

High frequency of unrecognized mental disorders in HCV-infected patients

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Abstract

Objective: This study indexed the frequency of psychiatric disorders among hepatitis C virus (HCV)-infected patients.

Method: HCV-infected patients treated at a university hospital in the northeastern region of Brazil were evaluated in a cross-sectional study using the Mini International Neuropsychiatric Interview.

Results: Ninety HCV-infected outpatients were included in the study and 44 (49%) had at least one psychiatric diagnosis. Among the 26 patients (59.1%) with a current psychiatric morbidity, 22 (84.6%) had gone undiagnosed.

Conclusions: HCV-infected patients have a high frequency of unrecognized psychiatric comorbidity.

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1. Introduction

Infection with hepatitis C virus (HCV) is an important public health problem and one of the most frequent chronic infectious diseases worldwide, with a global prevalence of 1–2% [1].

Increasing evidence suggests that HCV-infected patients have a high prevalence of mental disorders [2]. Ozkan et al. [3] reported that 48.6% of 107 patients infected with HCV or hepatitis B virus had at least one psychiatric disorder, including 15% meeting criteria for depression. Health-related quality of life was significantly decreased in patients with psychiatric morbidity.

Our study aimed to identify the frequency of mental disorders in a population of HCV-infected patients. In addition, we investigated the proportion of individuals with psychiatric diagnosis that had never received previous mental health attention.

2. Methods

2.1. Participants

HCV-infected consecutive outpatients were recruited from the northeastern region of Brazil, at a University medical center (Gastro-Hepatology Unit, Federal University of Bahia). Ninety patients volunteered to participate and completed a psychiatric evaluation. The individuals were between 18 and 65 years of age and had a positive test result for anti-HCV antibody using the ELISA III method (Abbott, Chicago, IL), confirmed by the qualitative and/or quantitative determination of the HCV-RNA by AMPLICOR (Roche, Basel). The exclusion criteria were the following:

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Table 1
Sociodemographic data and clinical characteristics of HCV-infected patients from the Gastro-Hepatology Unit, Federal University of Bahia, Brazil

Variables	<i>n</i>	%
Gender		
Male	50	55.5
Female	40	44.4
Age (years)		
<40	20	22.2
≥40	70	77.8
Marital status		
Married	53	58.9
Divorced	14	15.5
Single	23	25.5
Paths of infection		
Transfusion/surgery	27	30
Injecting drug use	8	8.9
Tattoo	2	2.2
Others	13	14.4
Unknown	40	44.4

current or previous treatment with interferon in the last 3 months; nonpsychiatric comorbidity such as hypertension, diabetes mellitus, hypothyroidism or other medical conditions with systemic repercussion; current use of propranolol or other drug associated with an increased risk of psychiatric symptoms; cirrhosis classified as Child Pugh B and C or decompensated liver disease.

The study was approved by the local Medical Ethics Committee. All subjects provided written informed consent after detailed explanation of the study procedures.

2.2. Procedure

Assessment of clinical–epidemiological data was carried out through a standard questionnaire. Psychiatric diagnoses were confirmed by using the Mini International Neuropsychiatric Interview, Brazilian version 5.0.0 (MINI Plus) [4].

2.3. Data analyses

The data were entered into the EPIDATA program version 3.1 and analyzed in the R Package program version 2.3.1. The measurements of epidemiological occurrence and association were calculated, as well as the 95% confidence interval, prevalence and prevalence rate, respectively.

3. Results

A total of 220 patients entered the screening phase of the study. Of these, a total of 125 patients failed to meet entry criteria and 5 declined to participate in the study. The remaining 90 HCV-infected patients were included. Evaluation using the MINI Plus demonstrated that 46 patients (51%) did not have any psychiatric diagnosis and 44 (49%) met criteria for at least one psychiatric diagnosis. Among those with psychiatric comorbidity, 16 (36.4%) had two or more psychiatric diagnoses. Twenty-six patients (28.9%) had alcohol or other substance abuse/dependence, 17 (18.9%)

had been diagnosed with mood disorders and 14 (15.5%) had been diagnosed with anxiety disorders. Among the patients diagnosed during the MINI interview, 26 (59.1%) had a current mental disorder and 22 (84.6%) patients had gone undiagnosed. Therefore, only four patients (15.4%) had already been accurately diagnosed and were receiving psychiatric treatment.

Table 1 shows the sociodemographic data and clinical characteristics of HCV-infected patients as well as the frequency of the psychiatric disorders in the sample. No significant differences between the patients with a comorbid psychiatric disorder and those without it on any of the sociodemographic or clinical characteristics were found in a series of exploratory analyses.

4. Discussion

One important issue of our study was to show that most HCV-infected patients had no previous psychiatric diagnosis, and our investigation revealed hidden and relevant mental disorder comorbidity.

Similar results were reported in other studies. One article demonstrated that 72% of HCV-infected individuals with depression and 86% of those with anxiety had not been accurately diagnosed [5]. This is a high prevalence of mental disorders, especially considering that evaluated patients were not in treatment with IFN- α , which is associated with psychiatric side effects [6–8].

There may be some explanation as to why most patients had had no mental disorders detected before being screened for our study. One of these is that HCV-infected patients often present with somatic complaints that divert the hepatologist's attention from psychiatric problems. Despite the fact that most of these patients went regularly to health services, many physicians believe that it is normal for a patient with a chronic disease to have symptoms of depression or anxiety. Cultural aspects may also bias patients to report physical symptoms when suffering a mental disease. Current Brazilian health care system time pressure may bias clinicians to focus on physical symptoms rather than on mental health disorders.

It is important to emphasize that an unrecognized psychiatric comorbidity can compromise treatment compliance, increase functional loss and worsen the prognosis of a chronically ill patient [9].

One major limitation of our study is that findings apply to a population of HCV-infected patients from a tertiary hepatology service and might not generalize to primary care populations. In addition, a control group was not included, which prevents us from concluding that psychiatric disorders prevalence was quite high, although rates are invariably superior to those reported in the general population [10]. Another limitation is the low frequency of history of intravenous drug use among our sample, which is consistent with a prior report issued in Brazil [8].

In conclusion, our investigation shows an elevated frequency of psychiatric comorbidity in HCV-infected patients in contrast to the low proportion of those individuals that had received previous mental health attention. Comorbid psychiatric disorders impact on treatment compliance, subsequent functional loss and patients' overall prognosis. Therefore, diagnosing these disorders is critical for the successful treatment of chronic hepatitis C patients.

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