Why was the study done?
Early diagnosis of hepatitis B virus (HBV) and hepatitis C virus (HCV) lowers the risk of developing liver problems including decompensated cirrhosis and hepatocellular carcinoma. This study compared the timing of HBV/HCV diagnosis to the detection of decompensated cirrhosis and hepatocellular carcinoma in people infected with the hepatitis viruses in British Columbia.

What were the main findings?
Between 1990 and 2012 in British Columbia, 2.4% of HBV cases and 6.8% of HCV cases developed decompensated cirrhosis, while 7.9% of HBV cases and 1.6% of HCV cases developed hepatocellular carcinoma (liver disease). The study found that 49% of the HBV cases and 40% of the HCV cases that developed decompensated cirrhosis were late diagnoses, as well as 46% of the HBV cases and 31% of the HCV cases that developed hepatocellular carcinoma. Both HBV and HCV late diagnoses significantly decreased from 1992 to 2011. Late HCV diagnosis was related to a fewer number of doctor visits, and late HBV diagnosis was also related to a fewer number of doctor visits as well as mental illness.

How can these findings be used?
Late diagnosis of HBV and HCV represents a missed opportunity to reduce the risk of serious liver disease. The results of this study highlight that people who do not see the doctor regularly and have serious mental illnesses are more likely to receive a late diagnosis. Improving early diagnosis of HBV and HCV to prevent the development of both decompensated cirrhosis and hepatocellular carcinoma will require addressing individual, community and system-level barriers to screening and testing.

What is the reference for this study?