Historically, age has been a major limitation of interferon-based antiviral therapy for hepatitis C (HCV) due to poor tolerability, reduced efficacy and an increasing number of comorbidities. Since the introduction of direct-acting antivirals (DAAs), HCV treatment has been revolutionized and high sustained virologic response (SVR) rates can now be achieved in virtually all patient populations, even in those earlier considered difficult-to-treat.

Aim of this systematic review and meta-analysis was to assess and compare the efficacy and safety of DAA therapy among elderly (≥65 years or ≥75 years) and younger (<65 years or <75 years) patients with chronic HCV infection.

Summary of search results and study selection.

Our results show that DAAs are highly effective and safe in elderly patients. Ribavirin should be avoided in the elderly, as more AEs, and particularly anemia is observed. Further cost-effectiveness analyses are needed to evaluate the socio-economic benefit of treating elderly people without advanced liver disease.