SIDE EFFECTS OF INTERFERON, PEGYLATED INTERFERON, CONSENSUS INTERFERON AND RIBAVIRIN THERAPY

General and miscellaneous:

Fever, chills, flu-like symptoms, headache, dizziness, hearing loss, insomnia, fatigue, inflammation and pain in the joints, muscle aches, muscle contractions/cramps, numbness and tingling, nerve damage, thinning of hair, weight loss or gain, excessive sweating (especially at night), thyroid dysfunction, parathyroid dysfunction, increased or decreased level of potassium

Any existing medical condition can be worsened by these medications.

Gastrointestinal:

Nausea, vomiting, heartburn, loss of appetite, changes in taste, dry mouth, dry cough, diarrhea, initiation or worsening of inflammatory bowel disease, celiac disease

Cardiovascular Disorders:

Chest pain, heart attack, congestive heart failure, stroke, low or high blood pressure any of which can lead to death

Lung Disorders:

Difficulty breathing, asthma, pneumonia, interstitial pneumonitis, bronchiolitis obliterans, lung infection and/or infiltrates, emphysema, pulmonary sarcoidosis (wide spread lesion forming in the lungs)

Renal Dysfunction:

Decrease in kidney function and failure leading to dialysis dependency

Liver Toxicity:

Jaundice, elevated liver enzymes, liver pain, decreased liver function

Vision Disorders:

Changes in vision which could be permanent, including blindness in one or both eyes

Brain Disorders:

Cerebral atrophy (brain size decreases), aseptic meningitis (inflammation of the lining of the brain without evidence of infection), Bell’s palsy or other facial palsy (temporary partial paralysis involving the eyelid and cheek), decreased short term memory, decreased cognitive abilities. Some of these side effects may not resolve after therapy is completed.

Autoimmune Disorders:
Initiation of or worsening of lupus, rheumatoid arthritis, psoriasis, inflammatory bowel disease, Sjogren’s disease (dry mouth and eyes). These side effects may or may not resolve with completion of therapy.

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**Blood Disorders:**

Low platelet count (thrombocytopenia), low red (anemia) and white blood cell count (neutropenia and leukopenia), decreased clotting time, idiopathic thrombocytopenic purpura (autoimmune disorder which causes destruction of platelets), blood clot formation (thrombosis) in extremities or lungs

**Skin Reactions:**

Rashes, lichen planus, dry or itchy skin, lupus erythematosus (skin infection), psoriasis (skin disorder causing red patches with white scales), Stevens Johnson Syndrome (lesions and redness of the skin produced by congestion/broken capillaries), injection sites reactions or redness, injections site infections, transient erythema (redness), eczema, depilation (hair loss), skin necrosis, vasculitis, initiation or worsening of vitiligo

**Drug Addiction:**

Relapse of sobriety or IV drug use dependence, overdose of alcohol or drugs

**Psychiatric, Psychological, Mood and Behavioral Problems:**

Depression, anxiety, irritability, lack of concentration, insomnia, mental confusion, hallucinations, mania, bipolar disorders, suicidal thoughts and attempts, homicidal thoughts, psychosis, paranoia, neurosis, disorders of psychomotor activity, vegetative symptoms. Organic personality syndrome characterized by irritability and short temper. An organic effective disorder marked by extreme lability, depression and tearfulness. Delirium marked by clouding of consciousness, agitation, paranoia, and suicide potential. There are known cases of completed suicide and homicide while taking this medication.

**Women’s Health Issues:**

Menstrual disorders, inability to have children, spontaneous abortions and birth defects.

**SOME OF THESE SIDE EFFECTS MAY BE SEVERE ENOUGH TO CAUSE DEATH. SOME OF THESE SIDE EFFECTS MAY BE IRREVERSIBLE.**

Most side effects (with the possible exception of thyroid dysfunction) will generally reverse with discontinuation of these medications. It can take up to 8 weeks for the medications to completely leave body tissue.

Date: _______________

Patient’s Name: ___________________________     DOB: ____________

I, _______________________________________, have read the above side effects of interferon, pegylated interferon, consensus interferon and ribavirin and understand this may not be an exclusive list of side effects. I know the dangers of these medications, but I want to proceed with therapy. I understand some of these side effects may require a consult with another specialty medical provider, and I agree to work with my Primary Care Provider in obtaining such a specialist. I will utilize the nursing support program provided by the pharmaceutical company and contact my physician at the offices of Digestive Health Consultants of Northern California should side effects persist/worsen.