

PATIENT REPORTED OUTCOMES OF RECOVERY AND QUALITY OF LIFE POST HEPATITIS C TREATMENT

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Background

Hepatitis C Virus (HCV) can be cured with direct acting antiviral (DAA) treatment within a speedy treatment window of 8-12 weeks. The diagnosis and treatment of HCV can be a catalyst for personal transformation including recovery from substance use, lifestyle and socially determined change. To better inform harm reduction and other interventions, we explored the long term impacts (if any) of HCV treatment among people who inject drugs in a qualitative study as part of a wider treatment as prevention research programme in NHS Tayside, Scotland (EPIToPe).

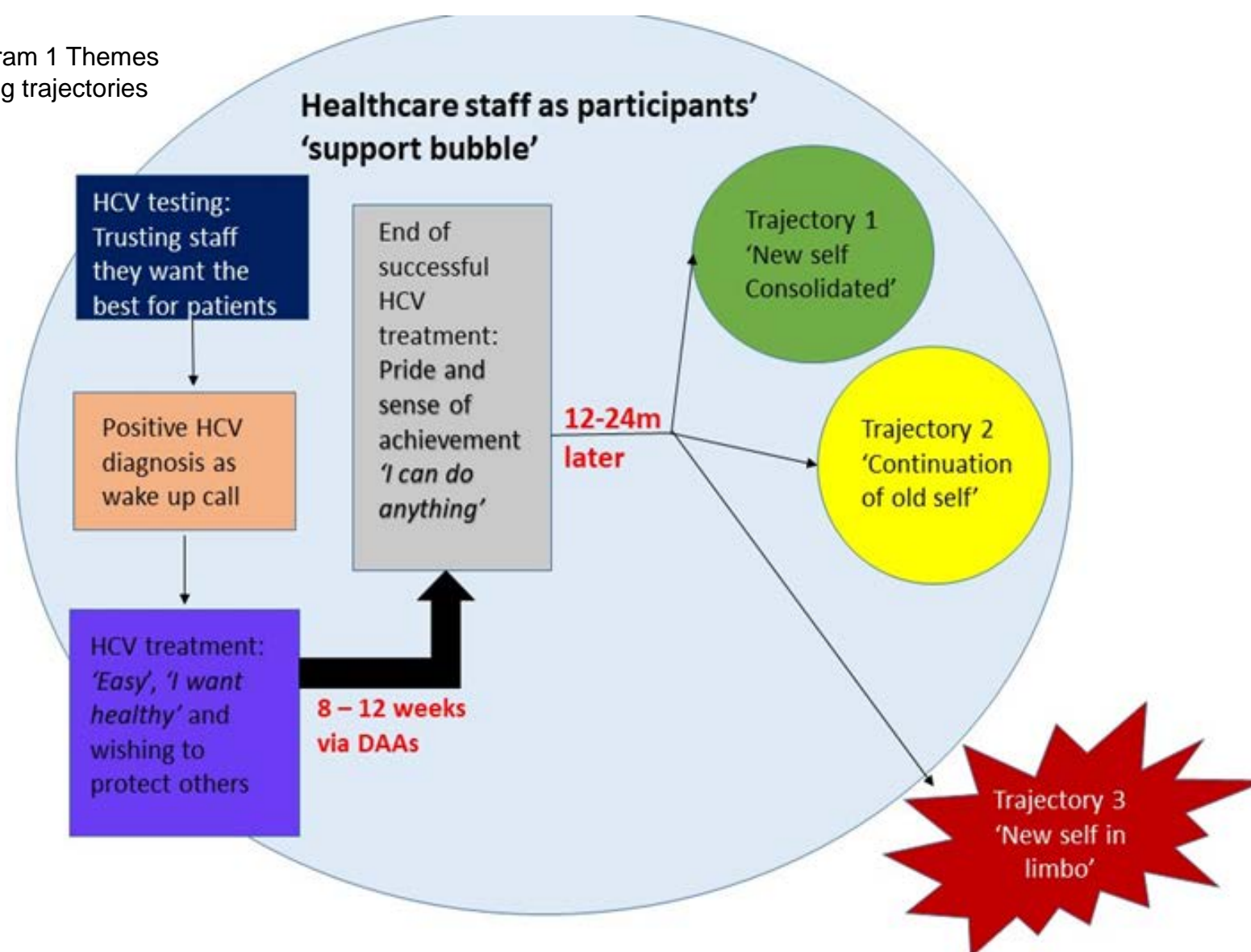
Methods

We interviewed 30 patients who had been cured of HCV. The mean follow up time since HCV cure was 18 months (range: 12-24months). All participants were aged between 18-55 years, the majority were male (n=24, 80%) and had been treated in urban community-based needle and syringe exchanges, drug treatment centres, pharmacies or prison. All interviews were semi-structured, conducted over the phone, and analysed thematically. Interviewers were qualitatively trained peer researchers and academic researchers.

Results

We identified three trajectories post HCV treatment (Diagram 1).

Diagram 1 Themes along trajectories



In trajectory 1 'New self consolidated', respondents implemented lifestyle changes, reduced or stopped substance use, managed HCV reinfection risks and reported improved quality of life. In trajectory 2 'Continuation of old self', respondents reported no behavioural changes, continued to share injecting equipment with others. In trajectory 3 'New self in limbo', respondents considered themselves drug free, and no longer injected. A dominant narrative centred on 'distancing' themselves from former drug using networks. However, participants reported poor quality of life, social isolation and a lack of (new) support networks.

Conclusions

HCV treatment can be a powerful catalysts for beneficial change in some but not all who were cured. The three trajectories require different policy responses. First, contact with harm reduction and other front line drug services need to be maintained for those in Trajectory 2 and 3. Second, all three groups would benefit from welfare, social and economic opportunities to improve their life chances and the means to improve their quality of life, including social integration. Examples include, access to safe and secure housing, state funded income and training/education linked to employment. Further research is needed to evaluate these policies.