CHANGING THE HCV TREATMENT PARADIGM… Acceptability and feasibility of a hepatitis C virus infection treatment for patients receiving opiate substitution in a family medicine clinic

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INTRODUCTION

- Approximately 240,000 Canadians are infected with the hepatitis C virus (HCV).[1]
- In Montreal, Canada, ± 70% of injection drug users (IDU) are infected with HCV.[2]
- Although IDU are the population mostly affected by the infection, the proportion that receives treatment remains low because services are not well adapted to them.[3]
- HCV treatment in Quebec is mostly offered in hospital setting by specialized medical teams. Low acceptance, compliance and satisfaction with regards to HCV treatment is associated with this healthcare setting with the IDU population. [4,5]
- Studies tend to demonstrate the benefits of treating HCV infections within the context of opioid substitution therapy (OST).[5,6]

SETTINGS AND METHOD

- Clinic of family medicine near Montreal, Quebec, Canada.
- 170 patients followed for OST (2/3 HCV +).
- Primary objective: to study the potential benefits of HCV treatment within a primary care setting offering OST.
- Treatment: pegylated interferon alfa-2A and ribavirin.
- HCV and OST treatment given by the same interdisciplinary team (with a pivot nurse), in the same clinic. Coordinated medical appointments.
- Medical team meeting once or twice a month.

Variables	Data sources
Initial acceptance rate of treatment[1]	In-house collection table
Compliance rate[2]	In-house collection table
Viral response	Blood test
Side effects	
• Hematological	Blood test
• Depressive symptoms	CES-D, Beck scale
• Opiod use	In-house collection table
Satisfaction	
• Patients	In-house collection table, focus group
• Medical team	Focus group

1. Proportion of patients to whom the treatment was offered who accepted to start an antiviral treatment
2. Number of doses of the medication taken as expected

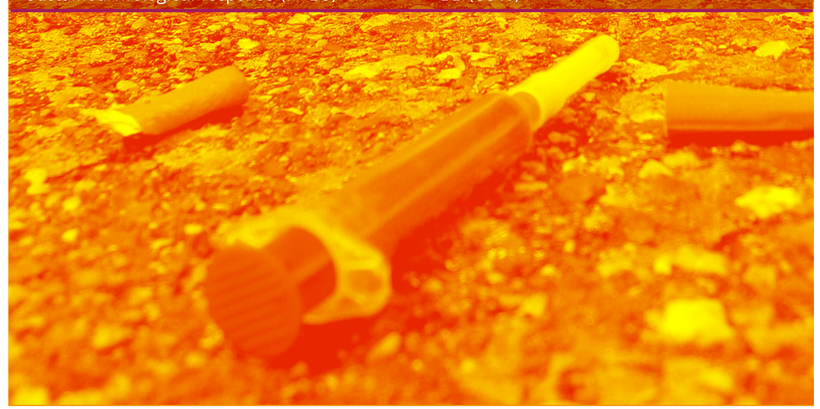
RESULTS

- First cohort of sixteen patients

Description of Participants (n = 16)		
Average age (years)	43.8	
Sex (number)	Men	15 (93%)
	Women	1 (6%)
Average duration of follow-up in the substitution treatment clinic (months)	66 (min. 9, max. 145)	
HCV Genotype	1a	7 (44%)
	1b	5 (31%)
	2a	1 (6%)
	3a	3 (19%)

- Initial acceptance of treatment: 70%
- Compliance:
  - Planned appointment: 96%
  - Medication: 99%
- High levels of satisfaction:
  - Patients: non-judgemental and familiar team, coordinated with OST treatment, non-hospital setting
  - Medical team: allowed a more global management of their patients

Virological Response to Treatment (n=16)		
Treatment completed	Yes	13 (81%)
	No	3 stopped (18%) – all genotype 1
Fast virological response (n=16)		3 (19%)
Response at the end of treatment (n=15)		13 (81%)
Sustained virological response (n=15)		11 (69%)



DISCUSSION

- Despite de small number, we demonstrated many benefits with this treatment setting, both for patients and for the medical team.
- Very high compliance and completion rates → strong predictor of treatment success.
- Better viral responses, compliance and completion rate than usually observed among IDU receiving HCV treatment.[7]
- Many of the patients would not have wanted the treatment if it was given in a hospital setting.
- Interdisciplinary approach: better distribution of tasks on the basis of individuals' expertise and collaboration between professionals.
- Importance of good partnerships with specialized services.
- Treatment approach with great cost-benefit potential.

CONCLUSION

- Injection drug users are a vulnerable population, and hepatitis C virus infection undoubtedly represents one of the most significant consequences of risky injection practices for this population.
- In Quebec, HCV treatment is traditionally given in a hospital setting, where the services are mostly not adapted to this population, leading to unsuccessful treatment.
- Treatment of HCV in a primary care setting (OST clinic) is not only feasible, but has many benefits in terms of the approach's clinical effectiveness and patient satisfaction.

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