



HCSP FACT SHEET

• HCV TREATMENT – SIDE EFFECT MANAGEMENT •

Hemolytic Anemia

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Foreword

Red blood cells (RBC) or erythrocytes carry oxygen to body tissues, producing fuel that the body needs to stay healthy. The normal average life span of a red blood cell is about 90 to 120 days; after red blood cells have worn out, the spleen removes them from circulation. New red blood cells are produced in the bone marrow. It is a balancing act to make and replace red blood cells that have been destroyed. When this balance is upset, a person can develop anemia. There are many different causes and types of anemia. This fact sheet will discuss hemolytic anemia.

Hemolytic anemia refers to a condition in which red blood cells are destroyed faster than the body can make enough new ones to replace them. Ribavirin can cause hemolytic anemia.

Symptoms

The most common symptoms of anemia include shortness of breath, fatigue, pale skin color, chills, rapid heart rate, depression, and reduced quality of life. If left unchecked, hemolytic anemia can lead to jaundice, dark urine, and an enlarged spleen. In severe cases, cardiac arrest (heart attack) can occur. This is why it is important that people considering HCV therapy should have a thorough physical examination including a cardiac test to rule out any problems that could be exacerbated by ribavirin.

Diagnosis

A simple blood test called a complete blood count (CBC) measures various components of blood including red cells, white cells, and platelets. The portion of the blood test that measures red blood cells and their oxygen-carrying capacity, hemoglobin and hematocrit, is used to diagnose anemia.

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The information in this fact sheet is designed to help you understand and manage HCV and is not intended as medical advice. All persons with HCV should consult a medical practitioner for diagnosis and treatment of HCV.

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Hemolytic Anemia

Normal Ranges

	Male Ranges	Female Ranges
Hemoglobin	13.5-17.5 g/dL	12.0-16.0 g/dL
Hematocrit	42.0-54.0 %	37-47 %

Source: www.rush.edu

A low hemoglobin or hematocrit measurement indicates anemia.

Treatment

There are two approaches for treating hemolytic anemia: ribavirin dose reduction and use of a growth factor hormone (erythropoietin) to promote red blood cell production. (It should be noted that HCV treatment-induced hemolytic anemia cannot be treated by eating iron rich foods or taking iron supplements.)

In general, ribavirin dose reduction or the use of red blood cell growth factors are recommended when the hemoglobin level goes below 10 g/dL or if there is a significant drop in hemoglobin levels over a short period of time. People with cardiac disease should be monitored very carefully when the hemoglobin level starts to drop. Although uncommon, ribavirin treatment may have to be discontinued if the drop in

hemoglobin level is substantial. The general recommendation is to stop taking ribavirin or HCV therapy altogether if the hemoglobin level drops below 8.5 g/dL.

Note: *The direct acting antiviral medications to treat HCV should not be dose-reduced or interrupted because of the potential to develop drug resistance. Make sure to talk to your medical provider before stopping any HCV medication.*

Erythropoietin (EPO; brand name Epogen or Procrit) promotes red blood cell production in the bone marrow. A medical provider may prescribe EPO for ribavirin-induced hemolytic anemia.

Warning: A warning has been added to the EPO package label about serious and life threatening complications that may be related to the use of EPO. To prevent serious adverse events when using EPO it is recommended that the lowest dose of EPO be used for a limited amount of time.

It is important to notify and work closely with your health-care provider if you notice any signs or symptoms of anemia in order to make your HCV treatment outcome as successful as possible.

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 www.hepatitistattoos.org**