Co-occurrence of HCV and depression: Opportunities for depression screening among clients being treated for HCV in the community

EVIDENCE BRIEF

Summary

- HCV-affected populations are at high risk for depression, which often goes undiagnosed.[1,2]
- Untreated depression can be a barrier to health care,1 and can increase the risk of reinfection after HCV treatment.[3,4]
- Integrating HCV treatment with mental health care can reduce HCV reinfection risk.[3,4]
- Patients being treated for HCV should be screened for depression and referred for management.

Implications for clinical practice

- In patients starting HCV treatment, follow the Government of BC guidelines[5] to screen for depression with two quick questions:
  - In the past month, have you lost interest in things you usually like to do?
  - In the past month, have you felt sad, low, down, depressed, or hopeless?
- An answer of yes to either question requires a more detailed assessment, including:
  - The PHQ-9: a questionnaire that aids with diagnosing and monitoring depression in primary care patients
  - Suicide risk assessment in all depressed patients
- Refer those who indicate depression to appropriate psychiatric care as soon as possible during their HCV treatment course
- Leverage HCV follow up appointments to monitor depression care progress

Key Evidence

- Depressive symptoms are prevalent among HCV-affected populations, particularly among those who use substances.[1,2]
- In a cohort of HCV-affected British Columbian's, 48% had significant depressive symptoms (CES-D 10) at the time of treatment, and only 44% of those individuals had ever been diagnosed with depression.[1]
- In this same cohort, those with depressive symptoms were more than twice as likely to report having recently faced healthcare barriers such as discrimination.[1]
- Mental health counselling has been found to significantly reduce HCV reinfection risk.[3,4]
- Despite high rates of psychiatric comorbidity, underreached populations such as people who use drugs are being successfully treated for HCV in BC, which presents a unique window of opportunity to screen for and treat comorbid depression.[1]
- Depressive symptom screening among those engaging in HCV treatment should lead to prompt treatment referral to reduce HCV reinfection risk and improve health outcomes.

References

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