

NEAR PATIENT SERIAL TRANSIENT ELASTOGRAPHY (STE) IMPROVES HEPATITIS C TREATMENT UPTAKE AMONG PATIENTS ON OPIOID SUBSTITUTION TREATMENT (OST)

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INTRODUCTION

Many Opioid Substitution Treatment (OST) patients with Hepatitis C do not attend hospital referrals.

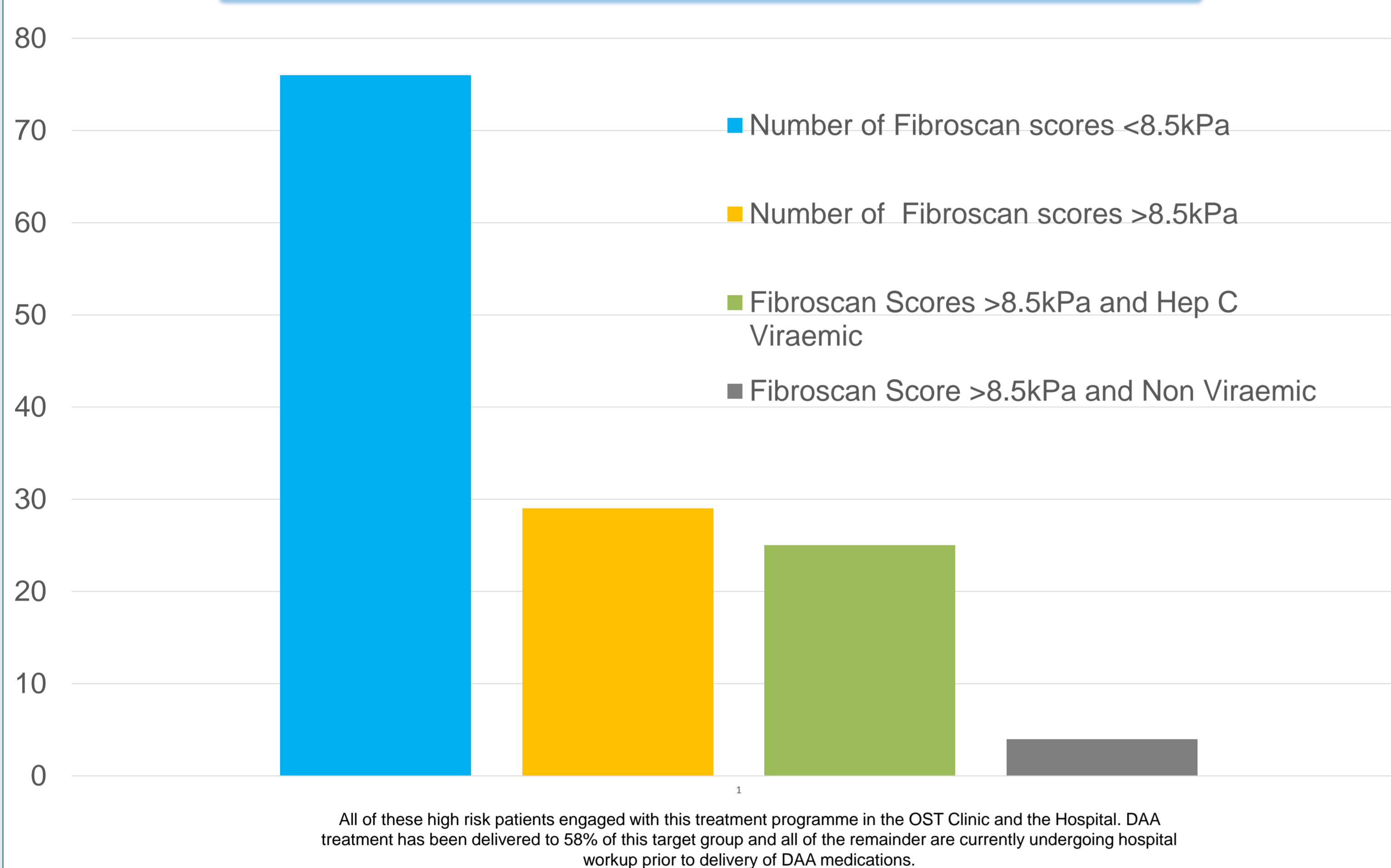
AIMS & BACKGROUND

To improve attendance by locating Serial Transient Elastography (STE) in an OST setting and characterize mortality of OST patients in relation to STE readings.

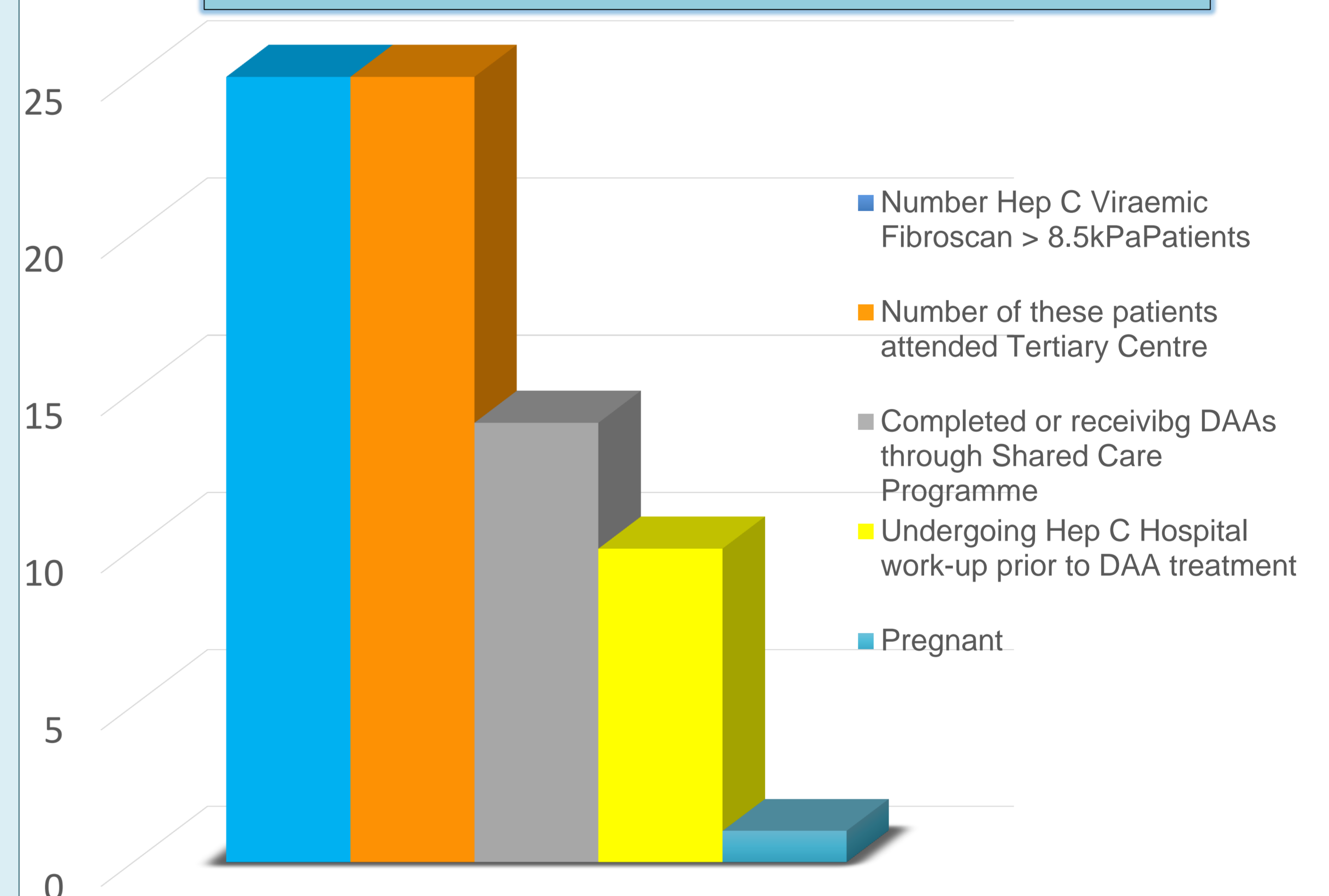
METHOD

Unselected serial TE readings were carried out on patients in the OST clinic in 2008 and 2016. Mortality in the 2008 group was related to TE readings and progression of TE readings from 2008 to 2016 was recorded.

Fibroscan Results on 105 Opioid Substitute Patients



Linkage Rate to Hospital for Viraemic Patients with Fibroscan Scores >8.5kPa



RESULTS

84 of 85 patients offered TS in 2008 and all 105 offered TS in 2016 availed of a scan. All attended the clinic doctor to individualize their risk of fibrosis and associated risk factors. In 2008, 77% of patients were HCV Ab positive and 58% of this group were HCV viraemic. By 2016, all of the 2008 patients with TE scores > 13 Kilopascal (kPa) had died (a total of 13 patients) and 11 of these patients died as a result of liver failure which was associated with hepatitis C viraemia. In 2016, scans were carried out on surviving patients from 2008 and on new patients attending the clinic. 16 patients (15%) of the 2016 population now had TE scores > 13 kPa, the previous threshold for death at eight years. 28% of patients in 2016 had scores greater than 8.5kPa and their median score was 13.8kPa. Patients were educated in relation to the clinical consequences of high Elastography readings in the past. In 2017 all of the patients with a scan >8.5 kPa were fast-tracked to a priority, shared-care Hep C Treatment Program at St Vincent's Hospital (SVH) and supported in the OST clinic.

LINKAGE WITH SVH WAS 100% AND ALL PATIENTS HAVE RECEIVED DAAs OR ARE UNDERGOING HOSPITAL WORKUP

CONCLUSIONS

STE in an OST setting is effective in delivering DAA Hepatitis C treatment to high risk patients on OST.

All high-risk patients in 2017 engaged with a shared-care priority treatment program with the hospital and the majority has already had DAA treatment with the remainder undergoing hospital investigation prior to initiation of this treatment.



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