CLINICAL CAPSULES

ALT Levels in Hepatitis C

Patients with chronic hepatitis C who have normal alanine aminotransferase levels should be treated with the standard of care—peginterferon alfa-2a and ribavirin—that is given to patients with elevated ALT levels, said Stefan Zeuzem, M.D., of Saarland University Hospital, Homburg/Saar, Germany, and his associates.

The combination of peginterferon alfa-2a plus ribavirin produced a sustained virologic response (SVR) in 30% of 212 patients who were treated for 24 weeks and in 52% of 210 patients who were treated for 48 weeks, compared with none of 69 patients who did not receive any treatment in a randomized, open-label trial. The rate of SVR in patients treated for 48 weeks is comparable with the SVR rates of 54%-63% reported in patients with elevated ALT levels treated with the same regimen (Gastroenterology 2004;127:1724-32).

The median ALT activity declined up to 10 U/L in treated patients and remained low in sustained responders in the trial, which was funded by Roche, the marketer of peginterferon alfa-2a (Pegasys) and ribavirin (Copegus). The ALT activity of 52% of control patients increased at some point during the study, which "supports the concept that, in many patients, the persistence of the ALT activity within normal levels is a function of monitoring frequency," the investigators said.

Briefer Treatment for Hepatitis C?

Patients infected with hepatitis C virus genotypes 2 or 3 who achieve an early virologic response to peginterferon alfa-2b and ribavirin have a high rate of sustained virologic response after only 14 weeks of treatment, reported Olav Dalgard, M.D., of Aker University Hospital, Oslo, and his associates.

In a nonrandomized pilot study, 85 of 95 patients with an early virologic response (EVR) after 4 weeks of treatment sustained the response after 14 weeks, compared with 15 of 27 patients who did not have an EVR but had a sustained virologic response (SVR) after 24 weeks. The patients had a median age of 37 years, a body mass index of 25 kg/m^2, and most had no or minimal fibrosis.

The absence of bridging fibrosis or cirrhosis was the only independent predictor of SVR or EVR in patients who had biopsies. In patients with or without a biopsy, independent predictors of SVR were age less than 40 years, receipt of both drugs 80% or more of the planned time, viral load less than 600,000 U/mL, and being negative for hepatitis C viral RNA at week 4. The two groups had similar rates of adverse events (Hepatology 2004;40:1260-5).

"Short-term treatment should probably be restricted to patients infected with genotype 2 or 3 who do not exhibit bridging fibrosis or cirrhosis," the investigators said, but "the results need to be confirmed in a randomized, controlled study."

Serum Markers Detect Liver Fibrosis

A new algorithm can distinguish between patients with little or no liver fibrosis and those with clinically significant fibrosis.

William M.C. Rosenberg of the University of Southampton (England) and his colleagues developed the algorithm, which uses serum markers that represent the constituents of matrix and enzymes involved in fibrosis and fibrolysis. The algorithm excluded significant fibrosis with a sensitivity greater than 90% and detected significant fibrosis with a specificity greater than 90%. The algorithm combines patient age with levels of the serum markers hyaluronic acid, N-terminal propeptide of type III collagen, and tissue inhibitor of matrix metalloproteinase 1 (Gastroenterology 2004;127:1704-13).

This diagnostic accuracy "appears to be similar to that of the previously published tests, that is, best for the extreme ends of the fibrosis spectrum," D. Montgomery Bissell, M.D., of the University of California, San Francisco, said in an editorial (Gastroenterology 2004;127:1847-9).

GERD in Asthmatic Adults

One-third of adult patients with asthma have gastroesophageal reflux disease, but many do not have typical reflux symptoms or acidic reflux, reported Toni O. Kiljander, M.D., and Jukka O. Laitinen, M.D., of Tampere (Finland) University Hospital.

In 90 randomly selected patients with asthma and an average age of 54 years, 36% had abnormal acidic reflux in the distal esophagus during 24-hour esophageal pH monitoring; 25% of the patients with abnormal acidic reflux did not have typical symptoms of gastroesophageal reflux disease (GERD). Of the 47 patients who presented with typical GERD symptoms, 51% had GERD according to pH monitoring (Chest 2004;126:1490-4).

"We do not know which asthmatic patients would benefit from GER therapy," Susan M. Harding, M.D., of the University of Alabama at Birmingham, said in an editorial (Chest 2004;126:1398-9).

—Jeff Evans

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