

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

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Introduction:

Many OST patients with Hepatitis C do not attend hospital referrals.

Background:

To improve this by locating STE in an OST setting and characterise mortality of OST patients in relation to STE readings.

Methods:

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.

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 individualise 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.

In 2017 all of the patients with a scan >8.5 kPa were fast-tracked to a priority, shared-care Hep C treatment programme, set up with area hospital, located in the OST clinic. All of these high risk patients engaged with this treatment programme in the OST Clinic.

Conclusions:

STE in an OST setting is an effective in engaging patients with Hepatitis C treatment. All high-risk patients in 2017 engaged with a shared-care priority treatment programme located in the OST centre.

Disclosure of Interest Statement

No conflict of interest