

a series of fact sheets written
by experts in the field of liver
disease

HCV and Mental Health: HCV and Depression

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Living with a chronic disease can be challenging. No one ever thinks we will develop a chronic condition, so naturally it is not a situation for which we prepare. Depression can accompany chronic disease, including hepatitis C virus (HCV) infection. There are many opportunities for depression to affect the lives of HCV patients. Some of the landmarks when these are more likely to occur are:

- After the initial diagnosis
- During treatment
- After an unsuccessful course of treatment
- When assessing sexual practices and lifestyle
- While coping with HCV symptoms – particularly fatigue and sleep problems
- Managing advanced HCV
- Facing death

Important Note: If you have thoughts of suicide or hurting yourself or others, seek immediate professional help.

The Diagnosis

Any medical diagnosis can be a jolt. A diagnosis of HCV can produce a huge range of reactions. If you were feeling well at the time of your diagnosis, this new information can be especially shocking. An array of questions may be swimming around in your head, such as, what does this mean? Will I die from hepatitis C? What about my family? Is this contagious? If so, how?

The most important thing you can do is to get accurate information. Learn how to separate fact from fiction and be patient with the process. In time, your questions will be answered. However, the period following initial diagnosis can be very stressful, emotional, and confusing.

HCV Treatment and Depression

The current treatment for chronic HCV infection is interferon given in combination with ribavirin. The most commonly prescribed form of interferon is peginterferon (Pegasys and PegIntron). Peginterferon injections are self-administered weekly.

Patients taking interferon – with or without ribavirin – commonly report depression. If you are considering treatment, tell your physician if you have a current or past history of depression or psychiatric illness. It is especially important to report severe depression, hospitalization for any psychiatric illness, or any suicide attempts.

Interferon may cause or aggravate life-threatening neuropsychiatric disorders.

Sometimes antidepressant medications are used in conjunction with HCV treatment (see *Medical Treatment for Depression* Fact Sheet). Many patients state that antidepressants make a huge difference in their quality of life while they are undergoing HCV treatment. Some patients start on antidepressant medications prior to treatment. Others start HCV treatment and then begin antidepressant medication if they think they need it. Talk to your doctor about what would be best for your situation.

Unfavorable Treatment Outcome

HCV therapy can be difficult. Patients usually enter into treatment with the desire, the hope, or even the expectation that the outcome will be favorable. Patients report that an “unsuccessful” treatment result can

be disappointing, depressing, or even devastating. It is reasonable to have an emotional reaction if the outcome of HCV treatment does not turn out the way you hoped. Feelings can vary, and some people experience more than one reaction. If you have only recently stopped taking your medication, you may be especially vulnerable to depression. Give yourself time to let the medications' effects wear off. Prolonged depression, or depression that interferes with well-being, may require medical intervention such as antidepressant drugs or psychotherapy.

Lifestyle and Sexuality

Having HCV carries with it the concern of transmission to others. Most of us can endure just about anything, but the thought that we could infect someone else can be an emotional burden. Preoccupation with potential infectiousness may result in isolation. This can negatively affect one's social and sexual needs and lead to depression.

To avoid this, it is essential to understand how HCV is transmitted. HCV is a blood-borne virus. It is not passed casually or easily. It may be necessary to modify some of your sexual practices or social habits, but having HCV should not prevent anyone from having active social or sexual relationships.

For information about HCV transmission, visit www.hcvadvocate.org.

HCV Symptoms

Some HCV patients have more symptoms than others do. These can include severe fatigue, body aches, and a host of other problems. Managing constant physical complaints can be discouraging. Some patients have sleep problems, which can also lead to depression. Talk to your doctor if you have symptoms that bother you, especially if they interfere with the quality of your life.

Advanced HCV

The more advanced the stage of HCV, the more likely it is there will be greater concerns. These can be physical ones as well as psychosocial and spiritual issues. Depression can be associated with advanced HCV. Those living with HCV may benefit by learning how to manage this chronic disease in its earliest possible stages.

Developing coping techniques will serve you throughout your life.

Facing Death

The majority of HCV-positive individuals will die *with* HCV, *not of* HCV. Regardless, sometimes a change in our health reminds us about the inevitability of death. Thoughts and fears are common and normal. It is essential that we address these concerns so they do not become persistent and lead to depression. Most of our deepest fears can be soothed with facts.

Here are some tips on how to deal with changes in health and/or thoughts about death:

- **Talk about it:** Tell someone your fears and thoughts. The act of saying the unspoken can be very powerful.
- **Get the facts:** Talk to your doctor about your particular situation. Be specific with your questions. What are my chances from dying from this? How much time do I have? Should I be concerned about the fact that I cannot remember things like I used to? Your physician may not know the answers to these questions, but should take your questions seriously. You have the right to not be dismissed or made to feel uncomfortable about your concerns.
- **Compare notes:** The key here is to talk to other people without HCV. Choose people close to your age and lifestyle. Ask them how they feel. You might be surprised to learn that many people your age are feeling tired, achy, and find their memory slipping.
- **Get support:** Talk to people with hepatitis C. People with HCV have more health complaints than those not infected with the virus. Many have also developed ways to cope with these problems. They know the best and the worst doctors. They can recommend web sites and literature. Best of all, when you attend a support group you do not have to try to look or act your best.
- **Control what you can:** Although you do not have control over the fact that the virus has taken up residence in your liver, you do have control over things such as alcohol use. Alcohol and HCV do not mix. Look at your lifestyle. Do you smoke, drive without a seatbelt, or

misuse drugs? Do you exercise and are you careful about what you eat? These areas can be controlled. One caution, permanent change does not happen instantly. Success is more likely to occur if you are gentle with yourself while maintaining your commitment.

- **Grieve:** Grief is a part of chronic illness. Sometimes grieving is the only way to move on.
- **Live while you are alive:** Focus on the present, not the future. Until breathing stops, you are still alive. How are you going to spend today and the rest of your life?

Hopefully this information will provide you with tools to gain insight and control over depression. Life is indeed short, too short to spend it feeling depressed, especially since something can be done about this.

Disclaimer: The diagnosis and treatment of psychiatric and other medical disorders requires a trained medical professional. Information contained in this factsheet is intended for educational purposes only. It should NOT be used as a substitute for professional diagnosis and treatment of any mental/psychiatric disorders. Please consult a medical professional if the information here leads you to believe you or someone you know may have a psychiatric or other medical illness.

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For more information about hepatitis C, hepatitis B and HCV coinfections, please visit www.hcvadvocate.org.

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