

HCV TREATMENT ADHERENCE AMONG PEOPLE WHO INJECT DRUGS (PWID)

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Background: 2.5 million people in the United States are living with hepatitis C (HCV) with 80% of new infections occurring among People Who Inject Drugs (PWID). To achieve the World Health Organization's HCV elimination goal by 2030, improved screening and treatment among PWID is essential. Treatment uptake among PWID remains low attributed to numerous barriers including provider-based concerns regarding adherence and re-infection. Internist-addiction medicine-hepatology colocalization model (IAHC) is an integrated, co-located program, where an internist-addiction medicine specialist evaluates opiate dependent patients for HCV infection in the hepatology clinic. We aimed to study if the usage of the IAHC model has any impact on HCV treatment adherence rates.

Methods: Clinical data from a large cohort of patients treated for HCV was retrospectively reviewed from 2015-2019. Data extracted and analyzed included demographics, HCV treatment regimen, genotype, RNA levels, fibrosis state, treatment duration, and sustained virological response (SVR). We applied the IAHC model to target PWID with HCV by partnering with community substance abuse clinics.

Results: 210 PWID were evaluated for HCV. 138 individuals completed direct-acting antiviral (DAA) therapy of whom 136 achieved SVR (98.6%). 42 patients remain on treatment. 30 individuals failed to complete therapy (incarcerated, insurance lapse, side effects, lost to care). Overall adherence among PWID was 82%.

Out of the general population, 379 non-PWID patients who initiated HCV treatment, 236 completed treatment and 55 remain on therapy. 88 failed to complete treatment. Overall adherence was 73%.

We compared adherence amongst patients in the IAHC model (138/168) vs regular model (236/324). Chi-Square analysis revealed $\chi^2=4.754$ and p-value was 0.029 - clinically significant. IAHC model was found to result in improved adherence.

Conclusion: Treatment of HCV among PWID with DAA agents using the IAHC model resulted in high levels of adherence and SVR. PWID adherence utilizing the model exceeded that of the non-PWID cohort.

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