台灣全國性世代研究顯示以干擾素為基礎治療慢性C型肝炎可降低慢性腎臟病的風險

A Taiwanese nationwide cohort study shows interferon-based therapy for chronic hepatitis C reduces the risk of chronic kidney disease

陳宜鈞[1] 李中一[2]

佛教大林慈濟醫院 腎臟內科[1]

成功大學公共衛生研究所[2]

Background: Hepatitis C virus (HCV) infection is a risk factor for chronic kidney disease (CKD). However, it remains unclear whether interferon-based therapy (IBT) for HCV was associated with reduced risk of CKD.

Methods: From the Taiwan National Health Insurance Research Database, we identified 919 patients who received 3 months or more of IBT as our treated cohort. This cohort was propensity score-matched 1:4 with 3676 controls who had never received IBT for HCV infection (untreated cohort). Cumulative incidences of and hazard ratios (HRs) for CKD were calculated after adjusting for competing mortality.

Results: In the matched HCV cohort, the risk of CKD was significantly lower in the treated cohort (7-year cumulative incidence, 2.6%; 95% CI, 0.7-6.9%) than in the untreated cohort (4%; 95% CI, 3.5-5.2%) (p<0.001), with an adjusted HR of 0.42 (95% CI, 0.20-0.92; p=0.03). The results also held in the overall HCV cohort. The number needed to treat for one fewer CKD at 7 years was 58. The reduced risk of CKD was greatest (0.35; 0.14-0.87; p=0.024) in HCV-infected patients who received six months or more of IBT. Multivariable stratified analysis verified that greater risk reduction of CKD was present in HCV-infected patients with hyperlipidemia, diabetes, hypertension, and those without coronary heart disease.

Conclusions: IBT, especially for six or more months, is associated with reduced risk of CKD in HCV-infected patients. Hyperlipidemia, diabetes, hypertension, and coronary heart disease can modify this association.