



▶ **LIVING WITH CIRRHOSIS**

A guide for people with hepatitis C-related cirrhosis



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Collaborators on this project included state and territory Hepatitis Councils, Haemophilia Foundation Australia and the Commonwealth Department of Health and Ageing.

We thank those individuals who contributed to this booklet by sharing their stories about the experience of living with cirrhosis.

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▶ IS THIS BOOKLET FOR ME?

This booklet is for you if you have been diagnosed with hepatitis C-related cirrhosis. It provides information which can help you manage your health and prevent further liver disease.

Whether or not you have seen a doctor since being diagnosed with hepatitis C, finding out that you have cirrhosis may be a frightening experience.

At the time of diagnosis, you may have been in shock, or perhaps you already had an idea that you had hepatitis C-related cirrhosis. Either way, finding out what this means and understanding what impact cirrhosis will have on your life can be a difficult process.

This booklet aims to help explain what cirrhosis is, how you can live with the disease and who you can turn to for support.

“All of a sudden I realised I had a disease which I was utterly ignorant about.”

▶ THE LIVER

What does my liver do?

To understand how hepatitis C-related cirrhosis can affect your life, it helps to know what your liver does.

The liver performs several key functions, including:

- Receiving and metabolising all nutrients taken in by mouth and delivered to the digestive tract.
- Filtering and removing toxins such as alcohol, bacteria, drugs, medicines and some waste products from the body.
- Manufacturing proteins, which are essential to the body, including blood clotting factors and enzymes.
- Storing sugars and vitamins and producing bile salts, that goes to the small intestine to help break down fats.
- Identifying and labelling proteins and other essential nutrients so that they can be transported to specific parts of the body where they are needed.

The liver also has the capacity to repair itself and regrow when it is damaged, although this will depend on the person's size and the type of damage.

A healthy liver works properly when it has enough liver cells and a normal blood supply, and when there is a good relationship between the blood supply and individual cells.

▶ ABOUT CIRRHOSIS

What is cirrhosis?

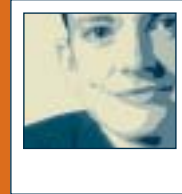
Cirrhosis is a condition where liver cells are damaged and replaced by scar tissue because of chronic inflammation. The normal appearance of the liver (under a microscope) is changed and these changes are, in most cases, permanent.

The scar tissue affects the flow of blood and other fluids through the liver. Without a good blood flow, together with a reduction in total liver cells, the liver cannot function properly and it becomes lumpy and hard.



A snapshot of cirrhosis

- A diagnosis of cirrhosis means that there has been a build up of scar tissue in the liver, which has affected the blood flow through the liver, reduced the number of liver cells and leads to a failure of the liver to do its many jobs properly.
- It is estimated that 8,500 people with hepatitis C have cirrhosis, and that this number will more than double by 2010. (About 230,000 people in Australia have hepatitis C.)
- Many people with cirrhosis live normal lives.
- Compensated cirrhosis can be successfully treated with anti-viral therapy.
- Some people with cirrhosis have no signs of advanced liver disease for as long as 10-15 years after first being diagnosed.
- A small number of people (approximately 10 per cent) with cirrhosis progress to liver cancer. Progression to liver cancer is usually slow.
- Hepatitis C-related cirrhosis is now the most common reason for liver transplantation in Australia (this is mainly because hepatitis C is so common).
- Many people with cirrhosis report discrimination after telling others they have cirrhosis. There is no legal requirement for people with cirrhosis to disclose.
- People with cirrhosis should be referred to a specialist as early as possible after diagnosis.



What causes cirrhosis?

Chronic hepatitis B or hepatitis C infection and excessive and long-term alcohol use are the most common causes of cirrhosis.

“I had no idea that hepatitis C could cause cirrhosis. I thought cirrhosis came from drinking too much alcohol. I wasn’t a big drinker at all... cirrhosis was the last thing I expected to have.”

Other less common causes include inherited diseases (such as haemochromatosis and cystic fibrosis), diseases that prevent the flow of bile in the liver, and various medications and chemicals.

How does hepatitis C cause cirrhosis?

Hepatitis C can cause inflammation of the liver. This inflammation can lead to the development of scar tissue (or fibrosis) in the liver. Scar tissue develops from cycles of damage and repair as the liver attempts to restore itself.

Blood cannot flow freely through scarred liver tissue. Eventually, if the damage continues, much of the liver may become scarred and hardened. A much-reduced amount of blood flows through the liver worsening the injury caused by the hepatitis, liver cells die due to a lack of oxygen and nutrients, and the liver loses its ability to remove toxins and to perform its other functions.

Severe scarring (or cirrhosis) is, in most cases, irreversible. However, the scarring is often slow to progress and it may take as long as 30 years after becoming infected with hepatitis C before liver function is weakened. Only between 5-10 per cent of people infected with hepatitis C will develop cirrhosis.

“I didn’t have much knowledge of cirrhosis at the time, and it hit home to me what effect hepatitis C has had on me.”

What is compensated cirrhosis?

Some people have no outward signs of liver disease for as long as 10-15 years after being first diagnosed with cirrhosis, even though their liver is damaged. This is known as compensated cirrhosis. The liver 'compensates' or makes up for damage and a normal life can be maintained.

The results of liver function tests may also be normal with compensated cirrhosis.

Even after much of the liver has been destroyed, it can still function well under normal circumstances. Liver function cannot be restored to the parts of your liver that have turned to scar tissue, but if disease is detected and managed early, your chances of slowing or preventing further disease are much greater.

What is decompensated cirrhosis?

Decompensated cirrhosis is when damage to the liver over time stops it from working normally and you develop signs or symptoms of liver failure. With decompensated cirrhosis, the results of liver function tests would be abnormal.

People with decompensated cirrhosis will experience a general and noticeable decline in their health and may show signs of liver failure.

Liver transplantation is an option for some people when cirrhosis becomes decompensated. Treatments to reduce serious complications, such as gastrointestinal bleeding, infection and fluid accumulation include increasing nutrition intake, fluid tablets, salt reduction and surgery in some cases. Your doctor, specialist or clinic nurse can provide advice about the best treatment options available to you.

► THE IMPACT OF CIRRHOSIS

What will happen to me?

Having received a diagnosis of hepatitis C-related cirrhosis, you may feel afraid and confused. Many people are not prepared to deal with their diagnosis and find it difficult to obtain information and support.

It is important to remember that being diagnosed with cirrhosis is not the end of the world. People with cirrhosis can have completely normal liver function and remain well for many years.

"I wanted to know about the extent of my liver damage. I knew that cirrhosis was irreversible ... I wanted to know how long it might take me to experience liver failure and how to deal with cirrhosis medically, emotionally and physically - including what to do about my diet. I wanted to know more about the symptoms of cirrhosis and whether these symptoms meant that the cirrhosis was progressing more rapidly."

What are my chances of developing liver failure or liver cancer?

Progression from cirrhosis to more advanced liver disease or liver cancer (hepatocellular carcinoma) does not happen in every case. About 10 per cent of people with hepatitis C-related cirrhosis are at risk of developing liver failure or liver cancer over 10 years following diagnosis of cirrhosis.

Hepatitis C can bring about changes in the liver that can lead to the development of cancer.



The progression of hepatitis C-related cirrhosis depends on:

- Your age. People with hepatitis C over 40 years of age are more likely to have other medical conditions, which can be a factor in the progression of cirrhosis.
- Length of infection. The longer you have been infected with hepatitis C, the greater the risk of developing cirrhosis.
- The amount of alcohol you drink. It is recommended that people with cirrhosis reduce or eliminate alcohol because of its direct effect on the liver.
- Coinfection with HIV or hepatitis B. The HIV and hepatitis B viruses impact on a person's immune response system, which if combined with hepatitis C, can be a factor in the progression of disease.
- Your general health, for example, if you have heart disease, diabetes or obesity.

Symptoms are generally not present with the early stages of liver cancer, although when cancer becomes more advanced, symptoms of liver failure can develop. These include liver pain, jaundice, muscle wasting, fluid build-up in the abdomen (ascites) and bruising easily.

How will cirrhosis affect my health?

“No one ever told me about what could happen to me. Perhaps it's because they didn't think I would understand or because I would dwell too much on the negative aspects. I wanted to know – it can be easier to deal with if you have an idea of what to expect. Perhaps I didn't ask enough questions.”

The effect of cirrhosis on a person's health will be different for each individual.

Some people with cirrhosis can lead full and comfortable lives for many years, and only experience symptoms occasionally. Other people, particularly those with decompensated cirrhosis, may experience a general decline in their health and require regular monitoring by their doctor and specialist.

As cirrhosis progresses and liver function gets poorer, other problems can develop which may include:

- A rise in blood pressure in the veins coming from the intestines to the liver. Blood tries to get back to the heart by bypassing the liver through connecting veins, which are not normally open. These veins are found in the gullet (oesophagus), stomach and lower bowel. Increased pressure can lead to rupture and life-threatening bleeding.
- Increased fluid retention in your abdomen - a condition called ascites. Ankle swelling can also occur. This results from increased blood pressure plus a reduction in blood protein levels normally produced by the liver.
- Easy bruising and bleeding because clotting factor levels in the liver platelets are also reduced.
- The liver may no longer be able to clear drugs from the bloodstream, causing some people to become more sensitive to the effects of pharmaceutical and illicit drugs.
- The liver may lose the ability to clear waste products from the blood. One of the effects of this can be confusion or coma when such wastes affect the brain. This is called encephalopathy. Jaundice is the name given to the yellow pigmentation of the skin and eyes, which occurs when the liver cannot clear bilirubin from the body.

"I get a lot of liver spots on my arms. Sometimes I get a number of them and feel quite embarrassed. I've had one about eight centimetres in size that appeared like a dark birthmark. Unfortunately, when I knock them, they bleed easily and I have to be very careful with bleeding because my blood doesn't clot properly...I also bruise easily, I have bruises all over me."

"I experience ... almost obsessively itchy skin at times, and all over my body. I also seem to bruise easily. I'll wake up in the morning with superficial bruising on my skin. My skin gets quite dehydrated [dry], especially on my face."

- ‘Fatty liver’ or steatosis. This is where excess fat is deposited in the liver. Development of steatosis may be associated with other conditions, such as obesity, diabetes and alcoholism.

There are steps you can take to improve your health and prevent greater damage occurring to your liver. (Refer to the section on Monitoring your health, page 16.)

What symptoms could I experience?

“I experience a lot of tiredness...trying to predict how much energy I’ll have to complete something is difficult and I tend to overestimate my energy levels and run out part way through.”

Many people with cirrhosis will not have any symptoms. However, the absence of symptoms does not mean that liver disease is not progressing.

Symptoms of cirrhosis may include some or all of the following:

- loss of appetite
- weight loss
- tiredness and weakness
- nausea
- abdominal discomfort and swelling
- intolerance to fatty foods and alcohol.

How can I manage fatigue?

Feeling fatigued (tired or weak) can be how your body responds to infection with hepatitis C or when cirrhosis has developed. There is no ‘quick fix’ for fatigue and eating a balanced diet can help the body fight infections.

Ways to manage fatigue are to:

- prioritise activities and plan the day to avoid overload
- try to relax or rest rather than attempting to go to sleep
- have regular breaks and time out
- avoid big meals, and taking time to enjoy food
- avoid very hot baths or showers, and unventilated rooms
- experiment with appropriate exercise
- seek counselling to assist with the depression that can accompany fatigue
- ask for more ideas from a health professional.

Some people find that they become tired about two hours after eating foods which contain sugar. To avoid this, it can be useful to adjust your sugar intake. Other dietary considerations include:

- having nutritious snacks such as dips, muesli bars, yoghurt, fruit cake, milk drinks or vegetable snacks readily available
- avoiding caffeine drinks late in the day, especially if having difficulties sleeping
- seeking further advice from a nutritionist or a naturopath.

How do I cope with loss of appetite, nausea or vomiting?

Nausea and a loss of appetite are symptoms of cirrhosis. Vomiting is sometimes associated with feeling nauseous. If you experience these symptoms, try:

- eating small amounts often rather than three big meals a day
- eating when you feel hungry
- choosing foods rich in vitamins and minerals
- trying different tastes to stimulate appetite eg, bitter, sour, salty or sweet.



Special nutritional supplements may be useful if you are not eating well or are losing too much weight. The use of any supplements, including herbal supplements, should be discussed with your doctor, dietitian, and/or specialist as some herbs are toxic and can damage the liver further.

Information about the use of complementary therapies to help manage the symptoms associated with hepatitis C is available from your local Hepatitis Council (see contact list on page 22).

How might cirrhosis affect my family and social life?

Hepatitis C-related cirrhosis can affect all areas of your life, including personal and family relationships, social situations, employment and plans for the future.

“I have avoided having relationships since my diagnosis [of cirrhosis]. I just feel that I have enough on my plate and really don’t want any additional baggage.”

Daily activities like housework, looking after and playing with your children or exercising may become difficult, particularly if you are feeling tired and weak. You may need to think about your capacity to be involved in these activities and plan to do things when you have more energy.

“...cirrhosis has a very significant impact on my sex drive...I think it’s a direct result of my cirrhosis...I can’t take prescribed medicine to help with my libido because of the potential damage it could do to my liver.”

Actions that you take for granted like sitting down or sleeping may become uncomfortable, particularly if you have severe ascites and fluid is pressing on your diaphragm. You may need to make adjustments to your seating and bedding arrangements so that any pressure is relieved and you can breathe easier. If the discomfort persists, seek medical advice.

If you have advanced liver disease and experience changes in your appearance (eg, from jaundice, ascites, hair loss, or enlarged breasts in men), you may lose your confidence to socialise. It may be necessary to buy larger sized clothing or select different styles which are not tight fitting around your waist and will hide any swelling.

You may also find that you are treated unfairly or discriminated against because of a lack of understanding about hepatitis C-related cirrhosis.

Don't feel pressured to tell anyone about your cirrhosis, particularly if they are not in a position to provide you with support. Finding the right medical and social support can help you cope with stigma and discrimination associated with hepatitis C-related cirrhosis. Information about finding this support can be found in Information and support services on page 21.

“...at social gatherings, there's often pressure to have a drink. When I say that I can't because I have cirrhosis, people are often shocked and they react like I've been a big drinker in the past. The reality is that I haven't...the reality for me is that cirrhosis is a very stigmatised disease and this stigma is obvious among health professionals and the broader community. There is nearly always the attitude that my cirrhosis was self-induced; that I am to blame and that's it – no sympathy, no compassion, no resources.”

“I didn't receive any information from the specialist when I was diagnosed. At that time, I suspect he didn't have a good knowledge of hepatitis C-related cirrhosis himself. I was actually giving the specialist any information I picked up from the Hepatitis C Council.”

What treatment options are available for people with cirrhosis?

Individual treatment options for cirrhosis vary depending on the extent of liver damage. Treatment for hepatitis C-related cirrhosis aims to stop the disease from getting worse, but it cannot reverse cirrhosis.

The primary treatment currently available to people with cirrhosis is a combination of the drugs interferon and ribavirin, known as 'combination treatment' (or sometimes referred to as anti-viral therapy). Your specialist will assess whether you are eligible for government subsidised combination treatment based on the results of your liver biopsy and other tests.

To receive combination treatment under the government subsidised scheme you need to meet these criteria:

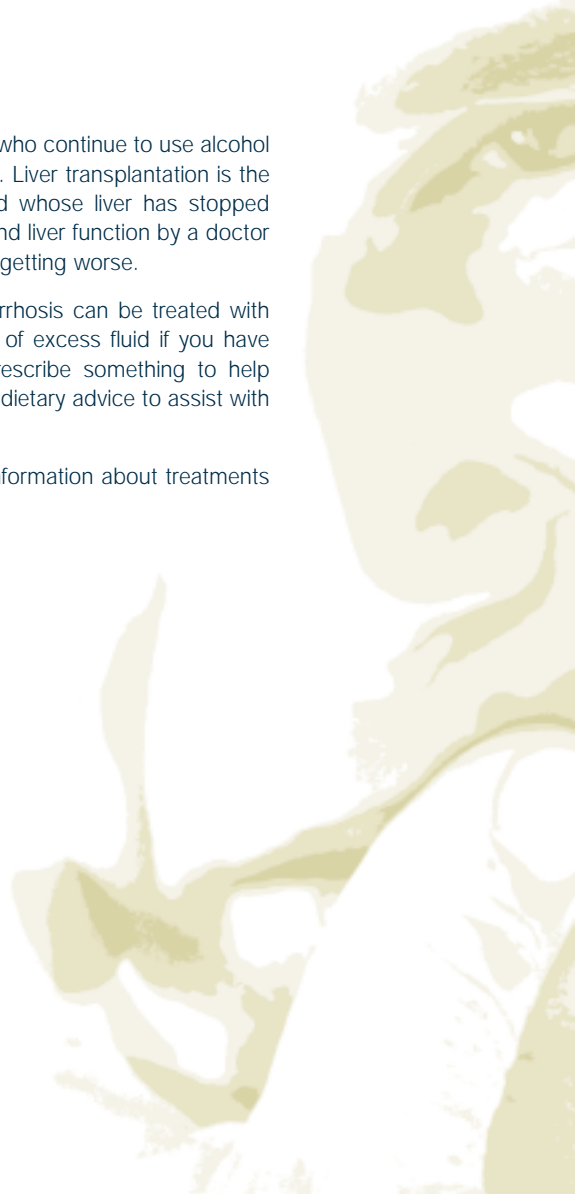
- a positive hepatitis C antibody test
- elevated ALT levels
- active hepatitis C (tested with PCR)
- a liver biopsy that shows you have fibrosis
- not be pregnant or breastfeeding – or for men going on treatment, your partner must not be pregnant to you
- use contraception, with both partners taking precautions to prevent pregnancy.

Under this scheme, people with cirrhosis can receive combination treatment for 48 weeks. If a PCR test shows the virus is still present after the first 24 weeks of treatment, the therapy will be stopped.

People with decompensated cirrhosis and those who continue to use alcohol heavily, are not eligible for combination treatment. Liver transplantation is the only option for people with severe cirrhosis and whose liver has stopped working. Regular monitoring of your symptoms and liver function by a doctor or specialist will detect whether your condition is getting worse.

Some of the symptoms and complications of cirrhosis can be treated with medication. Diuretics can help with the removal of excess fluid if you have ascites and fluid retention. Your doctor can prescribe something to help relieve itching, as well as provide medication and dietary advice to assist with any reduced mental functioning.

Contact your local Hepatitis Council for further information about treatments for cirrhosis.





▶ **MONITORING YOUR HEALTH**

How often should I have check ups?

Regular health checks are important so that you and your doctor can monitor your liver function for any signs of deterioration, complications from cirrhosis or the development of liver cancer.

People with cirrhosis are advised to have liver function tests two or three times per year. Liver cancer tests are also recommended every six months (an ultrasound and blood test).

When you are first diagnosed with cirrhosis, you should be referred to a liver specialist or liver clinic for biopsy and further investigation. Your specialist may perform a range of tests to assess whether it is safe for you to undergo combination treatment or make an assessment about whether you require liver transplantation.

Even if you are not referred to a specialist, visit your doctor regularly, particularly when new symptoms develop.

What does a liver biopsy involve?

A liver biopsy can be done in a day clinic at a hospital and is usually performed under a local anaesthetic. It involves collecting a small sample of tissue from the liver by passing a needle through the rib cage. The sample is examined under a microscope for signs of inflammation or damage. This helps identify the cause and severity of any liver disease and assesses the rate at which disease is progressing.

Information from the biopsy is used to choose the best treatment for your condition.

What do my test results mean?

If you don't understand the meaning of tests that have been ordered for you, ask your doctor, liver clinic nurse or specialist to explain them to you. Trained staff and volunteers at Hepatitis Councils cannot interpret individual test results over the phone – your doctor is best placed to do this in conjunction with results from other physical assessments and your health history.

Keeping a record of your test results (ask for photocopies) and taking these with you when visiting your doctor, specialist or other health care workers can help you monitor your health and keep health care workers informed about your medical history. This can be important for planning your management and care. A useful booklet for recording test results and other information, called *The Health Monitor*, is available from Hepatitis Councils.

Examples of questions that you might like to ask your doctor, specialist or liver clinic nurse include:

- What is this test for?
- How will the results of this test help?
- Who will be doing the test?
- How will the test be done?
- How long will it take to do the test?
- What factors can affect the test results?
- Will the test need to be repeated?
- What if no diagnosis is made?
- Are there any risks involved in the test and how often do they occur?
- Will Medicare or my insurance cover the costs of the test?
- Can I expect any unusual feelings, pain or sensations?
- Will I need someone to drive me home after the test?
- Are there special instructions to follow before or after this test?
- How can I get the test results?
- How will I know if a complication is occurring?
- What should I do if I experience any complications?

Can I drink alcohol?

It is strongly recommended that you avoid drinking alcohol if you have cirrhosis.

Even if you don't consider your average alcohol intake to be high or 'excessive', it can be difficult reducing the amount you drink and the occasions in which

you drink, let alone cutting it out altogether. Your doctor can suggest therapies and interventions which may assist you in reducing your alcohol intake, or if more appropriate, detoxification or abstinence programs.

It is important to recognise that giving up alcohol completely can be a long process in which you may encounter setbacks. Try not to view setbacks as failure or a relapse - use them to learn more about what triggered you to drink, the situation you were in when you were drinking and what strategies may work better for you next time you feel like drinking.

Do I need to change my diet?

Ask your doctor or specialist to provide you with individual advice about your diet. They may need to refer you to a specialist dietitian, particularly if you are experiencing any of the following:

- nausea, anorexia or unplanned weight change (including symptoms resulting from treatment)
- fatty liver – a fall in weight can affect your liver function
- loss of appetite, loss of energy or generally feeling unwell
- obesity or are overweight, due to the risk of fatty liver and diabetes
- ascites
- other conditions such as coeliac disease or diabetes that require dietary modification.

Liver specialists, gastroenterologists and doctors can arrange referral to a dietitian. A referral from a doctor is needed in order to claim a Medicare rebate if you see a dietitian in private practice.

Should I restrict my intake of protein?

Recent evidence suggests that people with cirrhosis should be encouraged to eat protein-enriched, high-energy foods frequently throughout the day to avoid malnutrition. Your body needs protein to repair and replace damaged tissue and cells.

Seek advice from a specialist dietitian about how much protein to include in your diet.

Can I have salt?

One of the symptoms of cirrhosis is an increased tendency to retain fluid in your abdomen and lower limbs. Reducing the amount of salt in your diet may help prevent your body from holding onto this extra fluid.

Try to avoid canned and pre-packaged foods that contain added salt and eat more fresh foods. Bacon, sausage, smallgoods or cold cuts, hard cheeses, takeaway meals and pickled items are all examples of salty foods.

How can I look after my dental/oral health?

It is advisable that you visit your dentist regularly to monitor your oral and dental health. While symptoms such as dry mouth, tooth sensitivity and decay, gum infections and mouth ulcerations are not specific to cirrhosis, people with chronic hepatitis C may experience some of these problems. Your dentist can provide advice on specific problems and suggest simple remedies that can improve your oral and dental health.

▶ INFORMATION AND SUPPORT

Don't be afraid to ask your specialist or doctor for further information about your condition. If you don't understand what they are saying, ask them to explain it until you do understand. Cirrhosis can be a serious condition and it is important that any concerns you have about your health are clarified and your questions are answered.

People close to you are often in the best position to provide you with support because they care for you. If you have told someone close to you about your condition and they are in a position to support you, ask them to read this booklet so that they understand the issues that may affect you.

Hepatitis Councils in the states and territories can provide you with information and, in some cases, link you with other people with cirrhosis who are interested in sharing their experiences. This type of support can be beneficial – it can help you realise you are not alone and also provide you with a different perspective or suggestions about how to manage your health and lifestyle.

“People often need support at the time of diagnosis. Good support and information at this time will definitely help people to cope with their situation. Often the impulse at such a crisis time is to sink into depression. I think people need to be given strategies that will optimise their health in all ways.”



STATE/TERRITORY HEPATITIS COUNCILS

For further information on Hepatitis C or other topics featured in this publication please contact the Hepatitis Council in your state.

ACT HEPATITIS C COUNCIL

Ph: (02) 6253 9999
Fax: (02) 6253 9992
HepLine: 1300 301 383
Email: info@acthepc.org
Web: www.acthepc.org

Hepatitis C Council of NSW

Ph: (02) 9332 1853
Fax: (02) 9332 1730
Hep C Helpline:
9332 1599 (Sydney callers)
1800 803 990
(NSW regional callers)
Email: hccnsw@hepatitisc.org.au
Web: www.hepatitisc.org.au

Hepatitis C Council of Victoria

Ph: (03) 9380 4644
(Melbourne callers)
1800 703 003
(VIC regional callers)
Fax: (03) 9380 4688
Email: info@hepcvic.org.au
Web: www.hepcvic.org.au

Hepatitis Council of WA

Ph: (08) 9227 9800
Fax: (08) 9227 6545
Information & Support Line:
(08) 9227 8538
(Perth callers)
1800 800 070
(WA regional callers)
Email: info@hepatitiswa.com.au
Web: www.hepatitiswa.com.au

Hepatitis C Council of Queensland

Ph: (07) 3236 0610
Fax: (07) 3236 0614
Information Line: (07) 3236 0612
(Brisbane callers)
1800 648 491
(QLD regional callers)
Email: hepcq@hepatitisc.asn.au
Web: www.hepatitisc.asn.au

Hepatitis C Council of SA

Ph: (08) 8362 8443
(Adelaide callers)
1800 021 133
(SA regional callers)
Fax: (08) 8362 8559
Email:
admin@hepcouncilsa.asn.au
Web: www.hepcouncilsa.asn.au

**Tasmanian Council on AIDS,
Hepatitis and Related Diseases**

Ph: 03 6234 1242

Fax: 03 6234 1630

Information & Support Line:
1800 005 900

Email: mail@tascahrd.org.au

Web: www.tascahrd.org.au

**NT AIDS and
Hepatitis Council**

Ph: (08) 8941 1711

(Darwin callers)

1800 880 899

(NT regional callers)

MensLine: 1800 181 888

Fax: (08) 8941 2590

mail: info@ntahc.org.au

Web: www.ntahc.org.au

**NATIONAL
ORGANISATIONS**

Australian Hepatitis Council
National organisation representing

the State and Territory based
Hepatitis Councils.

Ph: (02) 6232 4257

Fax: (02) 6232 4318

Email: info@hepatitisaustralia.com

Web: www.hepatitisaustralia.com

**Australian Injecting and Illicit Drug
Users League (AIVL)**

Peak organisation representing
State and Territory peer based
drug user groups.

Ph: (02) 6279 1600

Fax: (02) 6279 1610

Web: www.aivl.org.au

Haemophilia Foundation Australia

Peak organisation representing
State and Territory Haemophilia
Foundations.

Ph: (03) 9885 7800

Fax: (03) 9885 1800

Email: hfaust@haemophilia.org.au

Web: www.haemophilia.org.au



▶ **TERMS USED IN THIS BOOKLET**

ALT (ALANINE AMINOTRANSFERASE) – a protein which, when found in elevated quantities in the blood, generally indicates liver inflammation and possible cell damage.

ANTIBODY – a protein secreted by cells in our immune system in response to infection. The antibody binds to a specific part of the hepatitis C virus to prevent the virus from infecting other cells. As with other viral infections, the presence of antibodies does not necessarily mean the virus will be eliminated from the body.

ASCITES – an accumulation of fluid in the abdominal cavity.

BILIRUBIN – a bile pigment produced when the liver processes waste products.

PLATELET – the smallest of the cells in the blood essential for coagulation of the blood.

CHRONIC HEPATITIS – any form of liver inflammation lasting more than six months.

CIRRHOSIS – a condition where scar tissue develops in the liver. Scarring becomes extensive and changes the normal functioning of the liver.

CLOTTING FACTOR – a group of chemical components of the blood, which interact to make the blood clot.

COMBINATION TREATMENT – the use of two or more types of treatment in combination to achieve optimum results. For hepatitis C treatment, combination treatment consists of using interferon and ribavirin.

CYSTIC FIBROSIS – a common, life threatening genetic disorder that primarily affects the lungs, digestive system (pancreas and sometimes the liver) and the reproductive system.

FIBROSIS – scarring which results from the repair of tissue damage. If it occurs extensively in the liver, it is called *cirrhosis*.

HAEMOCHROMATOSIS – a condition that results in too much iron being stored in the body.

HAEMOPHILIA – a hereditary bleeding disorder where the blood fails to clot and abnormal bleeding occurs.

HIV – Human Immunodeficiency Virus. The virus that leads to AIDS.

INTERFERON – a protein produced by the human body to help defend itself against viral infection. The drug interferon (of which there are several different types) is a synthetic compound approved for the treatment of certain viral infections, including hepatitis C.

PCR (POLYMERASE CHAIN REACTION) – technology used for identifying viruses and genotypes, and measuring viral load in blood.

RIBAVIRIN – an antiviral drug that alters the body's immune response to viruses.

VIRAL LOAD – the amount of virus present in a person's bloodstream. It is usually measured by PCR technology and the result is given as a number of virus particles per cubic millilitre of blood.



