

Lipid Profile in patients receiving Hepatitis treatment

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ABSTRACT

The aim of the study was to evaluate the lipid profile in the patients suffering from hepatitis C and receiving interferon treatment (after two months). Individuals were divided into two groups including control (n=10) and patients (n=30). The lipid profile (cholesterol, triglyceride, HDL and LDL) was determined by commercially available kits. Variations in the lipid profile was statistically significant ($p < 0.05$) between the control and patients groups. It can be concluded that continuous attention towards the patients must be delivered while they are receiving long therapy including interferon. Not only the drug but also the environmental factors are responsible for the variations in the hematological as well as biochemical profile of the body.

Keywords: lipid profile, hepatitis C, interferon

INTRODUCTION

Hepatitis C is a life threatening disease caused by virus. Scientists are making more and more efforts to discover the proper treatment of this problem. Development of Interferon alpha (IFN α) was a big achievement against HCV. The mode of action of Interferon alpha described that I is a potent cytokines which after binding with IFN α receptor activated number of signaling pathways and ultimately blocked the virus RNA replication (Jonasch and Haluska, 2001, Parmar and Platanias, 2003). Different researches believed that IFN α is an essential mediator of the innate antiviral immune response and produced very prominent effects on cellular physiology and cells of the immune system^{1,10} (Biron and Sen, 2001; Samuel, 2001). It has been proved by different vivo and vitro studies that IFN α improve the liver histology and reduces the chances of hepatocellular carcinoma in chronic HCV patients (Yoshida *et al.*, 2004, George *et al.*, 2009). According to different studies it is concluded that about 50% patients with chronic hepatitis C did not show fully clearance of hepatitis C virus sustain with IFN α . However there is strong evidence that IFN α when used therapeutically in chronic hepatitis C patients can participate or exacerbate autoimmune endocrine diseases, especially of thyroid gland. Mostly about 40% patients discontinue the treatment of IFN α . It is also documentary proved that about 14% HCV patients develop thyroid dysfunction.

MATERIALS AND METHODS

The current study was conducted at Jinnah hospital, Lahore from June-2014 to Feb-2015. Total 30 individuals were selected suffering from hepatitis C

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and receiving interferon treatment and 10 individuals were selected as control group. 1ml blood was taken from all the individuals and plasma was separated from the blood for the evaluation of lipid profile. The patients have completed their two months interferon therapy. Patients were reported with various side effects since they were treated with interferon. Some of the patients were reported with diabetes and some were reported with decreasing their weight. The thyroid gland test were evaluated and it was found that these individuals also had a little bit thyroid malfunctioning. Some of the patients stopped their treatment and some of them showed intension to complete interferon therapy. The lipid profile (cholesterol, triglyceride, HDL and LDL) was determined by commercially available kits.

RESULTS

The lipid profile of the patients receiving interferon therapy after two months showed statistically significant variation (Table 1) among the various lipid parameters. The level of cholesterol (211.52mg/dL), LDL (111.17mg/dL) and triglyceride (209.89mg/dL) was elevated in the patients receiving interferon as compared to control (174.78mg/dL, 89.90mg/dL and 101.50mg/dL respectively). On the other hand, the level of HDL was decreased (49.02mg/dL) statistically significant ($P < 0.05$) in the patients as compared to the control (69.60mg/dL) group (Table 1).

Table- 1: Lipid profile of patients receiving interferon

	Control(n=10)	Patient (n=30)
Cholesterol	174.78 \pm 16.91	211.52 \pm 13.16*
LDL	89.90 \pm 5.33	111.17 \pm 20.56*
HDL	69.60 \pm 7.13	49.02 \pm 4.42*
Triglyceride	101.50 \pm 11.01	209.89 \pm 32.35*

*significant figure ($P < 0.05$)

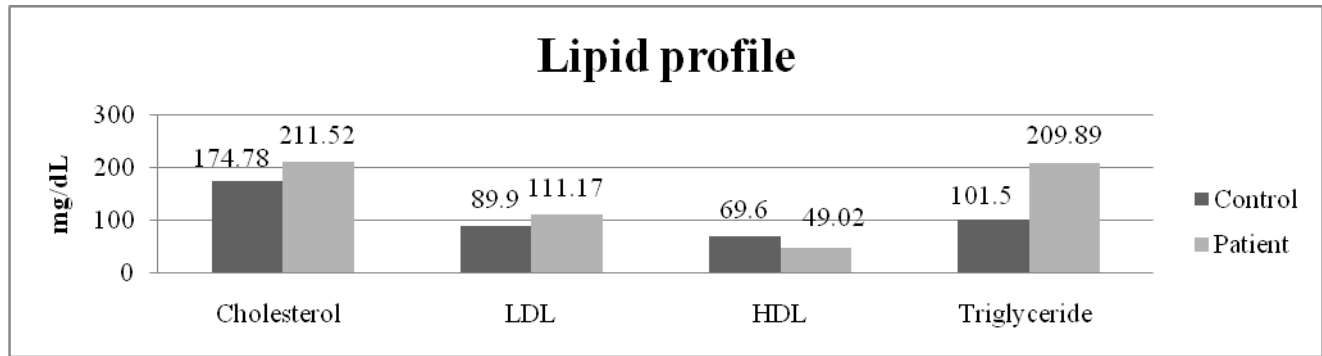


Fig. 1: Lipid profile comparison of patients receiving interferon

DISCUSSION

The hypothalamic pituitary axis is a frequently studied endocrinological system produces several releasing and inhibiting hormones that act on the pituitary gland stimulating the release of pituitary hormones. Thyroid hormones are essential for proper differentiation and development of all cells of human body⁶.

This hormone messages the pituitary gland to release thyroid stimulating hormone (TSH), which after conversion sends a message to the adrenal glands produces cortisol. But both cortisol and Corticotrophin-releasing hormone can inhibit TSH production and the conversion of T₄ to T₃ (thyroid hormones), while every cell in the body uses T₃ for healthy functions. The decrease in the levels of T₃ can lead to symptoms like: fatigue, cold intolerance, weight gain, memory loss, poor concentration, depression and infertility⁴ etc. The present study learned to identify voices speaking a familiar (native) or unfamiliar (foreign) language stress, suppresses the pituitary gland which is responsible for releasing thyroid stimulating hormone (TSH) which then leads to T₄ and T₃ release. Imbalanced production of thyroid hormone arises from the thyroid gland dysfunction in the body¹³. Thyroid function abnormalities i.e., Hyperthyroidism (Thyrotoxicosis) and Hypothyroidism are among the most common of all endocrine disorders. Hypothyroidism shows reduced metabolic rate. IFN- α/β acts to induce antiviral responses in cells far removed from its site of production via interaction with specific cell surface receptors, the type 1 IFN receptors. These signals to the nucleus through Janus kinase-1 (Jak1) and tyrosine kinase 2 (Tyk2) phosphorylation of the signal transducers and activators of transcription (STATs). Therefore it is an evidence that IFN- α/β activation of each of the STATs under different conditions possible.

Studies have shown that total cholesterol and HDL were decreased in the studied groups^{2,11,12} and at the same time variations in the cholesterol and triglyceride were not observed^{8,9}. On the other hand,

in current study the levels of cholesterol, triglyceride and LDL were increased in the patients while HDL was decreased (Fig. 1).

REFERENCES

1. Biron C, Knipe D, Howley P, Griffin D, Lamb R, Martin M., Interferons and other cytokines. Fields virology. Lippincott Williams & Wilkins, Philadelphia 2001; pp. 321-351.
2. Dixon RM, Borden EC, Keim NL, et al. Decreases in serum highdensity-lipoprotein cholesterol and total cholesterol resulting from naturally produced and recombinant DNA-derived leukocyte interferons. *Metabolism* 1984;33:400-4.
3. George SL, Bacon BR, Brunt EM, Mihindukulasuriya KL. Clinical, virologic, histologic, and biochemical outcomes after successful HCV therapy: a 5-year follow-up of 150 patients. *Hepatology* 2009; 49: 729-738.
4. Herman JP, Figueriedo H, Mueller NK, Ulrich-Lai Y, Ostrander MM, Choi DC (2003). Central mechanisms of stress integration: Hierarchical circuitry controlling hypothalamo-pituitary-adrenocortical responsiveness. *Front Neuroendocrinol.* 24:151-80.
5. Jonasch E and Haluska FG. Interferon in oncological practice: review of interferon biology, clinical applications, and toxicities. *Oncologist* 2001; 6(1): 34-55.
6. Kirkegaard C and Faber J. The role of thyroid hormones in depression. *European Journal of Endocrinology* (1998) 138:1
7. Parmar S, Platanius LC. Interferons: mechanisms of action and clinical applications. *Curr Opin Oncol* 2003; 15(6): 431.
8. Picciotto A, Bertolini S, Bardellini E, et al. Serum lipid levels during interferon therapy in patients with chronic hepatitis C. *J Interferon Cytokine Res* 1995;15:703-4.
9. Ruiz-Moreno M, Carren'o V, Ru'a MJ, et al. Increase in triglycerides during α -interferon treatment of chronic viral hepatitis. *J Hepatol* 1992;16:384.
10. Samuel CE. Antiviral actions of interferons. *Clin Microbiol Rev* 2001; 14: 778-809.
11. Shinohara E, Yamashita S, Kihara S, et al. Interferon alpha induces disorder of lipid metabolism by lowering postheparin lipases and cholesteryl ester transfer protein activities in patients with chronic hepatitis C. *Hepatology* 1997;25:1502.
12. Soardo G, Pirisi M, Fonda M, et al. Changes in blood lipid composition and response to interferon treatment in chronic hepatitis C. *J Interferon Cytokine Res* 1995; 15:705-12.
13. Surks MI, Hollowell JG: Age-specific distribution of serum TSH and antithyroid antibodies in the United States Population; Implications for the prevalence of subclinical hypothyroidism. *J Clin Endocrinol and Metab* 2007; 92: 4575.
14. Yoshida H, Tateishi R, Arakawa Y, Sata M, Fujiyama S et al. Benefit of interferon therapy in hepatocellular carcinoma prevention for individual patients with chronic hepatitis C. *Gut* 2004; 53: 425-430.

