

Naltrexone XR (XR-NTX) Can be Used to Support Hepatitis C Virus (HCV) Treatment in Recently Medically Supervised Opioid Withdrawn Persons Who Inject Drugs (PWIDs) – A Preliminary Report

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PURPOSE

To evaluate the success of Naltrexone XR (XR-NTX) treating HCV in recently medically supervised withdrawn persons who inject drugs using and pibrentasvir/glecapravir.

BACKGROUND

The WHO goal of elimination of HCV will not be realized unless PWIDs with HCV are treated. Active PWIDs are more likely to transmit virus. There has been reluctance to treat active PWIDs for many reasons. However, a treated and cured PWID will not transmit HCV and can help reduce the reservoir for transmission and contribute to the elimination goal. This pilot study to evaluate treatment as prevention concept for HCV was undertaken to gain preliminary insight into the success rate for HCV treatment, direct acting antivirals (DAAs), in the active user group.

Opioid use disorder (OUD) affects 2 million persons worldwide. We previously documented a prevalence of 43% of HCV in our cohort. Treatment with methadone and suboxone, are well-studied options in PWIDs. XR-NTX is less studied, especially in young PWIDs who recently had medically supervised opioid withdrawal. We report a model of care with concurrent co-located treatment of OUD, using XR-NTX, and HCV in young PWIDs.

INTERVENTION/METHODS

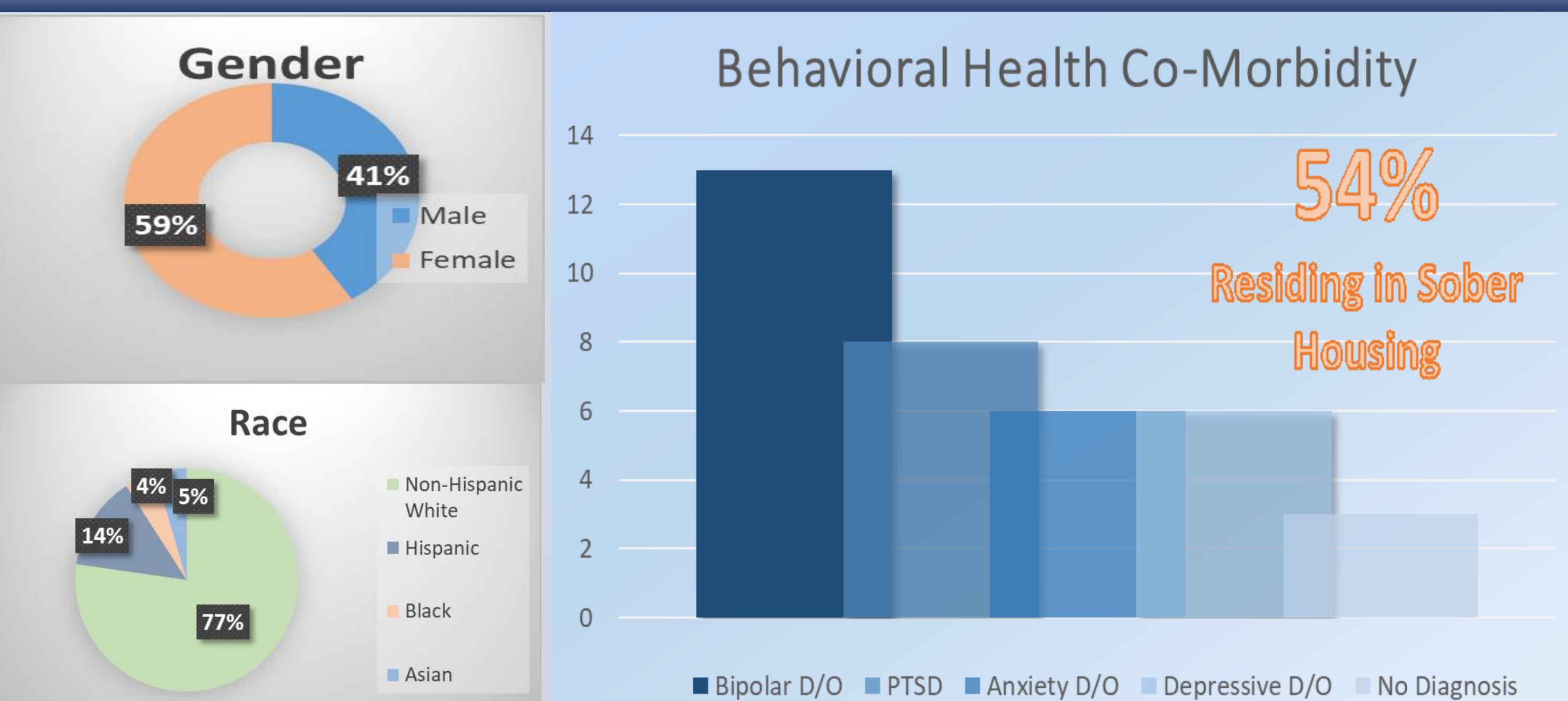
- Persons age 18-35 were identified at acute hospitals and sober living homes with OUD and HCV.
- Informed consent was obtained from patients to be treated concurrently with XR-NTX and HCV treatment.
- An APN and addiction certified social worker performed co-located bi-monthly visits where medications, medical care, and counselling were provided.
- Weekly telephone encounters occurred.
- Transportation barriers were limited by coordination with the state insurance medical benefit LogistiCare or Uber.
- XR-NTX injection adverse effects were documented.
- Abstinence was assessed by patient's account and urine drug screens (UDS).
- A visual analog scale (VAS) was used to record cravings.

RESULTS

104 HCV viremic patients were considered for enrollment, 23 were currently on other MAT, 12 declined Vivitrol, 19 had geographically prohibited residences, 6 did not meet lab eligibility criteria and 23 were lost to attrition. Of the 22 enrolled 9 did not continue - 4 chose to be treated with methadone, 3 were lost to follow up and 2 did not meet inclusion criteria. Of the 13 who started treatment, 2 were lost to follow-up prior to initiating DAA therapy. 10 completed HCV treatment and one participant is currently completing treatment. SVR 4 was achieved in 9/13 enrolled (69%) and 9/9 (100%) who received DAA and completed SVR 4 thus far. 10/13 (80%) received more than one XR-NTX administration.

Of the 11 who continued treatment, UDS were negative 96% of visits for opioids and abstinence 94% of the time. VAS craving scores averaged 15 prior to XR-NTX and 5 by month 3. Despite an average ALT of 90 (range 20-301) no adverse effects on liver were generally noted in patients receiving XR-NTX. 11/13 enrollees (85%) were retained in care.

DEMOGRAPHICS OF ENROLLED POPULATION (N=22)



81% Completed High School or More

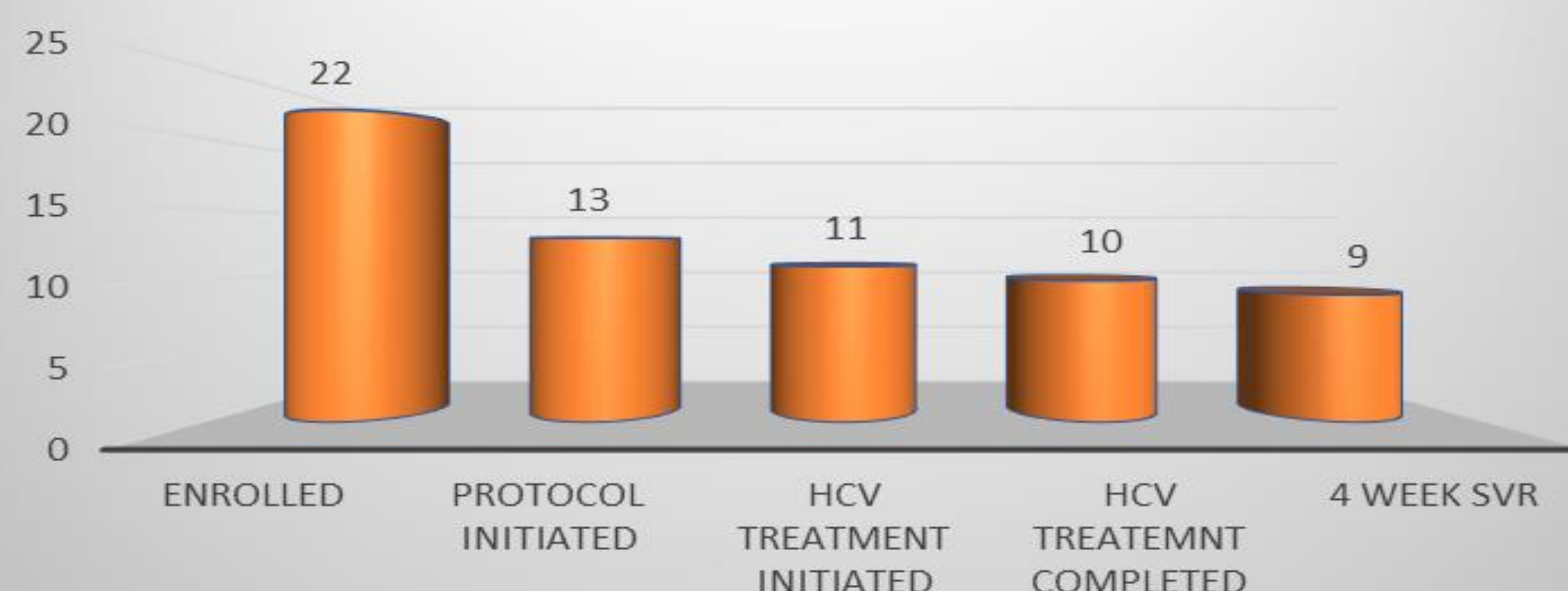


PROGRAM IMPACTS

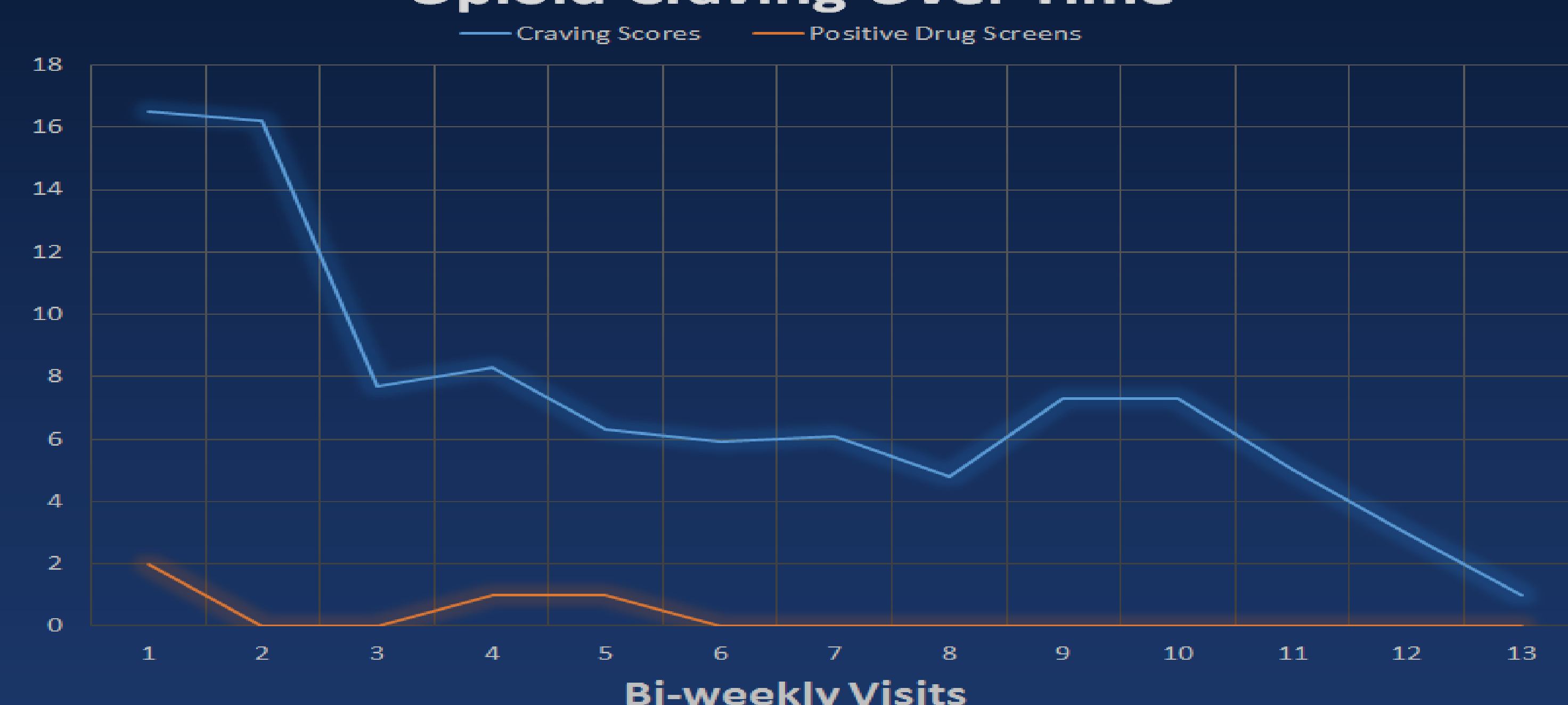
- PWIDs with HCV can be reliably identified in medically supervised opioid withdrawal settings by routine testing on admission.
- These patients can be linked to multi-disciplinary care on discharge that addresses OUD and HCV.
- HCV infection was cured in 69% of these patients.
- Abstinence was maintained in 96% of these patients.
- Craving scores was reduced over time.
- Elimination of HCV can be significantly impacted by routine identification and treatment of HCV in patients with recent active drug use because of the reduction of HCV circulating in the reservoir.

FIGURES

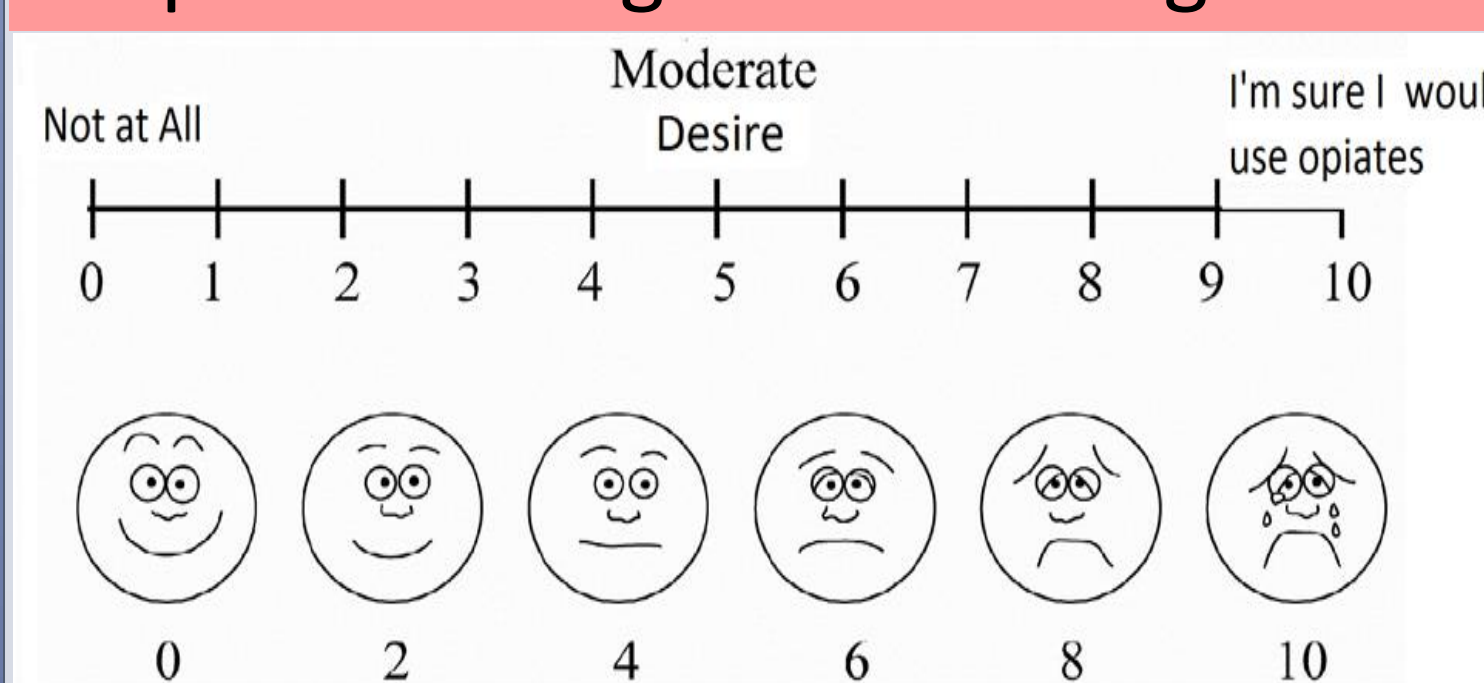
Treatment Cascade for Study Participants



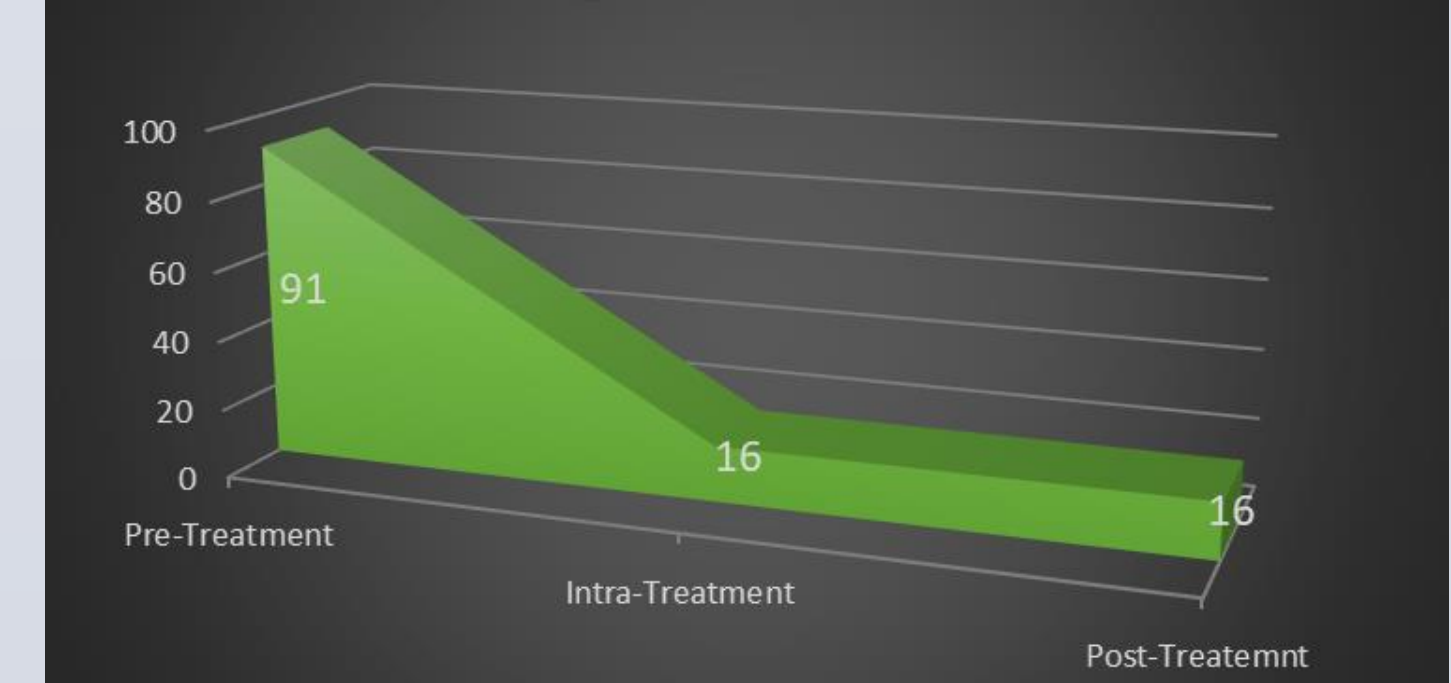
Opioid Craving Over Time



Opioid Craving Visual Analog Scale



ALT Throughout HCV Treatment



DISCUSSION

XR-NTX is a useful treatment in young persons who had recent opioid withdrawal management as part of a multidisciplinary integrated model of care to treat HCV as evidenced by abstinence, opioid cravings and ongoing engagement in care. Higher cure rates than might be expected can be achieved in this difficult to treat group.

ACKNOWLEDGEMENTS

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