

CLINICIANS ATTITUDES TOWARDS THE TREATMENT OF PATIENTS WITH HEPATITIS C WHO ARE INJECTING DRUG USERS (CATHPIN)

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Background:

All oral, once daily medication for twelve weeks is now available with direct acting anti-virals (DAAs), for the treatment of chronic Hepatitis C Virus (HCV). International guidelines recommend the treatment of HCV in people who inject drugs (PWID), and evidence supports no difference in treatment outcomes between PWID and non-PWID. Treatment of PWID is also advocated as a mode of prevention. Some clinicians have expressed reluctance to treat PWID citing concerns about poor adherence and re-infection. This study examined the attitudes of Australian clinicians towards working with patients with ongoing substance use.

Methods:

Health Care Professionals (HCPs) were asked to complete an anonymous online survey. The survey asked participants to provide demographic information and to complete the validated 20 item Drug and Drug Problems Perception Questionnaire (DDPPQ). The DDPPQ is divided into five domains and scored on a Likert scale. Data were exported into Statistical Package for the Social Sciences (SPSS) Version 21, for analysis. Mean scores were calculated for each of the DDPPQ domains. One way Anova measured differences between professional groups perception of their role.

Results:

Of the total participants (n=183) Registered Nurses, Pharmacists, Medical Officers and "Others" represented 43%, 21%, 30.8% and 5.2%, respectively. Total mean scores for the five domains: role adequacy (mean 2.8, SD 1.3), role legitimacy (mean 2.3, SD 1.3), role support (mean 2.4, SD 1.2), role related self-esteem (mean 5.5, SD 1.2) and role-related job satisfaction (mean 2.5, SD 1) were reported. Significant differences were found between HCPs groups in: role adequacy (p=0.014), role legitimacy (p=0.001), role related self-esteem (p=0.001), and job satisfaction (p=0.001)

Conclusion:

Findings showed low job-related self-esteem and satisfaction and reduced role adequacy and legitimacy in some HCPs working with substance users. This may serve as a barrier to expanding DAA prescribing in PWID.

Disclosure of Interest:

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