

# 12 WEEKS HEPATITIS C VIRUS ANTIVIRAL REGIMEN IS A BETTER CHOICE THAN 24 WEEKS REGIMEN IN NORTH REGION OF PAKISTAN

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**Background:** Hepatitis C Virus (HCV) infection is an important health issue and leading cause of chronic liver disease in developing countries including Pakistan. Therefore, the current study was aimed to assess the treatment responses of available antiviral regimens.

**Methods:** A total of 144 chronic HCV positive patients by real time PCR were enrolled from Department of Gastroenterology, Pakistan Institute of Medical Sciences (PIMS), Islamabad (North Region), Pakistan. Treatment responses among chronic HCV positive patients were observed for antiviral regimens. These antiviral regimens were Sofosbuvir + Ribavirin (24 weeks) and Sofosbuvir + Daclatasvir (12 Weeks). Sofosbuvir (400 mg), (Sovaldi, Gilead Sciences, USA) and Daclatasvir (60 mg), (MyDekla, Mylan, USA/Dacklinza, Bristo Myers Squibb, USA) were prescribed to take orally once a day. In addition, Ribavirin (Xolox, Ferozsons, Pakistan), (400 mg or 600 mg) had been advised to take orally twice daily on the basis of weight of patients. The end of treatment response (ETR) after completion of treatment and sustained virological response (SVR) after 12 weeks of cessation of treatment were assessed by the detection of HCV RNA in sera of treated patients.

**Results:** The high ETR and SVR were achieved with Sofosbuvir + Daclatasvir (12 weeks), (92.26%, 71/73) when compared with Sofosbuvir + Ribavirin (24 weeks), (84.50%, 60/71) among chronic HCV positive patients.

**Conclusions:** In conclusion, the 12 weeks HCV antiviral eradication regimen i.e., Sofosbuvir + Daclatasvir was more effective, economic and a better choice than 24 weeks regimen 'Sofosbuvir + Ribavirin' in our region.

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