Hepatitis C in the Elderly

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Epidemiology

• National Health and Nutrition Examination Survey III (NHANES III) 21,241 participants
  – HCV Ab +
    – 0.9% 60-69 yrs
    – 1.0% > 70 yrs
  – Non-Hispanic Blacks/HCV Ab+
    – 2.5% 60-69 yrs
    – 2.8% > 70 yrs
• NHANES 1999-2002
  – Largest prevalence group 40-49 (4.3%)
  – 60% of those >60 years old infected via blood transfusion


Natural History

• Transfusion acquired HCV and time to development of cirrhosis

• Minola et al.
  – Acquired age 21-30yrs, 33 years to cirrhosis
  – Acquires after 40 yrs, 16 years to cirrhosis

• Tong et al.
  – Acquired before 50 yrs, 23.6 years to cirrhosis
  – Acquired after 50 yrs, 9.8 years to cirrhosis

E. Minola D. Prati F. Suter Age at infection affects the long-term outcome of transfusion-associated chronic hepatitis C. Blood. 2002;99:4588-4591
Natural History

• Rate of **fibrosis** affected by age, gender and alcohol consumption, with an acceleration of fibrosis after 15-20 years of infection

• Time to Hepatocellular Carcinoma (HCC):
  • 14.7 years if > 50 yrs at HCV acquisition
  • 31.5 years if < 50 yrs at HCV acquisition

HCV Treatment in the Elderly

• Less response to pegylated interferon/RBV with increased age
  – Odds ratio of SVR 0.13-0.21 for age groupings >40 years old versus <40
  – Only seen in genotypes 1 and 4; no significant age difference for genotypes 2,3

• Greater risk of cytopenias requiring dose modifications for patients >60 years versus matched controls (p=0.031)


C.G. Nudo P. Wong N. Hilzenrat Elderly patients are at greater risk of cytopenia during antiviral therapy for hepatitis C Can J Gastroenterol 20:2006;589-592