



Bears&Health/

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By now you've all heard of hepatitis C, even if you don't know much about it. You've probably heard that it's serious, but mostly a disease of heroin addicts and people who got bad blood transfusions before the test became available. So we gay men and bears don't have to worry about it if we're not shooting up, right? Wrong.

First, let's review some basic information about the different forms of hepatitis: hepatitis - the A, B, C's...

The word hepatitis refers to any inflammation of the liver, regardless of cause, whether by viruses, bacteria, drugs (e.g., alcohol) or other chemicals or sources. Often, this inflammation is so mild that it does not cause any symptoms and is then called "subclinical." In its classic form, hepatitis makes you turn yellow (jaundice) from the damaged liver's inability to properly metabolize blood breakdown products, lose your appetite and feel weak (lassitude). One odd feature is that it's one of the few diseases that causes smokers to lose their desire for tobacco. The vast majority of hepatitis cases are viral. Recovery is often complete, but some forms of viral hepatitis have higher likelihoods of becoming chronic and advanced, even in the absence of these symptoms. To date, at least 6 hepatitis viruses have been identified: A, B, C, D, E and G. Of these, only B, C, and D are known to progress to chronic liver disease in varying percentages of cases. Accounting for the largest percentages of chronic cases is hepatitis C.

A: Hepatitis A (HAV), for which there is now a vaccine, is the kind that spreads via fecal matter and raw shellfish. It's the one that causes outbreaks in schools, that you get from eating contaminated oysters, and from licking butt (rimming). It is not known to become chronic. However, getting hepatitis A on top of pre-

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existing hepatitis C can result in an often rapidly fatal, "fulminant" form of hepatitis. Therefore, the preventive vaccine that has recently become available for hepatitis A is highly recommended for persons who have hepatitis C, along others who may be at risk, including gay men or anyone else who likes to rim. There is no treatment for hepatitis A, from which spontaneous recovery is complete.

B: Hepatitis B (HBV), for which there is likewise now a vaccine, is the principal blood-borne form of hepatitis we have been dealing with prior to hepatitis C. It is spread via contaminated blood and blood products and works and also sexually. At highest risk are those who share needles for the injection of drugs, or unsterilized razors, piercing or tattooing instruments; those who receive contaminated blood products (rare in this day when virtually all blood products are routinely pre-screened, at least in the U.S.); those who work in institutions for the disabled or mentally retarded; and those who engage in high-risk sexual activities (e.g., unprotected anal intercourse). New HBV infections in the U.S. number from 2-300,000 annually. Although up to 95 percent of those with HBV may recover completely, the numbers are such that there are still over a million people in this country who have chronic forms of HBV. Of these, 15-25 % will die prematurely, either from cirrhosis or hepatocellular carcinoma.

Chronic hepatitis B is diagnosed by the persistence for more than 6 months of hepatitis B surface antigen. At present, antiviral treatments include Intron (interferon), ganciclovir, famciclovir and lamivudine

C: Hepatitis C (HCV). Although the numbers of new cases of hepatitis C in this country have dropped - from a high of 230,000 in the mid-1980's to 36,000 in 1996 - nearly 85 percent of those who become infected develop chronic infection, and up to 60 percent of those develop chronic liver disease. Typically, hepatitis C may cause so low-grade an infection that it causes no symptoms and goes undetected for years, even decades, before it is finally diagnosed. At that point, major, often end-stage liver disease has already taken place. In patients with transfusion-associated hepatitis C, 10-20% have evidence of cir-

rhosis within five years after onset. In the U.S., the most conservative estimates are that there are now four million persons infected with HCV. At present, HCV is responsible for 8-10,000 deaths per year in the U.S., but that figure is expected to triple in the next 10-20 years. Liver failure due to hepatitis C is now the number one cause of liver transplantation in the U.S.

Hepatitis C and Gay Men:

Although the risk of getting HCV sexually is apparently less than for HIV or HBV, some experts believe it is emerging as an STD in gay men. Therefore, if you are sexually active, and certainly if you've done any barebacking, you should get tested periodically for HCV.

Another suspected risk factor that is still under investigation is the sharing of nasal paraphernalia for the snorting of drugs such as cocaine, special k, crystal meth, and heroin. Even if you only shared a straw or dollar bill once, and even if that was 10 to 20 years ago, you may be at risk. If I were you, I would err on the side of caution and get tested.

In sum for bears: get tested for hepatitis A, B, and C. If you've never had hepatitis A or B, get vaccinated for them. If you have hepatitis C and your doctor says don't worry, insist on consulting a liver specialist.

All patients with hepatitis C should be presumed to have active disease, even if the liver enzymes are normal. Antiviral treatments include Intron and Rebetron (combining interferon with ribavirin). The outlook with treatment is increasingly optimistic: up to 40 percent can be cured. That's why testing is so important.

Hepatitis D, E and G are not known to cause chronic liver disease. Rarely, however, hepatitis D can interact with acute or chronic HBV to cause a form of fulminant hepatitis (as with coexistent hepatitis A and C infections) that is often fatal.

Lawrence D. Mass, M.D., is a co-founder of Gay Men's Health Crisis in New York City and the author/editor of four books, including, most recently, *We Must Love One Another Or Die: The Life and Legacies of Larry Kramer* (St. Martin's Press). You may address questions or comments to Dr. Mass via our mailing address or Email address.