Summary

Chronic hepatitis B (CHB) remains a major cause of liver disease worldwide. Although the global prevalence has fallen since the introduction of effective vaccination programmes, there are still more than 350 million people who are chronically infected with the hepatitis B virus (HBV). Progression of HBV-related liver disease to cirrhosis, hepatic decompensation and hepatocellular carcinoma (HCC) is estimated to result in 0.5–1.2 million annual deaths.

Decisions regarding when to start treatment, which therapies to use, and when to stop treatment must take into consideration not only viral or disease factors, but also individual patient circumstances and preferences to achieve optimal results.

The treatment of CHB has greatly improved over the past decade with the introduction of potent NA with a high barrier to resistance and PEG-IFN. The advantages and limitations of both treatment options should be considered when a patient has an indication to initiate anti-viral therapy. NA can be prescribed to all adult CHB patients in whom treatment is indicated and offer easy daily oral dosing, are well tolerated and NA with a high barrier to resistance can maintain suppression of viral replication for prolonged periods of time. However, an off-treatment sustained response is unlikely in a majority of patients. A sustained off-treatment response is more likely to be achieved in a subgroup of patients with a finite course of PEG-IFN therapy, but treatment is frequently complicated by the occurrence of side effects.

Few patients achieve HBsAg seroclearance even after years of the current antiviral therapies. Long-term nucleoside analogue treatments are required to maintain the persistent suppression of HBV replication with the potential risk of drug resistance. A large proportion of CHB patients have not yet been identified, evaluated or treated. Further education programs are needed to improve the public awareness of the importance of CHB.

Special HBV populations are increasingly met in real life and, although other medical specialties also deal with them (hematologists, oncologists, nephrologists, pediatricians and gynecologists), today’s hepatologists should be aware of the ‘special’ problems of these widely encountered populations and co-operate with their physicians for the best outcome of their HBV infection.