



# HCSP FACT SHEET

## Treatment

### Foreword

The decision to undergo treatment for chronic hepatitis C virus infection (HCV) can be complicated, with many elements to consider. Women have issues that differ from men's, especially around childbearing. However, there are other factors to consider while making this decision.

### Making the Decision

Many factors influence when to start HCV treatment. Depending on your situation, treatment typically lasts 12 to 24 weeks. Women with children are constantly trying to balance work and family issues. HCV treatment can upset this balance. Above all, make your health a priority. There may not be a perfect time to start, but it is important that you have good support and a life that is somewhat settled and flexible.

### Pregnancy and Breastfeeding

Two important issues are pregnancy and breastfeeding. Make sure you are not pregnant before starting HCV therapy. In addition to avoiding pregnancy during HCV treatment, be sure to postpone pregnancy an additional 6 months if you are taking ribavirin. Never breastfeed during HCV treatment. If you are breastfeeding, you must choose between treatment and nursing.

The guidelines for pregnancy prevention state that women are to use two reliable forms of birth control during this time. If you are not sure about how to use contraception reliably, talk to your medical provider or contact Planned Parenthood. For more about this, see HCSP's "Women and HCV" Factsheets: *Pregnancy, Childbirth, and Breastfeeding* and *Reproduction Issues during Treatment*.

### Autoimmune Diseases

Most autoimmune diseases occur in women. If you have been diagnosed with an autoimmune disease or if you suspect you have one, discuss this with your medical provider. One of the HCV drugs, interferon, can aggravate autoimmune diseases.

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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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## Treatment

You and your medical provider need to make sure you can go ahead with HCV treatment and if so, discuss how you will be monitored.

Learn about the potential side effects of HCV treatment. Drug manufacturers provide information about this. HCSP also provides extensive information about side effects. Generally, the side effects for men and women are the same. However, there are some differences, discussed in the next section.

### **Anemia**

Our bodies rely on hemoglobin (a component of our red blood cells) to carry oxygen to our cells. Women have less hemoglobin than men do. Women who are menstruating can have low hemoglobin levels because of the blood they lose every month. Sometimes this blood loss can cause anemia.

Taking HCV medications increases the risk of anemia, particularly ribavirin and to some extent protease inhibitors. This anemia is different than the type menstruating women get. This type is when the red blood cells burst and is called hemolytic anemia. Because women start with lower hemoglobin levels, they risk becoming anemic quite quickly. Menstruating women are even more vulnerable to this. The dose of ribavirin is determined by body weight, with 165 lbs as the cut-off number. Since women tend to weigh less than men, a woman who weighs 110 lbs might react differently than someone who weighs 160 lbs. During treatment, your medical provider will monitor you for this by ordering regular blood tests. If you are prone to anemia, mention this to your provider.

### **Depression**

In the general population, women are two times more likely than men to suffer from depression. Depression is a common side effect of pegylated interferon. Depression is a serious medical

condition that can be life threatening and life altering. Talk to your medical provider(s) about this issue and tell them if you have a history of depression. Some providers recommend that their patients begin anti-depressant medications prior to treatment.

### **Menstruation and Menopause**

Some women report menstrual irregularities during treatment. These can be anywhere from heavier to lighter periods, fewer or more periods, more PMS or less PMS, and so forth. The point is that there is no one single predictable course during treatment.

Women who are approaching menopause also report changes. Some have more hot flashes; some have fewer. Women report more bleeding; some say their periods are shorter, fewer and lighter. HCV treatment and menopause/menstrual cycles are areas that have not been well studied.

After menopause, women are at risk for bone loss. Abnormal bone loss is called osteopenia. Osteoporosis means the bone loss is significant enough to create a risk of fracture. A number of factors increase this risk, including smoking and family history. There have been small studies that have linked one of the HCV medications, ribavirin, to bone loss. Not enough is known to come to any conclusions about this.

What is known is that inactivity can also increase bone loss. During treatment, patients who are normally physically active may find themselves cutting back on the intensity, frequency, and/or duration of their normal fitness routines. This may leave patients with one less tool for bone loss prevention. Calcium, magnesium, vitamin D and other nutrients are necessary for preventing bone loss. Talk to your medical provider about the dosages that would be suitable for you.

**Treatment**

**Sexual Issues**

HCV treatment can affect your sex life. Current HCV medications can cause vaginal dryness. This can lead to uncomfortable intercourse. Lubricants may provide relief. If you rely on condoms for protection, never use an oil-based product, such as Vaseline. Oil-based products can break down condoms.

Some patients remark that they have a decreased libido (desire for sex). Patients who are taking certain antidepressants are especially prone to sexual difficulties. Some women have problems with orgasm and arousal. Talk to your medical provider about any sexual concerns. Sometimes there are solutions for these problems.

**Vaginal Infections**

Most vaginal infections are caused by a fungus and are commonly called yeast infections. Women who

take antibiotics are especially susceptible to these. The symptoms are itching, burning, a thick, white, cheese-like discharge, pain during intercourse, and sometimes swelling in the vaginal area. See your medical provider if you have a vaginal infection. If you have had a yeast infection before, your provider might make recommendations over the telephone, such as to try an over-the-counter anti-fungal cream. Learn how to avoid future infections.

**Hormones**

If your medical provider has prescribed hormones, such as hormone replacement therapy (HRT), it is okay to continue these during HCV therapy.

**Support Groups**

Support groups can help women and men cope with HCV, its treatment, and its impact on their lives. See if there is a support group near where you live.

*Related publications:*

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- **Women and Hepatitis C: An HCSP Guide**  
[www.hcvadvocate.org/hepatitis/factsheets\\_pdf/Women\\_Guide.pdf](http://www.hcvadvocate.org/hepatitis/factsheets_pdf/Women_Guide.pdf)
- **Pregnancy, Childbirth, and Breastfeeding**  
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*For more information*

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