**Antiviral treatment for chronic hepatitis C: reasons for non-treatment in a northern Indian center**

Despite recent improvements in the therapeutic efficacy of antiviral treatment of hepatitis C, it is observed that a large number of patients still remain untreated. The reasons for non-treatment include disease characteristics and/or patient willingness and treatment affordability. These are likely to be different in different geographical areas and populations.

Data of all patients who presented to the Gastroenterology unit between January 1996 and December 2005 were reviewed. Reasons for non-treatment were classified as ‘ineligible’ and ‘unwilling’ for treatment. Patients with advanced liver disease, cardiopulmonary co-morbidity, major psychiatric disorder, and active alcohol or intravenous drug abuse were considered as ineligible. Those who did not complete the investigative work-up as suggested and those who did not follow up regularly were taken as drop-outs. Patients who were eligible for antiviral treatment but did not consent were labeled as ‘unwilling’ for treatment and were requested to specify their reasons. The study was approved by the institutional ethics committee.

A total of 850 patients with positive anti-HCV were registered during the 10-year period. The mean age was 49.1 years (SD 12.2; range 18-76); 578 (68%) were males. The main reasons for being ineligible for therapy were decompensated cirrhosis
in 182 (21.5%), concurrent medical problem 38 (4.5%), active alcohol use 21 (2.5%), IV drug use 2 (0.23%), age >70 years 6 (0.8%), major psychiatric illness 4 (0.5%) and concomitant HIV infection in 4 (0.5%). Histology showing HAI ≤2 with F0 in 24 (2.8%) and normal transaminases level in 33 (3.9%) constituted other reasons for no treatment. HCV RNA was not detected in 50 (5.9%) patients. Altogether, 364 patients (42.8%) were ineligible for therapy.

Two hundred seventy one patients were unwilling for antiviral treatment – 130 (15.4%) for reasons of non-affordability, 33 (3.9%) for fear of side effects, 40 (4.7%) were not convinced about the results, and 41 (4.8%) for use of alternative therapies. Twenty-seven patients (3.8%) were considered as drop-outs. Thus, only 215 patients (25.3%) actually received treatment with antiviral drugs.

Recent studies have detailed the obstacles to treatment of hepatitis C and reported only 4%-28% enrollment for treatment.\textsuperscript{1,2} A large number of patients who presented to us with hepatitis C had reached advanced liver disease. In a study carried out amongst family physicians by our group, knowledge about clinical presentation, diagnostic tests and management approaches was lacking amongst a substantial proportion of doctors.\textsuperscript{3} This suggests a need for educational activities and practice guidelines for primary physicians.

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References