

LIVING WITH HEPATITIS C

- Health maintenance aims to promote physical, psychological, emotional and social wellbeing in people who are aware that they have hepatitis C.

- People with hepatitis C must have access to current concise and appropriate information if they are to make informed decisions about their health. They may also have social and welfare needs which require that their hepatitis C infection be taken into consideration.
- Partners, families and other non-professional carers of people with hepatitis C may need support from health workers.
- Having a sense of control over the experience of living with hepatitis C often enhances the quality of life of many affected people.



SUMMARY OF IMPORTANT POINTS

- Many people continue to choose complementary therapies to alleviate hepatitis C-related symptoms.

QUALITY OF LIFE ISSUES

WHAT IS QUALITY OF LIFE?

The World Health Organisation defines health as:

A COMPLETE STATE OF PHYSICAL, MENTAL, EMOTIONAL AND SOCIAL WELLBEING, AND NOT MERELY THE ABSENCE OF DISEASE OR INFIRMITY.

Quality of life (QoL) is a term often used to describe the experience of overall wellbeing. When asked to define quality of life, many people say that it means being happy and content, being physically able to do what they want or need to, and having fulfilling, supportive relationships.

QUALITY OF LIFE IN THE HEALTH CARE SETTING

Experiences in the health care setting can influence a person's quality of life. In conventional medical and health service practice, there is a continued focus on physical functioning – this focus does not acknowledge that QoL is complex and subjective, and that people with hepatitis C may have a broad range of needs, some of which can be addressed in health settings. Many people with hepatitis C have no symptoms, but for others infection can be characterised by the unpredictable onset and progression of symptoms. As a consequence, people may experience a lack of confidence regarding their future health.

Physical symptoms undeniably affect QoL. Other issues, such as possible discrimination, loss of social support, inadequate income, uncertainty of the future and feeling 'infected' have also been identified as serious concerns for some people with hepatitis C. Pre- and post-test information provision and discussion sessions can help in alleviating the impact of a positive diagnosis.

STRATEGIES TO ENHANCE QUALITY OF LIFE IN THE HEALTH CARE SETTING

Strategies that can be employed to reduce the uncertainty associated with hepatitis C include:

- Health care workers contributing to the wellbeing of affected people through a genuine effort to understand their experiences, and by providing appropriate information and support. This is most crucial at the time of diagnosis, which may affect the way an individual interprets and internalises the concept of being 'a person with hepatitis C'.
- Presenting information in an accessible way. This means not only using appropriate language and concepts, but also putting information into a context that is meaningful to the individual. *See Chapter 7: Preventing Discrimination and Reducing Stigma and Isolation and Chapter 8: Education and Training.*
- Prevention and transmission messages should be clear. When talking about transmission, it is important to shift the emphasis away from unknown or irrelevant factors onto known factors that can logically help to assess what the risk might be. This may provide health workers with the opportunity to debunk myths about how hepatitis C is transmitted, while reinforcing existing personal knowledge. *See Chapter 1: All about the Virus.*
- People who have known of their infection for some time usually have different needs, such as developing strategies to limit feelings of uncertainty and reduce stress. Many people with chronic hepatitis C say that the virus has helped them realise what is important in their lives and to appreciate 'living in the present'.
- The concept of increased personal control needs to be considered in all discussions relating to hepatitis C. For many people, achieving a sense of control over their own health is crucial to their overall QoL. This can mean increasing levels of exercise, taking adequate rest, managing stress, improving self-esteem, establishing healthier eating habits and using complementary therapies.

- An increased sense of control may also be achieved by:
 - clarifying expectations regarding health and correcting misbeliefs etc;
 - discussing whether to disclose hepatitis C status, how and when;
 - discussing whether health is currently affected and to what extent, and how to accommodate these factors into work and personal life; and
 - discussing interactions with friends and family.

Addressing issues such as uncertainty can play an important part in helping people with hepatitis C to better manage their diagnosis and health.

SUPPORT AND CARE

Hepatitis C can affect all areas of life, including personal relationships, family dynamics, social situations, employment and plans for the future. Systems that address the non-medical aspects of living with hepatitis C are crucial at all stages of service provision, including supportive discussions during pre- and post-testing, during treatment, and on an ongoing basis.

Support means different things to different people. Each person has individual support needs relating to specific experiences and circumstances. Support must be able to encompass individual differences, and should also be informed and defined by those who require it. Effective support for the affected person, including the needs of partner, family and friends, comes in varying forms, including:

- accurate, evidence-based, and current information delivered by competent health care workers;
- telephone information and support services;
- magazines, newsletters and current pamphlets and brochures – particularly those produced by hepatitis councils and peer-based drug user organisations;

- discussion with others in a similar situation can be useful – a number of agencies (including hepatitis councils and drug user organisations) run support groups and peer-based activities;
- health care workers who may want to explore the possibility of setting up support groups specifically for those undergoing treatment, and also for those who are affected by hepatitis C, such as family and friends;
- peer-based education programs;
- support from family and friends, which can play a significant role in a person's quality of life;
- web sites and newsgroups;
- personal and/or relationship counselling;
- public forums and conferences;
- awareness campaigns;
- volunteering;
- employment re-training schemes; and
- indirect support which is often available through service provision at Needle and Syringe Programs, hepatitis councils, peer-based drug-user organisations, alcohol and other drug agencies, community health networks etc. *See Contacts Section in Resources.*





COMPLEMENTARY THERAPIES

Complementary (or natural) **therapies** have been used around the world for many years, in some cases for centuries, to relieve the symptoms of a range of health conditions. Complementary therapies may have a role to play in the management of hepatitis c-related symptoms.



To date, there have been few controlled trials of specific complementary therapies in the treatment of hepatitis C. Current clinical research evidence indicates that some herbal medicines can alleviate hepatitis C-related symptoms and some may reduce high ALT levels. Many other complementary therapies have not been formally studied. Some people report dramatic results and improvement in quality of life through the use of complementary therapies, while others observe no great benefits. When considering complementary therapies, it is important to be aware that as well as focusing on the functioning of the liver and related symptoms, many therapies are designed to address a person's holistic health needs. As a result people improve their diet, exercise more and reduce alcohol intake, all of which may contribute to improved liver tests and quality of life.

Some of the more common types of complementary therapies used in relieving the symptoms of hepatitis C are:

- traditional Chinese medicine;
- western herbal medicine;
- specific herbal medications such as St. Mary's Thistle, liquorice root, dandelion;
- acupuncture;
- ayurvedic medicine;
- naturopathy;

- massage;
- meditation; and
- vitamin and dietary supplements.

CONSIDERATIONS FOR PEOPLE USING COMPLEMENTARY THERAPIES

Health care workers should ensure that people considering complementary therapies are aware that:

- The best treatment outcomes are achieved when a person's GP or liver specialist works collaboratively with their complementary practitioner. This may include monitoring and discussing (with the permission of the person being treated) liver function on a regular basis, sharing case notes and assessing any adverse effects that might result through combining conventional and complementary therapies.
- As with any treatment, practitioners should give realistic (not overly optimistic) indicators of likely success. Treatment failure, be it complementary or conventional, can be devastating for some people.
- There are risks involved in self-medication, and a knowledgeable complementary practitioner should be involved in careful monitoring of any course of therapy.
- Some herbs are toxic to the liver. Close monitoring of liver biochemistry is recommended at the commencement of any herbal medicine.

Note: Over-the-counter and complementary medicines may have an adverse interaction with prescription medicines.

It is important to ask questions of the complementary practitioner about the possible outcomes or side effects of any particular treatment.

In most states and territories, complementary practitioners are not required to be registered. People considering such therapies are advised to use practitioners who have qualifications in the field, membership of a professional body, good communication skills and a sound knowledge of hepatitis C. *See Contacts Section of Resources.*

Complementary therapies are not rebateable under Medicare, and some can be expensive. However, many therapies are covered by private health funds.

No complementary medicines have been shown to eradicate the hepatitis C virus. These medications should therefore be considered only after the benefits of combination therapy have been discussed.

Complementary therapists are encouraged to document their treatment regime and outcomes in appropriate journals, so that a clearer understanding of their effect on hepatitis C-related symptoms can be achieved.

NUTRITION

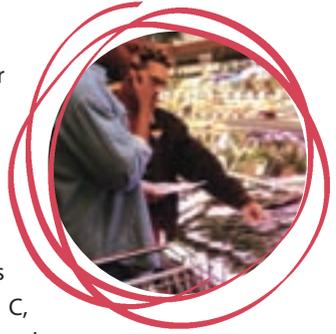
Overall psychological and physical wellbeing is also influenced by nutrition. Although there is no evidence that improvements in diet have any direct virological effect, people with hepatitis C can optimise their nutritional status and their resistance to other infections through a healthy choice of food. Healthy diet information is available at: <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/Healthy+Weight-1>

DO PEOPLE WITH HEPATITIS C NEED TO FOLLOW A SPECIAL DIET?

The majority of people with hepatitis C will not develop advanced liver disease and their lives will not be shortened by hepatitis C. There is no evidence that people with hepatitis C require a special diet. Since many Australians are not yet eating a low fat, high fibre diet, all people including those with hepatitis C can benefit from making some changes to their eating habits.

Some people with hepatitis C may have intolerance to particular foods or alcohol, and individual assessment and modification of diet may be necessary. 'The Guide to Healthy Eating for People with Hepatitis C' developed by Hepatitis Australia is available at local offices and is available on www.hepatitisaustralia.com/PDFs.

People who are overweight or obese should aim for gradual weight loss, particularly as there is increasing evidence of interaction between hepatitis C, obesity and Type 2 diabetes in accelerating the progression to liver fibrosis.



While there is no scientific evidence that special diets have any specific impact on progression of hepatitis C, there is much mis-information on diet and nutrition on the internet. Some resources on diet and hepatitis C recommend that people exclude all dairy foods, red meat, tea, coffee, foods containing added sugar, and artificial colours and preservatives. These recommendations are not supported by scientific evidence and following such a diet may have the following negative impacts:

- potential dietary deficiencies of iron, calcium and vitamin B12;
- difficulty with shopping and with eating or drinking away from home, which can be stressful and socially isolating;
- potential storage problems for preservative free foods; and
- extra costs – additive-free/organic products are always more expensive.

There is ample evidence that alcohol use adversely affects the natural history of hepatitis C disease and leads to more rapid progression of liver disease. People with chronic hepatitis C should be encouraged to avoid or reduce their intake of alcohol.



MANAGEMENT OF DIET AND HEPATITIS C-RELATED SYMPTOMS

It is important to note that many people with hepatitis C do not experience the symptoms discussed below. Others may experience some or all of the symptoms, either due to hepatitis C or as side effects of treatment. Note that nutritional priorities change according to health status. If people are having difficulty

maintaining their body weight, the nutritional priority is to consume high-energy nutrient-rich foods and not worry about issues like saturated fat intake until their weight has stabilised.

NAUSEA AND VOMITING

Tips for maintaining good nutrient intake when a person is nauseous:

- avoid having an empty stomach. Eat small amounts often rather than large and/or fatty meals;
- avoid drinking (water and other liquids) during meals but drink after eating when feeling better;
- eat most when feeling hungry (often this will be at breakfast);
- choose foods that contain lots of vitamins and minerals such as dried fruit and nuts, freshly squeezed fruit or vegetables juices, cheese, yoghurt, tofu, soy drinks, flavoured milk, milkshakes or smoothies to provide the required amounts of vitamins and minerals;
- try different tastes to stimulate appetite, e.g. bitter, sour, salty or sweet;
- special nutritional supplements may be useful if people are not eating well or are losing too much weight. This should be discussed with a dietitian;
- drink ginger ale, or a mix of half ginger ale, half milk (which contains more nutrients than ginger ale alone), to combat nausea; and
- if food smells cannot be tolerated because of nausea, a person should avoid being in the kitchen when foods are cooking, or prepare meals in advance when they are feeling better.

If vomiting persists for more than 24 hours, the person should be advised to seek medical advice.

LOSS OF APPETITE

Tips for maintaining good nutrient intake when a person is experiencing loss of appetite:

- eat small amounts often;
- if possible, eat meals with other people;
- try to make meals look appetising – small serves with a variety of colour and texture;
- try to eat something small every two to three hours, rather than relying on appetite to prompt eating;
- use cold water as a mouth rinse before meals – this may help make food taste better;
- some food smells or cooking odours may enhance appetite;
- choose foods that contain lots of vitamins and minerals such as smoothies or freshly squeezed juices;
- try different tastes to stimulate appetite, e.g. bitter, sour, salty or sweet;
- ensure that meals are eaten in a well-ventilated room;
- cold foods may be better tolerated, such as sandwiches, salads, cold meats and antipasto;
- having snack type foods readily available such as dips, muesli bars, yoghurt, fruit cake, milk drinks or vegetable snacks such as carrot sticks; and
- special nutritional supplements may be useful if people are not eating well or if they are losing too much weight. This should be discussed with a dietitian.



FATIGUE

The body's immune response to any infection can result in feelings of fatigue and eating a balanced diet is necessary to optimise the body's ability to fight infections. It should be noted that there is no nutritional 'quick fix' for fatigue. See *Section on Managing Fatigue* below.

- Some people find that they become tired approximately 2 hours after eating sugary items such as chocolate – individuals should monitor and adjust their intake accordingly.
- Suggest patients try to have a number of nutritious snacks readily available such as dips, muesli bars, yoghurt, fruit cake, milk drinks or vegetable snacks.

- It may be beneficial for rest periods to be planned during the day or for light to moderate exercise to be incorporated into the daily routine to reduce fatigue.
- Further advice about diet and fatigue should be sought from a dietitian.

FEVERS AND NIGHT SWEATS

Low grade fevers are experienced periodically by many people with hepatitis C. Suggestions for management include:

- taking an anti-pyretic medication such as paracetamol;
- wearing cotton nightwear and changing nightclothes as needed; and
- discussing with a doctor who may be able to offer additional personalised strategies.

PAIN

Pain may be experienced in the joints and this can be migratory. Episodes of abdominal pain or soreness on the right side below the ribs may also be experienced. Suggestions for pain management include:

- discussing the symptoms and pain management with a doctor;
- taking pain relief medication;
- reducing the consumption of alcohol to below the levels recommended for the general community or abstaining from alcohol; and
- using a hot pack.

SKIN RASHES, ITCHY SKIN

Itching is often limited to the hands and /or soles of the feet but in some cases may occur over the entire body. Suggestions for its management include:

- avoiding perfumed soaps and shampoos. Use sorbolene cream or unscented soap as a substitute;
- keeping the skin cool, avoid hot showers/baths and reduce sweating and exposure of skin to the sun;
- avoiding scratching the skin; and
- discussing the condition and treatment with a pharmacist or doctor.

DRY EYES

If these symptoms are experienced it may be due to inflammation of the glands that produce tears. Suggestions to manage these symptoms include:

- eye ointments or eye drops;
- avoiding smoke, direct wind and air conditioning;
- considering the use of a humidifier particularly in winter;
- deliberately blinking more often to moisten the eyes: and
- if wearing contact lenses, using lubricant drops frequently and choosing high moisture lenses where possible.

MOOD SWINGS, ANXIETY AND DEPRESSION

Mood disorders, anxiety and depression should be supported with professional health care. Feelings of irritability, lack of interest in normal activities, hopelessness, helplessness, and despair may be experienced although these may **not** be related to the hepatitis C infection. Suggestions to manage these include:

- referral to an appropriate health professional for counselling and/or medication;
- relaxation activities;
- support groups; and
- gentle exercise, tai chi and yoga may help.

COGNITIVE CHANGES

Some people with hepatitis C have reported deterioration in their cognitive ability, finding they are unable to concentrate for long periods or having difficulty in identifying the correct word and similar changes. These are sometimes referred to as 'brain fog'. These symptoms can be caused by other things that are not related to the hepatitis C, including depression and anxiety. Suggestions to manage these include:

- discussing important decisions with someone trusted;
- making lists and allowing time to complete the tasks; and
- discussing the symptoms with a doctor or other appropriate health professional.



MANAGING THE SIDE EFFECTS OF HEPATITIS C TREATMENTS

People using pegylated interferon or combination therapy may experience side effects from the treatment. The level experienced will vary between individuals. Some of the treatment side effects (brain fog, depression and mood disorders, fatigue, dry skin, loss of appetite, pain, hair loss, dry mouth and ulcers) are similar to the symptoms of hepatitis C and the same approaches may be used to control both. Prior to the commencement of treatment, the person should be advised to discuss the side effects that may be experienced from the treatment with the treating doctor.

SIDE EFFECTS OF INTERFERON

Some people may experience flu-like symptoms such as fevers, chills, lethargy, muscle pain, depression and mood swings. Less common side effects can include loss of appetite, insomnia, nausea, vomiting, skin dryness and itching, dry throat and/or weight loss. Still less common side effects include mild temporary loss of hair, blood disorders, thyroid disorders and skin lesions. All of these disappear once treatment is ceased.

SIDE EFFECTS OF RIBAVIRIN

Ribavirin can temporarily lower red blood cell count and platelet count and this may cause tiredness, shortness of breath and less energy. These blood levels will be monitored by the treating doctor. Ribavirin causes birth defects so pregnancy should be avoided during treatment.

This drug is not available to women who are pregnant and/or breast feeding.

Effective forms of contraception should be used by both the person being treated and their partner during and for 6 months after treatment. This is a PBS Section 100 requirement. *See Chapter 6: Treatments for Hepatitis C.*

EYESIGHT

Some people with hepatitis C report increased sensitivity to sunlight on the commencement of treatment. Some people also report a rapid deterioration in their eyesight during and after treatment. Persistent eye problems usually require permanent corrective devices like glasses or contact lenses. Persistent eye problems should be discussed with a doctor or ophthalmologist.

WHO NEEDS TO SEE A DIETITIAN?

Qualified dietitians provide evidence-based dietary advice tailored to the individual. Professional advice from an accredited practicing dietitian is recommended for people with hepatitis C when they are experiencing one or more of the following problems:

- advanced liver disease;
- nausea, anorexia or unplanned weight change (including when these symptoms are the side-effects of treatment);
- other conditions such as coeliac disease or diabetes that require dietary modification; and
- loss of appetite, nausea, loss of energy, or generally feeling unwell.

Liver specialists and gastroenterologists, GPs, hepatitis councils and peer-based drug user organisations can arrange a referral to a dietitian. Some people with hepatitis C and complex care needs may be eligible for Medicare benefits for up to five dietitian services per patient per calendar year, if their condition is being managed by their GP under an Enhanced Primary Care (EPC) plan and the GP refers them to a dietitian as part of the plan. See the Allied Health Services items (10950 to 10970) and explanatory notes in the Medicare Benefits Schedule book available on line at www.health.gov.au/mbsonline. Information on these items is also available at www.health.gov.au/epc. See *Contacts Section in Resources for more information*.

MANAGING MENTAL HEALTH

Individuals and groups of people who have or are at risk of having hepatitis C may experience significant psychological distress. These can be caused by the effect of the disease itself, the effect of the disease on their sense of coping and well-being, discrimination, isolation, poverty, and/or homelessness. Common emotional responses to the diagnosis of hepatitis C include grief and loss and, often, more serious mental health disorders such as anxiety and depression are experienced. Hepatitis C treatment itself may also affect a person's mental health, causing mood changes, anxiety and depression and may exacerbate a pre-existing mental illness. Treatment with peginterferon has been associated with depression and suicide in some patients.

People with physical and mental co-morbidities frequently experience difficulties in navigating the health and welfare systems and in accessing health services, in particular mental health services. The mental health of people with hepatitis C should be monitored closely, particularly during treatment. A coordinated approach to mobilising community support, and the necessary assessment and care from mental health professionals may be needed to meet individual needs. This approach can significantly improve the health outcomes for this group.

Further information can be found at the Department of Health and Ageing website, state and territory health department websites, and the AIVL and hepatitis council websites.

See: http://www.health.qld.gov.au/mental_hlth/publications/23007.pdf
http://www.aph.gov.au/senate/committee/mentalhealth_ctte/submissions/sub281.pdf

MANAGING FATIGUE

Fatigue is a common experience for many people with hepatitis C, but it is not a reliable measure of disease progression or severity of disease. Some of the factors contributing to fatigue may be:

- the reaction of the immune system to infection;
- impaired liver function through alcohol use;
- poor diet or toxic substances;
- drug use;
- stress, distress and other situational problems;
- medical treatments such as interferon; and
- poor sleep and lack of rest.

To some extent, fatigue can be managed. Suggestions to consider in managing fatigue and maximising energy are:

- validate the experience of fatigue and its symptoms;
- consider counselling to assist with the depression that can accompany fatigue;
- consider consulting a naturopath;
- prioritise activities and plan the day carefully to avoid overload;
- ask for help, even on a regular basis;
- when fatigued, try relaxation or rest rather than attempting to go to sleep;
- have regular breaks and time out;
- avoid big meals and take time to enjoy food;
- avoid hot baths and showers and un-ventilated rooms;
- experiment with appropriate exercise; and
- consult a health professional.

Traditional Chinese Medicine is believed to help reduce some symptoms associated with hepatitis C, including fatigue.

ORAL AND DENTAL HEALTH

People with hepatitis C may experience additional teeth and mouth problems. These can include dry mouth, tooth sensitivity and decay, gum infections and mouth ulcerations. These symptoms can also be associated with other conditions, and are not necessarily an indication of infection with hepatitis C.

Studies have shown that because of problems with the mouth, people avoid going out, are uncomfortable with their appearance, often have toothache and may have trouble relaxing. Poor oral health can affect speech, nutrition, body image and self-esteem.

Dental care considerations for people with hepatitis C

Saliva helps to protect teeth and gums, and research has identified low levels of saliva among groups of people with hepatitis C. This may be a possible explanation of the high rate of decayed teeth and sore gums experienced by people with hepatitis C.

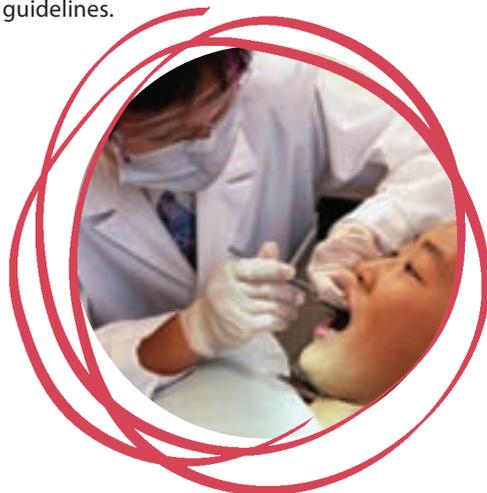
Some medications, such as methadone and anti-depressants, can cause a dry mouth, and taking these medications may also contribute to dental problems. Some people, including those on interferon, have a lower resistance to gum infection than others. Smoking and use of methadone and other opioids can also lead to a worsening of gum conditions.

Reduction or cessation of smoking is advised, and regular visits to the dentist for cleaning are recommended.

Dental health and treatments for hepatitis C

People with cirrhosis, platelet abnormalities and other bleeding disorders should be advised to discuss their particular oral health needs with their dentist prior to treatment. People taking interferon or other therapies should be advised to see a dentist regularly.

There are simple remedies that can be carried out to improve oral health and reduce common dental problems. Health care workers should advise people with hepatitis C to visit their dentist regularly. Dentists will also be able to provide advice on specific problems such as dry mouth, tooth sensitivity and decay, gum infections and mouth ulcerations. Hepatitis councils and peer-based organisations can provide oral health guidelines.



HEALTH CONSUMER RIGHTS AND RESPONSIBILITIES

Health care workers should be aware that consumers of health services are entitled to two basic rights:

- the right to give or withhold informed consent to treatment; and
- the right to receive competent care from health service providers.

Competent care will entail:

- treating people with care, consideration and dignity;
- giving clear information and explanations;
- informing people about the service they are dealing with – what it offers, who is eligible, what costs are involved and what their responsibilities are;
- encouraging people to ask questions about the service;

- answering questions about any proposed treatments or procedures, including any associated risks, alternative treatments or procedures;
- allowing people time to take in and understand the information provided;
- informing people about whether the proposed treatment or procedure is experimental or part of medical research;
- providing assistance from trained interpreters if requested and providing written material in the person's first language;
- referring to a more senior person if a complaint is lodged;
- allowing a person to seek a second opinion, including when they are a patient staying in hospital (this may not be possible in an emergency);
- seeking informed consent before treatment begins;
- accepting withdrawal of consent or refusal of treatment at any time;
- allowing a person to appoint someone else to make decisions on their behalf, in the event that they are not able to make those decisions themselves;
- except in the case of some infectious diseases or psychiatric conditions, accepting a person's decision to leave the hospital or treatment centre;
- maintaining confidential personal records (except where the law requires that certain information be given to some person or authority, e.g. authorisation for methadone records from state or territory health authorities or where health care records may be subpoenaed for court or police);
- accepting that consumers have the right to obtain legal advice if they think the way they are being treated is against the law, or they believe they have suffered harm as a result of the way they have been treated;
- dealing with any complaints in line with the individual services' complaints procedure; and
- allowing people access to their medical records.

Health care workers should allow parents or guardians of children to:

- exercise all of the rights mentioned above on behalf of their own child; and
- stay with their child at all times unless separation is necessary for medical reasons.

CONSUMER RESPONSIBILITIES

Consumers also have a responsibility to treat health care workers with respect in order that they are able to provide optimum care. In health care settings, consumers should:

- treat health care workers with care, consideration and dignity;
- tell their health care worker if they are unable or do not intend to follow the prescribed treatment plan;
- tell health care workers about any changes in their health, including any problems they may have with the treatment they are receiving; and
- keep appointments or let the service know if they are unable to attend.



COMMONLY ASKED QUESTIONS

SHOULD PEOPLE WITH HEPATITIS C CHANGE THEIR DIET?

Not necessarily. A healthy balanced diet is recommended for all Australians, but it may be necessary for people with hepatitis C to change some aspects of their diet to manage symptoms such as nausea, fatigue or loss of appetite.

GIVEN THAT PARACETAMOL CAN CAUSE LIVER DAMAGE IN LARGE DOSES, IS IT OK TO TAKE?

Paracetamol is an acceptable painkiller for people with hepatitis C if taken at the recommended dose. Individuals should check with their liver specialist or GP to ensure that all medications are appropriate for their particular circumstances.

DO PEOPLE WITH HEPATITIS C NEED TO TAKE SPECIAL CARE OF THEIR ORAL HEALTH?

People with hepatitis C may experience additional mouth and teeth problems and need to pay greater attention to their oral health although any symptoms of poor oral health are not necessarily related to infection with hepatitis C. Regular check-ups by a dentist and attention to oral health is recommended.

WHAT SHOULD PEOPLE DO IF THEY ARE NOT GETTING THE ANSWERS THEY NEED FROM THEIR HEALTH CARE PROFESSIONAL?

People with hepatitis C have the right to receive competent care from their health service provider, which includes relevant and meaningful information in reply to their questions. It is difficult for people to allow or withhold informed consent to treatment if they do not have appropriate information about factors that may affect their decision. People are advised to tell their health service provider that they are not satisfied with the information offered. If still dissatisfied, they should consider (where possible) changing service providers. Individuals can also contact the health service complaints authority or the hepatitis council in their state or territory for further information and support.

WHAT CAN COMPLEMENTARY THERAPIES OFFER ME?

There is no objective evidence that complementary therapies can eliminate the hepatitis C virus, but complementary therapies are widely used in the treatment of hepatitis C symptoms and many people report improved health from using these therapies. Consult a complementary therapist with experience and an interest in hepatitis C for more information. The hepatitis council in your state or territory will have a list of complementary practitioners.

CAN I TAKE COMPLEMENTARY THERAPIES WHILE ON COMBINATION THERAPY?

It is important that details of all treatments are discussed with/between your liver specialist and your complementary practitioner. Some complementary therapies can be toxic to the liver and should be avoided at all times; however, some specialists support the use of particular complementary therapies during treatment to help alleviate side effects. Combining complementary and anti-viral therapy may decrease the efficacy of the anti-viral agents and more studies are needed to define optimal approaches.