Background

Anemia is a common adverse event associated with ribavirin therapy of hepatitis C patients. Peginterferon/ribavirin was the cornerstone of the treatment of hepatitis C (HCV) patients until 2011.

Purpose

To assess the incidence of anemia and the risk factors predictive of anemia in the new context of ribavirin plus new direct-acting antiviral (DAA) agents.

Study Design

A one-year retrospective study was performed during a year. Anemia was defined as a single occurrence of hemoglobin <10g/dL at any point during treatment. Serum hemoglobin assessments were obtained at baseline and weeks 0, 4, 8, 12, 16, 20, and 24. Pre-treatment factor with potential to act as prognostic indicators of anemia including age, sex, type of treatment, genotype, FibroScan® score, cirrhotic yes/no, HCV RNA titer, dose 1000mg/1200mg, Glomerular filtration rate, alanine transaminase, albumin, treatment duration 12 vs >12 weeks and baseline hemoglobin and on-treatment factor as week 2 change from baseline were analysed by univariate and multivariate logistic regression analyses. For the resulting independent predictive factor, odds-ratio and 95% confidence intervals were calculated.

RESULTS

RISK FACTORS FOR ANAEMIA DEVELOPMENT DURING THERAPY WITH RIBAVIRIN PLUS DIRECT-ACTING ANTIVIRALS CP-019

CONCLUSION

The incidence of anemia with DAA has been less than with peginterferon combinations. Glomerular filtration rate, baseline hemoglobin, treatment duration > 12 weeks and estimated week 2 change from baseline have demonstrated predicting the risk of anemia.

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