Treatment Of Chronic Hepatitis B In Thailand 2018

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Hepatitis B normally has no cytopathic effect and liver damage is the result of host immunologic reaction. Since introduction of HBV vaccine in Thailand for more than 20 years with vaccine coverage more than 95%, it is now only problem for those who are born before HBV vaccine. Not everyone with chronic hepatitis B infection will develop disease complication, mainly cirrhosis and HCC and there is no treatment that is very effective to cure hepatitis B. Most of treatment currently is long-term suppressive with oral nucleoside analogues (NUC) to suppress the virus. However, there are many drawbacks of taking NUC including the drug resistance, renal toxicity of some NUC and the burden of taking pill. Thus, decision to start treatment is based upon significant viral load (greater than 2,000 IU/mL) plus evidence that there is inflammation or fibrosis in the liver. Current treatment recommendation includes oral entecavir 0.5 mg or tenofovir 300 mg daily, pegylated interferon can be an alternative especially in young patients. However, for reimbursement policy, only lamivudine is listed as first-line treatment and tenofovir is used to recue lamivudine failure. Recently, entecavir can be the first-line if the patients has advanced fibrosis (F3 or more), initial high viral load (>Log 8 copies/mL or > Log 7.3 IU/mL) or renal dysfunction (creatinine >1.5 mg/mL either at base-line or during tenofovir treatment). All hepatitis B patients with advanced fibrosis, family history of HCC, older than 40 years for man and older than 50 years for woman should be screened for HCC

Conclusion: All chronic hepatitis B patients should be evaluated whether they require treatment since appropriate treatment can reduce disease complication and increase life expectancy

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