



The Study Involved in the Role of Nurse to Treat Hepatitis C

Vishwa Virendra*

Department of Advanced Nursing Science, School of Health Sciences, India

Abstract

Hepatology nursing is a recognized specialized area of nursing that focuses on the promotion of health, the prevention of illness, the care and support of clients experiencing liver-related diseases, and research.

Keywords: Hepatitis C; Nurse; Hepatology; Liver; Disease

Introduction

Currently, the primary risk factor for hepatitis C virus (HCV) is injection drug use; it is estimated that 80% to 95% of intravenous drug users (IDUs) are infected or will become infected with HCV in the near future. This marginalized group in our society is well recognized to be at risk for alcoholism, psychiatric illness and psychosocial instability, and historically, they have not been considered viable candidates for HCV treatment retrospectively reviewed HCV treatment and the determinants of antiviral treatment initiation in a vulnerable, urban, inner-city population. The authors evaluated the chart documentation of 3300 patients and identified 378 patients eligible for HCV antiviral therapy [1]. Of the 378 eligible patients, 143 were offered and initiated treatment, while 95 were offered but rejected treatment. Variables that influenced treatment included a resolute request for treatment, participation in methadone maintenance therapy, younger age and past alcohol use. Factors that negatively influenced treatment included current intravenous drug use, alcoholic liver damage on biopsy, precarious or unspecified housing, and current depression and personality disorders. An important observation to note from the paper is that of the patients considered medically eligible for treatment, only 63% were offered therapy, and of these, only 60% accepted (i.e., less than 40% of the medically eligible cohort). This suggests that potentially viable patient populations may not be receiving treatment. The work is consistent with other studies that reported successful treatment of IDUs provided that they were closely supervised reported on the treatment of 50 IDUs with interferon or interferon and ribavirin combination therapy [2]. The rate of sustained virologic response (SVR) was 36% and was not significantly different between those patients who relapsed to drug use and those who did not also demonstrated that the SVR in IDUs was similar to that in non-IDUs. They also reported that the recent use of intravenous drugs or continued methadone use during treatment did not impair the SVR in comparison with non-IDUs.

The Canadian Association of Hepatology Nurses (CAHN) was established in November 1999. The genesis of creating a professional national nursing association in hepatology occurred in January 1999, when over 30 hepatology nurses from across Canada had the unique opportunity of coming together for a meeting and realized the need for creating a nursing hepatology organization. In February 2000, the first executive was elected. The CAHN is currently an associate member organization of the Canadian Nurses Association [3]. The membership consists of over 150 registered nurses from across Canada whose clinical practice, research, administration, education or interest resides in the domain of hepatology. The mission of the CAHN is to advance the quality of nursing practice and to promote advanced clinical and research nursing practice in hepatology across Canada. The CAHN's mandate includes the maintenance and improvement of the qualifications and standards of hepatology nurses. The organization

provides a network in which its members can exchange information as well as gives the opportunity to share the best practices and guidelines on prevention, care, treatment and support. Our newsletters include journal review articles, information on upcoming meetings, highlights from conferences and latest study results. The Web site, which is in the process of being redeveloped, provides membership with access to documents such as the Canadian Consensus Guidelines, as well as the administration and monitoring of erythropoietin guidelines [4]. In the near future, it will provide a slide kit that can be used to educate novice nurses on viral hepatitis. In addition, standards of practice for hepatology nurses have been approved and will be posted.

References

1. Brendan LH, Rebecca B, Bradley W, Danusia P (2021) Hepatitis C treatment in a co-located mental health and alcohol and drug service using a nurse-led model of care. *J Viral Hepat* 28(5):771-778.
2. Carol R, Mary F, Lee J, Nasim S (2020) Nurse practitioner interventions for smokers with chronic hepatitis C. *J Am Assoc Nurse Pract* 32(5):380-389.
3. Timothy P, Lucy M, Anne C, Annabelle G (2019) Outcomes of treatment for hepatitis C in prisoners using a nurse-led, statewide model of care. *J Hepatol* 70(5):839-846.
4. Bennett H, Rachel MA, Michael SL, Brittany EP (2021) Variation in Participation in Nurse-Driven Emergency Department Hepatitis C Screening. *Adv Emerg Nurs J* 01; 43(2):138-144.

*Corresponding author: Vishwa Virendra, Department of Advanced Nursing Science, School of Health Sciences, India, E-mail: virendra.vishwa.07521@yahoo.com

Received: 06-Jan-2022, Manuscript No. JCPHN-22-51623; **Editor assigned:** 07-Jan-2022, PreQC No. JCPHN-22-51623(PQ); **Reviewed:** 21-Jan-2022, QC No. JCPHN-22-51623; **Revised:** 26-Jan-2022, Manuscript No. JCPHN-22-51623(R); **Published:** 02-Feb-2022, DOI: 10.4172/2471-9846.1000325

Citation: Virendra V (2022) The Study Involved in the Role of Nurse to Treat Hepatitis C. *J Comm Pub Health Nursing*, 8: 325.

Copyright: © 2022 Virendra V. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.