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Coping with Neuropsychiatric Side Effects of Pegylated Interferon Alpha Therapy in Hepatitis C Virus Positive (HCV+) Patients: an Observational Study.

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Background: HCV is the most frequent cause of chronic hepatitis and a risk factor for liver cirrhosis and hepatocellular carcinoma. Despite recent advances in HCV therapy, Pegylated Interferon Alpha (PegIFN α) remains the treatment backbone, even if it can cause serious neuropsychiatric symptoms (from irritability to psychosis) that could reduce treatment compliance to the point of failure.

Aims: To describe the neuropsychiatric symptoms during PegIFN α treatment in a group of HCV patients without any psychiatric morbidity at enrolment, and drop-out rate.

Methods: Eleven HCV+ outpatients, scheduled for PegIFN α treatment, were assessed at enrolment (T0), and after one (T1) and two months (T2) to investigate psychiatric symptoms by means of SCID-I, HAM-D, HAM-A, PHQ-9, MDRS and MRS. A pharmacological therapy, based on clinical evidence, were provided at their onset.

Results: Comparing T0, T1 and T2 mean scores, we found a increasing trend in all psychometric scales, statistically significant for HAM-D and HAM-A.

An item-by-item analysis showed a significative increase in the mean scores of HAM-D somatic items (#11 to 14), and HAM-A *Anxious mood*(#1), *Tension*(#2) and somatic items (#8 to 10, 12, 13).

Drop-up occurred in two outpatients (18%), both after T1 assessment, due to HCV relapse (one patient), and serious somatic side effects (one patient).

Conclusions: Patients at early stages of PegIFN α treatment may develop a psychiatric comorbidity, particularly tension, anxiety and somatic symptoms, even without a psychiatric hystory.

This confirms a need for psychiatric assessment in patients scheduled for antiviral therapy, to identify early symptoms and reduce drop-out rates.