OBJECTIVE: Depressive symptoms have been frequently observed in association with immune activation. We prospectively evaluate depressive symptoms and risk factors for major depression in patients with hepatitis C virus treated with antiviral combined therapy.

METHODS: Fifty patients were assessed during 1 year; the structured diagnostic interview - Mini International Neuropsychiatric Interview - was used to screen psychiatric disorders at the baseline and during the 4th and 12th week of antiviral therapy.

STATISTICAL ANALYSIS: generalized estimating equations and pairwise comparisons with Bonferroni adjustment.

RESULTS: In our sample the prevalence of the Genotype 1 was 42%, and the pegylated interferon alpha plus ribavirin was the most prevalent treatment used for hepatitis C (86%). We found increased risk of depression in the 4th week (34%) but not in the 12th week (24%) compared with baseline values (20%) (P=0.040). In addition, we found differences between depression prevalence and hepatitis C genotypes, with higher odds in the 4th week compared to the baseline and 12th week [OR: 2.1(1.15-2.9); P=0.040]. Patients with the Genotype 2/3 had significantly lower odds of presenting depression compared to the Genotype 1 [OR: 0.3 (0.1-0.9); P=0.030].

CONCLUSION: This study provides evidence for an association between hepatitis C genotype and major depression, showing that besides immune activation, the Genotype 1 is associated with increased risk for psychiatric symptoms during the follow-up.