOH)	<ul style="list-style-type: none"> • Multiple factors may affect a patient's hesitation to pursue treatment, including being new to a place of care. A history of the patient's encounters with the medical system may provide more insight. For this patient, he was previously told that his disease was not severe enough to warrant treatment. This was in 2003 when DAAs 	<ol style="list-style-type: none"> 1. What is the patient's hesitation towards treatment? 	

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were not available and the treatments (e.g. Ribavirin and Interferon) were not so effective and had multiple adverse effects. At that time, a more nuanced risk/ benefit assessment went into considering a patient for treatment. It would be good to explore the patient's current impression of treatment and what this may mean for him. His perceptions of the potential adverse effects or the benefits may not apply to newer treatment options.

- Strategies that may help and prove beneficial include assistance in obtaining housing and food stability. Time can also facilitate trust and rapport building with the patient. This may ultimately lead to an increase in willingness to seek or agree to treatment.
- If the patient has Medicaid or Quest insurance and has not already been assigned a health coordinator, the health plan can be called to assist with getting the patient connected to services, including housing services, food provision, and other social determinants of health. They may be able to help to establish trust in the healthcare system through consistent communication. They are able to follow the patient in both the outpatient and inpatient setting.
- Medicaid also has a supplemental nutrition assistance program (SNAP) that can be beneficial for patients who have food insecurity, even with restrictions such as for this patient with gluten intolerance.
- Once the patient is housed and has food security, with a treatment plan established

2. Does the patient have an insurance coordinator?

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	<p>and accepted by the patient, a pill organizer is strongly recommended to help with organization and adherence.</p> <ul style="list-style-type: none"> ● Be sure the patient's mental health providers are included and consistently updated about the patient's treatment plan. 		
Behavioral Health	●		
Screening	●		
Risk Reduction	●		
Other	●		

PLEASE NOTE that case consultations and recommendations for the HBV ECHO do not create or otherwise establish a provider-patient relationship between any participant, Hawaii Learning Groups, and/or any other clinician on the HBV ECHO faculty.