

LIVER FIBROSIS STAGE IN HCV-POSITIVE, NON-TREATED PATIENTS IN AN OPIOID SUBSTITUTION THERAPY PROGRAM

Sanvisens A, Rivas I, Faure E, Espinach N, Ibáñez N, Majó X, Colom J, Muga R¹

1. Department of Internal Medicine, Hospital Universitari Germans Trias I Pujol –IGTP, Badalona, Spain
2. Mental Health and Addiction Service. Badalona Serveis Assistencials-BSA, Badalona, Spain
3. Program on HIV, STIs and Viral Hepatitis -PCAVIHV. Public Health Agency of Catalonia, Barcelona, Spain

Background: Assessment of liver damage is relevant for prioritizing HCV treatment. Most persons who inject drugs (PWID) became HCV-infected at younger ages and duration of infection correlates with progression of liver disease. We aimed to analyze stages of liver fibrosis among the HCV-positive, non-treated patients in an opioid substitution therapy (OST) program in metropolitan Barcelona, Spain.

Methods: cross-sectional study in those visited in a municipal OST program between 10/2015 and 9/2017. Socio-demographics, substance use characteristics, HCV and HIV status, and laboratory parameters were analyzed during the study period. Medical records were used to ascertain liver fibrosis and history of HCV treatment before and after the introduction of direct-acting antivirals (DAAs) in Spain. Advanced Liver Fibrosis (ALF) was defined when FIB-4 >3.25 and APRI >1.5.

Results: 501 patients (81.4% M), median age of 45 years (interquartile range [IQR]: 39–50 years). Overall prevalence of anti-HCV was 67% (336/501) and life-time prevalence of HCV treatment among the eligible was 41.3% (128/310); 26/336 anti-HCV patients cleared the infection.

182/310 anti-HCV positive patients were treatment-naïve and 43% (78/182) of them had HIV co-infection. Prevalence of ALF by FIB-4 and APRI was 19.6% and 15%, respectively.

Only 20% (38/182) of HCV-treatment naïve patients underwent Transient Elastography (median liver stiffness 6.6 kPa (IQR: 5.5–11.6 kPa) and 39/182 (21%) had no clinical records regarding the assessment of liver disease.

HCV/HIV co-infected patients never treated against HCV had higher prevalence of ALF than the HCV-monoinfected (24% vs. 7% by FIB-4 ($p=0.010$); 29% vs. 11% by APRI, ($p=0.008$)).

Conclusion: almost two thirds of the HCV-positive patients in this OST program are treatment-naïve. Among the HCV/HIV co-infected patients never treated against HCV one in fourth may have advanced fibrosis of the liver.

Disclosure of interest: The authors have no conflicts of interest relevant to this article to disclose. Work partially funded by Gilead Fellowship Program, Gilead Sciences [grant GLD17/187]