

中文題目：C 型肝炎抗病毒藥物治療於慢性腎臟病人可降低洗腎風險

英文題目：Antiviral treatment for hepatitis C virus infection in Taiwanese patients with chronic kidney disease decreases dialysis risk

作者：陳宜鈞¹ 李中一²

服務單位：¹ 佛教大林慈濟醫院腎臟內科，² 成功大學公共衛生研究所

Background: The impact of treating HCV infection on hard endpoints (end-stage renal disease [ESRD] and death) in patients with chronic kidney disease (CKD) has not been elucidated.

Methods: We conducted a nationwide cohort study to evaluate this impact using data from Taiwan's National Health Insurance Research Database with ICD-9 codes used to identify diseases. 93,894 Taiwanese adults diagnosed with CKD and without hepatitis B virus infection were finally analyzed. We identified 482 hepatitis C virus (HCV)-infected CKD patients who ever received interferon-based therapy (IBT) (treated cohort), and matched them 1:4 with 1,928 untreated HCV-infected CKD patients by propensity scores (untreated cohort), which further matched 1:2 with 3,856 CKD patients without HCV infection (uninfected cohort). Participants were followed up through the end of 2012 for the occurrence of ESRD after receiving IBT or the corresponding matched date.

Results: The 16-year cumulative incidence of ESRD in the treated, untreated, and uninfected cohorts were 2.4% (95% confidence interval, 0.9-5.2%), 11.7% (8.0-16.1%), and 8.2% (6.2-10.5%), respectively ($p=0.0032$); those of death were 41.4% (8.1-54.1%), 58.0% (51.5-63.9%), and 37.8% (34.4-41.3%), respectively ($p<0.0001$). Taking the uninfected cohort as the reference, the Cox analysis after adjusting for competing mortality demonstrated that the adjusted hazard ratios for ESRD were 0.34 (0.14-0.84, $p=0.019$) and 1.28 (1.03-1.60, $p=0.029$) in the treated and untreated cohorts, respectively.

Conclusions: Antiviral therapy for HCV is associated with improved long-term renal outcome and patient survival in patients with CKD.