

The progression and management of depression and
anxiety in chronic hepatitis C patients

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LIST OF ABBREVIATIONS

ACT, Australian Capital Territory
AD, anti-depressant(s)
CALD, culturally and linguistically diverse
CBT, cognitive behavioural therapy
CHC, chronic hepatitis C
CI, confidence interval
C-UP, a Unified Program for people with hepatitis C to manage depression and anxiety
DASS, Depression Anxiety Stress Scales
DSM, Diagnostic and Statistical Manual of Mental Disorders
DSP, disability support pension
GP, general practitioner
HADS, Hospital Anxiety and Depression Scale
HBV, hepatitis B virus
HCV, hepatitis C Virus
HIV, human immunodeficiency virus
ICD, International Classification of Diseases
IDRS, Illicit Drug Reporting System
IDU, injecting drug use(rs)
IFN, interferon
IQR, interquartile range
K10, 10-item Kessler Psychological Distress Scale
M, mean
MDN, median
MOS-SSS, Medical Outcomes Study Social Support Survey
NSMHW, National Surveys of Mental Health and Wellbeing
NSW, New South Wales
NT, Northern Territory

OR, odds ratio
QLD, Queensland
RA, rheumatoid arthritis
RAH, Royal Adelaide Hospital
RCT, randomised controlled trial
RR, risk ratio
SA, South Australia
SCID, Structured Clinical Interview for DSM-IV Axis I Disorders
SCL-90-R, Revised 90 Item Symptom Checklist
SD, standard deviation
SE, standard error
SEIFA, Socio-Economic Index For Areas
SVR, sustained viral response
TAS, Tasmania
US, United States of America
VIC, Victoria
WA, Western Australia

ABSTRACT

In those living with chronic hepatitis C (CHC), co-morbid depression and anxiety are highly prevalent (el-Serag, Kunik, Richardson, & Rabeneck, 2002), leading to diminished quality of life (Häuser, Zimmer, Schiedermaier, & Grandt, 2004), exacerbated physical symptoms (Morasco et al., 2010), increased functional impairment (Dwight et al., 2000), and poorer anti-viral treatment outcomes (Zanini, Covolo, Donato, & Lanzini, 2010). However, there is a dearth of research exploring this co-morbidity and how best to assess and manage it. This body of work aimed to address this gap in the literature in conducting the four studies comprising this thesis.

Study one assessed the acceptability of various mental health treatment options through a postal survey of South Australian CHC outpatients and an online survey of Australians living with CHC in the community. This study found that individual psychotherapy was the most acceptable treatment, followed by bibliotherapy, pharmacotherapy, online therapy, and group psychotherapy. The most important predictor of the acceptability of a treatment was past satisfaction with use of that treatment modality. Study two assessed the progression of depression and anxiety symptoms over a course of between two and five years. This was conducted in a sub-sample of CHC outpatients who responded to the survey used in study one and were also participants of a previous study assessing the prevalence and predictors of depression and anxiety (Stewart et

al., 2012). This study reported a worsening of depression and anxiety over time. Baseline anxiety was the most prominent predictor of future depressive and anxious symptomatology.

Study three examined changes in self-reported rates of mental health problems and service use in regular injecting drug users in the 2006 and 2012 Illicit Drug Reporting System surveys conducted by the National Drug and Alcohol Research Centre, over half of whom reported also having CHC. This study found that while the rates of self-reported problems increased significantly, there was an accompanying decrease in service use (albeit with a proportional increase in the use of psychologists). Study four involved the development of a treatment protocol entitled “C-UP: A Unified Program for people with hepatitis C to manage depression and anxiety.” A transdiagnostic cognitive behavioural therapy approach was chosen as it has the promise of treating co-morbid depression and anxiety simultaneously, a clinical presentation which is common in people with CHC (el-Serag et al., 2002; Navinés et al., 2012; Stewart et al., 2012). C-UP involves five components which cover psychoeducation, acceptance of distressing emotions, cognitive restructuring, behavioural activation and graded exposure, and relapse prevention. Informal feedback from clinical psychologists, CHC workers, and those living with CHC was overwhelmingly positive. However, a randomised controlled trial and qualitative research is needed to more rigorously assess the efficacy and acceptability, respectively, of C-UP.

When considering the deleterious effects of co-morbid depression and anxiety, it is apparent that a comprehensive and targeted approach on a policy and practice level is needed. While this approach has been lacking to date, it is anticipated that this thesis will lead to an increased focus on the assessment and management of co-morbid depression and anxiety in research, policy, and clinical practice.

DECLARATION

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in my name, in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint-award of this degree. I give consent to this copy of my thesis when deposited in the University Library, being made available for loan and photocopying, subject to the provisions of the Copyright Act 1968. The author acknowledges that copyright of published works contained within this thesis resides with the copyright holder(s) of those works. I also give permission for the digital version of my thesis to be made available on the web, via the University's digital research repository, the Library Search and also through web search engines, unless permission has been granted by the University to restrict access for a period of time.

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