CLINICAL SKILLS: EXPLAINING A DIAGNOSIS OF HEPATITIS B

<u>Possible OSCE scenario:</u> "This patient has recently found out that he has Hepatitis B. Please discuss this with him and answer any questions he may have."

- Wash your hands
- Introduce yourself and ask the patient's name
- Ask permission to discuss his recent diagnosis with him
- · Remind him that you will keep the content of their discussion confidential

What is Hepatitis B?

- Hepatitis B is a viral infection which affects the liver
- In most people (9/10) it is self-limiting, and will have resolved by itself within 6 months of acquiring it
- In 1/10 people, the infection is not cleared by the body and becomes a long term infection. 2/3 of these people remain well without symptoms, 1/3 have symptoms (such as those below)
- In long term carriers of the infection, there is an increased risk of cirrhosis of the liver and of liver cancer

What caused me to get it?

- It can be contracted through a number of different modes, including:
 - o unprotected sex with an infected individual
 - o use of intravenous drugs
 - o transfusions with infected blood products
 - o mother-to-baby transmission
 - o some people may not know where they have contracted it from

When did I get it?

• 1-6 months ago (if the serology results show acute infection)

What symptoms might I have?

- A patient may have no symptoms at all, or may suffer from symptoms such as;
 - jaundice
 - o right upper quadrant abdominal pain
 - nausea and vomiting
 - o malaise
 - o fever
 - o arthralgia and myalgia

What is the treatment?

- Conservative management
 - o regular follow up with your doctor with blood tests, to check your progress
 - o normally this is the only necessary management in the first 6 months of the condition
 - Hepatitis A vaccination may be given to protect you from co-infection
 - o avoid drinking alcohol and keep well hydrated
 - avoid certain medications which may affect your liver see your doctor to confirm which ones
 - o avoid transmission of the virus yourself, by:



- having protected sex
- not donating of blood
- not sharing products that may contain traces of blood, e.g.: razors, toothbrushes, needles
- screening household contacts and sexual partners, and vaccinating them against Hepatitis B
- Medical management
 - Is used if the infection is still present after the first 6 months
 - o IFN 2a (weekly injection) and Lamivudine work together to help clear the virus. The side effects of both include:
 - Flu-like symptoms such as fever, chills, headache, muscle ache, and fatigue
 - Nausea and loss of appetite are also common
 - We can discuss this in further detail if the situation arises, although we expect you will get better from this infection within the first 6 months without the need for this treatment
- · Ask if there are any further questions
- Thank the patient for talking to you
- Provide with a leaflet and arrange follow up

Extra notes:

Pregnancy and Hepatitis B:

- 10-20% women positive for Hepatitis B transmit it to their child in the absence of treatment. If positive for the Hepatitis B 'e' (envelope) antigen, the transmission rate can be up to 90%
- Chronic infection occurs in 90% of infected neonates and 30% of children aged under 5 much higher than rates for adults (10%)
- The baby of an infected mother should receive the Hepatitis B vaccine after labour, and Immunoglobulin if the mother is Hepatitis B 'e' antigen positive
- Breast feeding does not carry a risk of transmission
- If a seronegative mother comes in contact (e.g.: has sexual intercourse) with a person who has Hepatitis B then give mother a course of the vaccine, and Immunoglobulin (if person has *acute* Hepatitis B)

A note on Hepatitis C:

- In acute infection, generally people are asymptomatic
- 85% of patients develop a chronic infection. 1/3rd of these chronic carriers have no symptoms, 2/3rd have symptoms, and 30% develop cirrhosis over the next 20-30 years
- There is a need to check Liver Function Tests, the ?-fetoprotein level (screening for liver carcinoma), carry out an ultrasound of the liver (for cirrhosis/cancer) and possibly biopsy the liver on diagnosis to discover the extent of damage
- Incubation of the virus is 6-12 weeks
- Treatment is usually with Pegylated IFN 2a or 2b, and Ribavirin the main side effects of these are nausea, headache and depression