

FATIGUE AND DEPRESSION IN CHRONIC HCV INFECTED PATIENTS TREATED WITH DAAS

Thesis

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List of Abbreviations

5-HT Serotonin ALT.....Alanine Aminotransferase ANAAntinuclear antibodies **ASMA**.....Anti-smooth muscle antibodies **BDI**The Beck depression inventory scale **BDNF**.....Neuropeptides like Brain-derived neurotrophic factor BH4tetrahydrobiopterin **BMECs**.....Brain micro vascular endothelial cells CDC The Centers for Disease Control and Prevention **CFS**......Chronic fatigue syndrome **CHE**.....Covert hepatic encephalopathy Cho.....Choline CLDN1Tight-junction proteins claudin-1 **Cr**Creatine **CRH**.....Corticotropin-releasing hormone CYPACyclophilin A **DAAs**.....Directly acting antivirals **DASS-21**Depression Anxiety Stress Scale **DDIs**Drug-drug interaction **DHS**......Demographic Health Survey DSM......Diagnostic and statistical manual of mental disorders **EMOH**.....Egyptian Ministry of Health **ER**Endoplasmic reticulum HCCHepatocellular carcinoma **HCV**.....Hepatitis C virus

List of Abbreviations

HIVHuman immune deficiency virus **HPA**Hypothalamic pituitary adrenal axis **HRQL**.....Health related quality of life **HSCs**.....Hepatic stellate cells **HVPG**.....Hepatic venous pressure gradient **IDO**.....Indoleamine 2,3-dioxygenase IL28BInterleukin-28B **IL-6**.....Interleukin – 6 **IRES**Internal ribosome entry site **KA**Kynurenic acid **KYN**Kynurenine **LDL**.....The Low-Density Lipoprotein **LDV/SOF**.....Ledipasvir/Sofosbuvir **LVP**.....Lipoviroparticle MDDMajor depressive disorder MI Myoinositol **MRS**......Magnetic resonance spectroscopy NAAN-acetyl aspartate **NASH**.....Non -alcoholic steato hepatitis **NK**Natural killer cells NMDAR......N-Methyl-D-aspartate receptor **NNPI**Non-nucleoside polymerase inhibitors **NOSs**.....Nitric oxide synthases **NPI**Nucleoside polymerase inhibitors OCLNOccludin **OHE**.....Overt hepatic encephalopathy **OXS**Systemic oxidative stress

List of Abbreviations

PAHPhenylalanine hydroxylase

PBMCs.....Peripheral blood mononuclear cells

PEGPolyethylene glycol

PEGIFN.....Pegylated interferon

PET studies......Positron emission tomography

PHENPhenylalanine

PR therapyPegylated IFN/Ribavirin therapy

PROsPatient-reported outcomes

PWIPerfusion weighted imaging

QUIN.....Quinolinic acid

RBVRibavirin

RdRpRNA dependant RNA polymerase

ROSReactive oxygen species

SNPs.....Single nucleotide polymorphisms

SRB1Scavenger receptor B1

SVRSustained virological response

TNF-aTumor necrosis factor a

TRPTryptophan

VB.....Variceal bleeding

WP.....Work productivity

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Abstract:

Introduction and aim:

Fatigue is probably the most common extra hepatic manifestation of HCV infection as about 60% report disabling chronic fatigue also depression has been reported in about one third of HCV-infected patients. The study aimed to evaluate fatigue and depression in hepatitis C virus (HCV) patients before and after treatment (4 weeks and 3 months) by Direct Acting Antiviral Drugs (DAAs).

Patients and methods:

The study included a total of 150 Patients with chronic HCV receiving direct acting antiviral drugs (DAAs). All patients were assessed for presence of fatigue by chalder fatigue scale and for presence of depression by beck's depression inventory scale. The assessment was done before treatment and after the end of treatment by 4 weeks and by 3 months. Also full history taking, thorough clinical examination, laboratory investigations and pelvi-abdominal ultrasound were done before treatment and after the end of treatment by 4 weeks and by 3 months.

Results and conclusion:

Before treatment 120 (80%) of our patients had fatigue and 78 (52%) of our patients had depression, One month after the end of treatment fatigued patients decreased to be 49 (32.7%) and the number of depressed patients decreased to 33 (22%), and at sustained virological response (3 months after the end of treatment); the number further decreased to be only 21 (14%) of our patients still have fatigue and number of depressed patients further decreased to be 20 (13.4%) of our patients still have depression. fatigue scores increase with older age and presence of diabetes and anemia, depression prevalence and severity are higher in females and anemic patients. Higher Fib4 score and ALT level are associated with higher fatigue and depression scores.

Key words:

Chronic HCV, fatigue, depression, chalder fatigue scale, beck's depression inventory scale, direct acting antiviral drugs, sustained virological response.