

OKLAHOMA DEPARTMENT OF CORRECTIONS Conservative Treatment

Conservative therapy will be offered to all offenders who do not qualify for medication treatment. If the exclusion from treatment is temporary and the excluding conditions resolve, the protocol will be applied again. In the meantime, these offenders will be enrolled in the Liver Disease chronic clinic. See Hepatitis C Algorithm Attachment A.

Conservative therapy will consist of the following components:

- Routine laboratory monitoring
- Routine Chronic Clinic follow-up
- Repeat liver biopsy if indicated

- Harm reduction via education and counseling about the following:
 - Prevention of further liver damage from prescription and non-prescription medications and herbal remedies.
 - Complete avoidance of all alcohol use. Alcohol use is known to predict worsening of liver damage in Hepatitis C.
 - Avoidance of chronic marijuana use. Marijuana use is known to predict worsening of liver damage in Hepatitis C.
 - Avoidance of cigarette smoking. Cigarette smoking is linked to rates of HCC (Hepatocellular Carcinoma).
 - Refraining from injection drug use.
 - Refraining from intranasal cocaine use.
 - Referral for substance abuse treatment when indicated.

- Reduction of transmission to others via education and counseling about the following:
 - Refraining from donating blood, organs, tissues, or semen.
 - Use of latex condoms to prevent sexual transmission.
 - Refraining from sharing needles used for injection.
 - Refraining from sharing equipment used for tattooing or body piercing.
 - Refraining from sharing personal articles that may be contaminated with blood such as toothbrushes, nail grooming equipment, and razors.
 - Refraining from sharing equipment used for intranasal cocaine use.
 - Covering cuts and open skin wounds.

Those offenders who fail to qualify for treatment because of thrombocytopenia are likely to have portal hypertension and hypersplenism. These tests should be further considered in these offenders:

- PT and PTT
- EGD every 2 – 3 years unless on a non-cardio selective Beta-Blocker years
- Alpha fetoprotein and abdominal ultrasound annually

Further therapeutic considerations for these offenders include the following:

- Avoidance of Tylenol doses greater than 2gm/day
- Nutritional support
- Propranolol or Isosorbide mononitrate if portal hypertension found on ultrasound
- Vitamin K supplementation if INR > 2.2
- Avoidance of NSAIDS and salt restriction for those with subclinical ascites on ultrasound
- Lactulose and protein restriction for elevated ammonia level
- Prophyllaxis for increased incidence of ulcer disease