Mental health and wellbeing

Nutrition Support Action Plan (NSAP) for case managers/key workers- hepatitis C

What is hepatitis C?
Hepatitis C is a blood borne virus that causes liver inflammation (swelling and pain). Almost three quarters of people with the virus will develop chronic hepatitis C within 6 months. Less than a quarter of these people will develop cirrhosis (severe liver scarring). This may take 20 to 40 years or more to develop. Pharmaceutical treatments are available to manage the virus; this is a very involved process.

Should a person with hepatitis C follow a special diet?
Strict restrictions are not usually required, although people should be wary of alternative therapies and supplements, which may cause further liver damage.

To help stay well, people can:
1. Eat a healthy, balanced diet.
2. Eat a variety of foods from the five food groups.
3. Eat plenty of plant-based foods; moderate amounts of animal foods and small amounts of extra foods, margarines and oils.
4. Drink plenty of water.
5. Undertake regular physical activity.
6. Maintain a healthy weight.
7. Limit intake of fat, sugar and salt.

In the later stages of liver disease, additional dietary changes may be required.

Caffeine and hepatitis C
There is no evidence that tea, coffee or caffeine-containing products should be avoided by people with hepatitis C, if they are consumed in moderation.

Alcohol and hepatitis C
It is ideal for consumers with hepatitis C not to drink any alcohol at all. The risk of developing cirrhosis or liver cancer for those with chronic hepatitis C is much higher in those that drink heavily (those that drink more than 5 standard drinks a day or do not have 2 alcohol free days a week). Alcohol may also make hepatitis treatment less effective.
Alcohol recommendations:
- If a consumer drinks, then they should have a minimum of THREE alcohol free days a week.
- Both women and men should have no more than ONE standard drink a day.

Body weight and hepatitis C
People with hepatitis C should maintain a healthy body weight (BMI: 18.5 to 25 kg/m²). If overweight, a small reduction in body weight (5-10%) may improve markers of liver disease progression and improve treatment efficacy.

Overweight clients should be advised to decrease their weight by increasing physical activity and reducing kilojoule intake. Avoid rapid weight loss as this can damage the liver.

Actions for case manager/key worker
1. Does your consumer follow a healthy diet? Check with ‘NSAP Assessing your consumer’s diet’.
2. Does your consumer attend appointments with a medical specialist / GP regularly?
3. Does your consumer have nausea, reduced appetite, nutritional deficiencies and/or unplanned weight change? Refer to an Accredited Practising Dietitian (www.daa.asn.au and search ‘Find a Dietitian’).
4. Does your consumer need to lose weight? If so, refer to an Accredited Practising Dietitian (www.daa.asn.au and search ‘Find a Dietitian’).
5. Does your consumer find it difficult to manage their alcohol intake? If so, link in with your local Alcohol and Drug information service.

Need more information?
www.daa.asn.au or visit www.hepqld.asn.au/