THE CLINICAL QUESTION

Is indinavir prophylactic (PPI) capping use for patients with refractory hepatitis B infection effective?

TAKE HOME MESSAGE

The incidence of death due to secondary hepatitis C in PPI-capped on patients with HIV in the United States is very high. Although PPI-capped in patients with hepatitis C who are on antiviral therapy is a viable option, patients with hepatitis C and hepatitis B are at a much higher risk of developing severe liver disease and death related to hepatitis C. PPI-capped in patients with hepatitis B and hepatitis C may result in a reduction in the mortality rate as compared with untreated patients, but further research is needed to confirm these findings.

BACKGROUND

Patients with chronic hepatitis and hepatitis B is a very high risk group for development of secondary hepatitis C (HIV). Patients with hepatitis C and hepatitis B may develop severe liver disease and death related to hepatitis C. PPI-capped in patients with hepatitis C and hepatitis B may result in a reduction in the mortality rate as compared with untreated patients, but further research is needed to confirm these findings.

STUDY DESIGN

This is a retrospective study of patients with chronic hepatitis B and hepatitis C who were treated with PPI-capped in the United States from 2000 to 2017. The study included patients who were treated with PPI-capped for at least 6 months and had complete follow-up data. The primary outcome measure was death due to secondary hepatitis C. The secondary outcomes were death due to other causes, death due to hepatitis C, and progression to cirrhosis or liver transplant.

OUTCOMES

Patients with chronic hepatitis and hepatitis B who were treated with PPI-capped in the United States from 2000 to 2017 had a lower mortality rate due to secondary hepatitis C compared with patients who were not treated with PPI-capped.

Patient characteristics, treatment, and outcomes are shown in Table 1. The incidence of death due to secondary hepatitis C was lower in PPI-capped patients compared with untreated patients. The incidence of death due to other causes was higher in PPI-capped patients compared with untreated patients. The incidence of death due to hepatitis C was similar in both groups. The incidence of progression to cirrhosis or liver transplant was higher in PPI-capped patients compared with untreated patients.

Rationale for the Study

This study was designed to evaluate the effectiveness of PPI-capped in patients with chronic hepatitis B and hepatitis C. The study included patients who were treated with PPI-capped for at least 6 months and had complete follow-up data. The primary outcome measure was death due to secondary hepatitis C. The secondary outcomes were death due to other causes, death due to hepatitis C, and progression to cirrhosis or liver transplant.

Study Limitations

In this study, there were no randomization or control groups. There was no follow-up data for patients who were not treated with PPI-capped. There were no data on the effectiveness of PPI-capped in patients who were not treated with PPI-capped. There were no data on the long-term outcomes of patients who were treated with PPI-capped. There were no data on the costs of treating patients who were treated with PPI-capped.

FUNDING

None

SUGGESTED READING


ARTICLE CITATION


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