Dr. Alan Kilby, who has been with the Portland Gastroenterology Center for almost 20 years, treats the full range of gastroenterological diseases, but has a special interest in liver diseases and hepatitis.

Two years ago, Kilby took the lead in establishing Maine’s first hepatitis treatment program, at Maine Medical Center in Portland. In addition to seeing patients with gastroenterological disease at Portland Gastroenterology Center, Kilby is the co-director of MMC’s Virology Treatment Center, which specializes in treating patients with hepatitis B and C infections.

Of those who have hepatitis C – conservatively estimated at some 20,000 people in Maine, and 4 million people in the United States – “at least 10 to 20 percent go on to cirrhosis, with some developing liver failure or cancer, or the need for a liver transplant,” Kilby says. “Liver disease is a big cause of morbidity and mortality, and cirrhosis of the liver caused by hepatitis B or C is very common.”

The hepatitis treatment center at MMC was founded, Kilby says, because “the capacity for treatment was not adequate in the state, or even in Portland. So we are trying to make more test sites, counseling and treatment services available.”

The MMC program is staffed by a team that in addition to Kilby includes a practice coordinator, nurse and nurse practitioners, and a social worker. The program’s mission includes educating young doctors going out into primary care practices about issues involved in treating infectious diseases.

Most people with hepatitis C contracted the disease decades ago, Kilby explains, with the virus transferred via a blood transfusion (pre-1992) or the use of intravenous drugs, or through other blood exposures. Most patients range in age from the mid-30s up to about 60.

“Hepatitis C is a longstanding infection, one that typically does not go away,” Kilby says. “People may feel fine, or perhaps tired or achy or run-down, but there are not usually many warning symptoms or signs, and unless people know they have a risk factor in their past, they are not tested. So they have had the infection for decades – it takes that long to reach the cirrhosis stage – and are now getting to the point where problems are appearing.”

The treatment for hepatitis C, Kilby notes, is “fairly intense – up to a year of weekly injections of interferon, which stimulates the immune system to attack the virus, and an antibiotic, Ribavarin, taken daily, and then six months of follow-up. “The side effects, such as depression and fatigue, are significant,” he continues. “Often, patients have complex psychological problems and other issues.

“All in all, with such labor-intensive treatment – there’s a lot of counseling, discussion and office visits – the team approach we use at the Virology Treatment Center is particularly valuable.”

Treatment of what was a little-known disease 15 years ago has come a long way, Kilby acknowledges. But while there is a vaccine for hepatitis B, which can cause similar damage to the liver, there is none for hepatitis C.

Still, “with treatment, about half the patients have long-lasting disappearance of the virus from the blood and the liver – a very beneficial result,” Kilby says. A further plus: At the Virology Treatment Center, Kilby notes, “we are serving a population that has been significantly under-served in the past.”