

TEN-YEAR MORTALITY DEMONSTRATES THAT OPIOID SUBSTITUTE PATIENTS, WITH HIGH ALCOHOL INTAKE, REQUIRE EARLY LINKAGE TO HEPATITIS C (HCV) TREATMENT.

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AIMS & BACKGROUND

Premature death is common among people who inject drugs (PWID) and receive Opioid substitute treatment (OST). We characterised and ranked all causes of death over a ten-year period in an OST clinic and also measured the rate of liver-disease progression.

METHOD

We carried out Transient Elastography (TE) baseline measurements in the clinic in 2008. We repeated this in 2016. We measured ten-year mortality in 2018. Causes of death were confirmed by reference to hospital records. We identified deaths which occurred as a result of liver failure (LF) and measured their association with Hepatitis C viraemia (HCVA), documented alcohol excess (DALCS) and TE readings. We also identified deaths due to non-hepatic causes, including overdose, suicide and non-hepatic medical pathology.

RESULTS

FIGURE 1: 10 year mortality in a methadone clinic

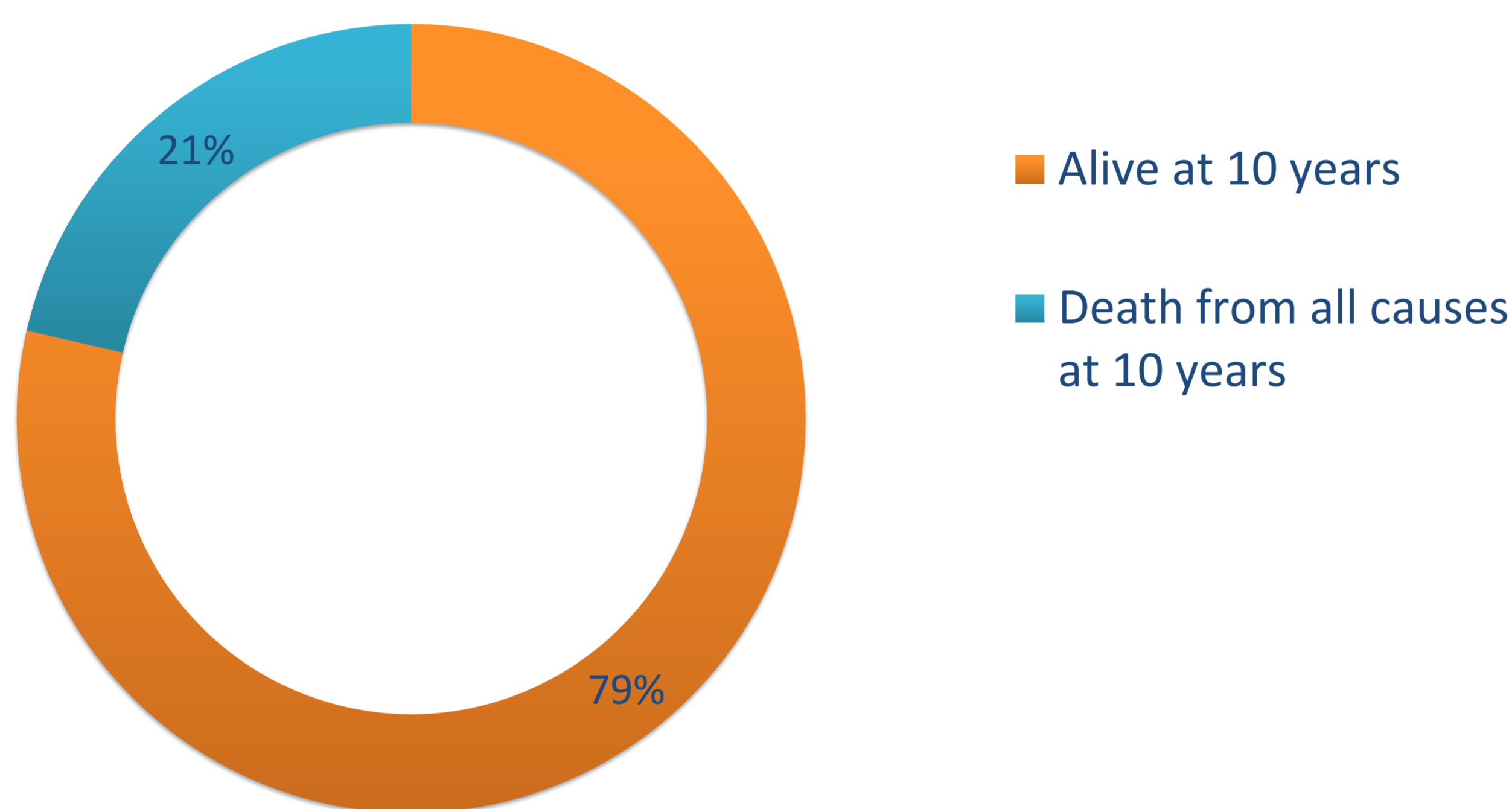


FIGURE 2: All Causes of death at 10 years

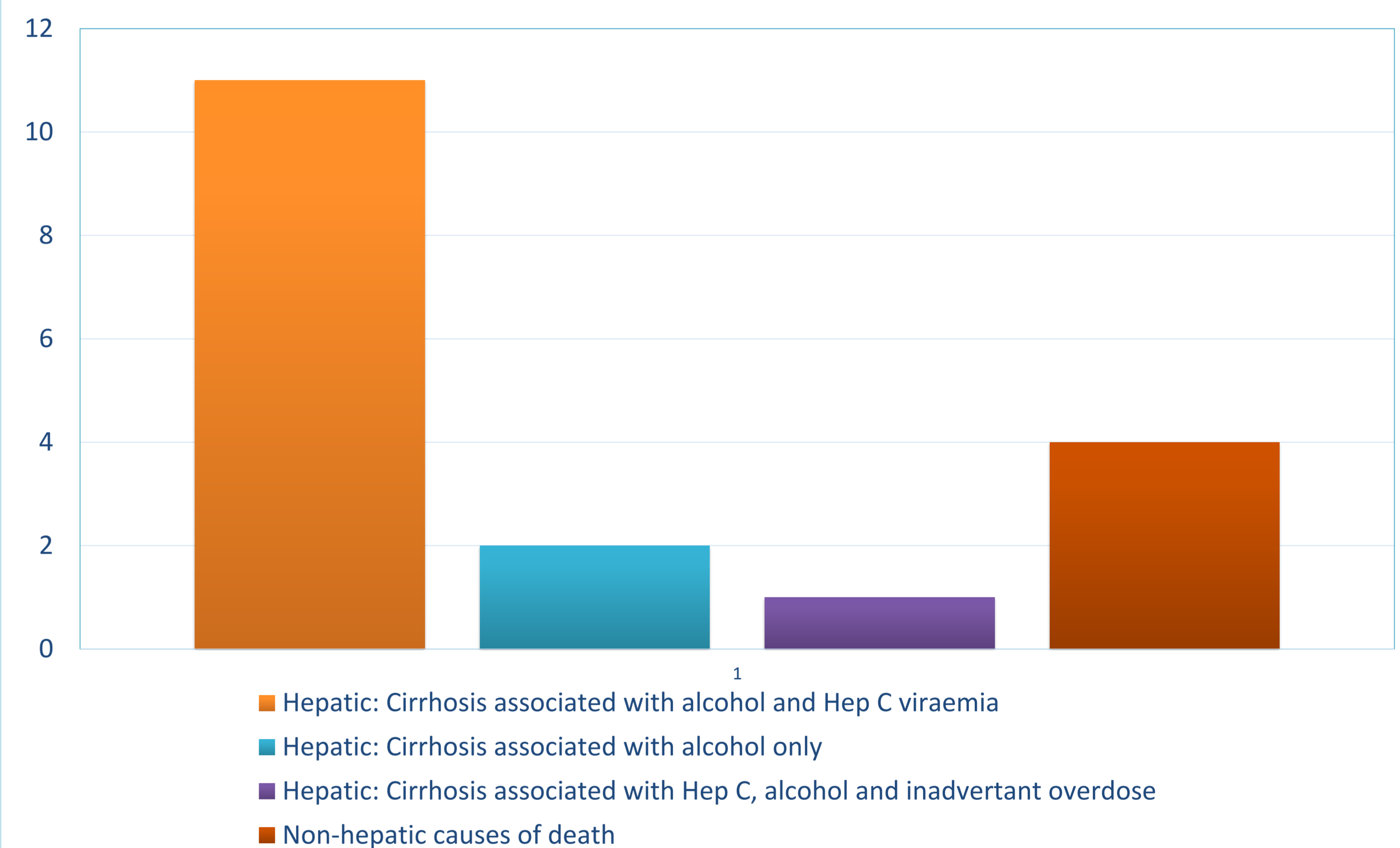
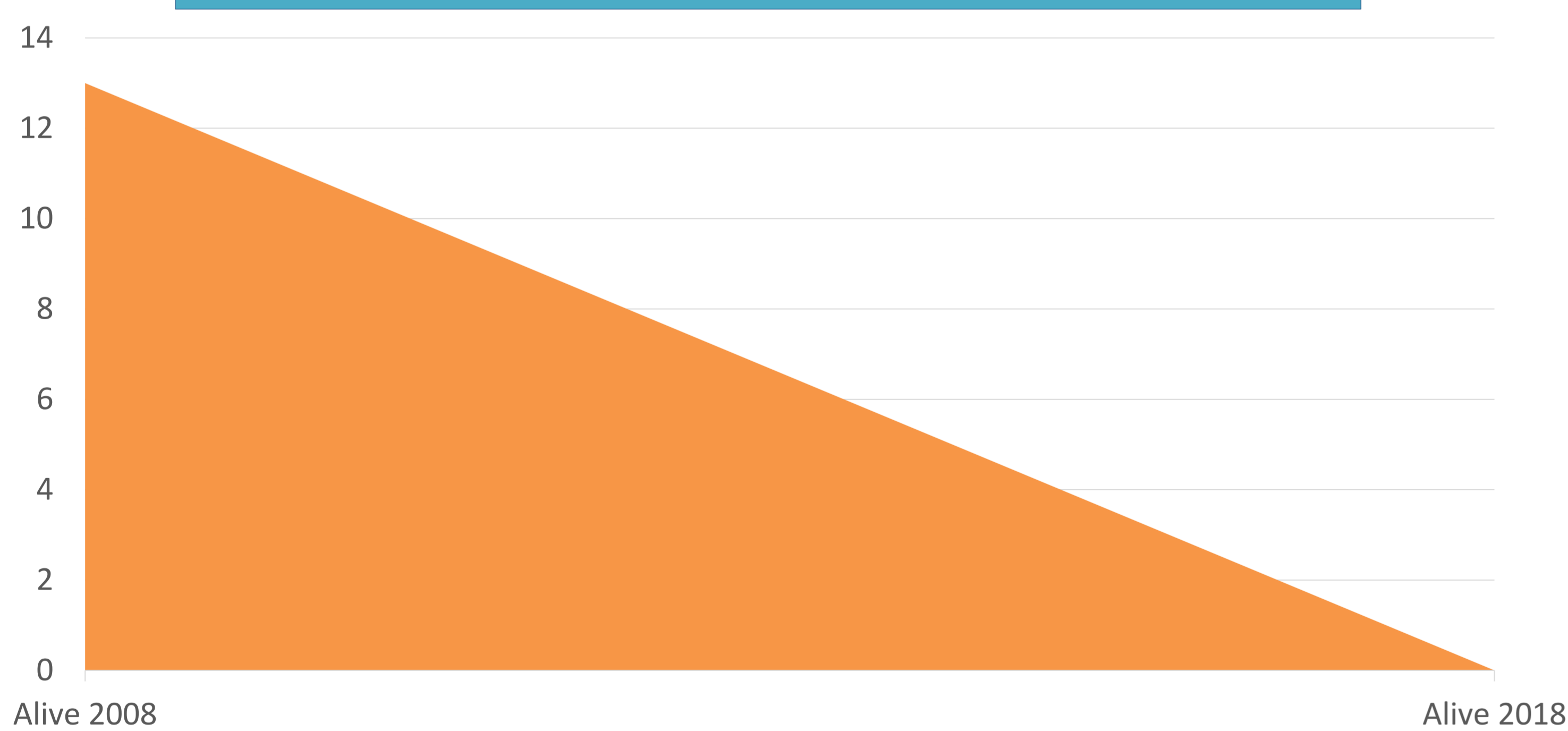


FIGURE 3: Number of Living patients with TE score ≥ 13.3 kPa



84 random patients were scanned in 2008, of whom 49 were HCVA. 18 of 84 had died in 2018 of whom 13 died from LF. Eleven LF deaths were both HCVA and DALCS and two were DALCS only. Six of the 84 patients died from overdose, suicide or non-hepatic medical causes. One of the overdose patients was HCVA and DALCS and had cirrhosis on autopsy. 15% of 2008 patients had a TE readings ≥ 13.3 kPa, all of whom had died in 2018.

In 2016, 105 surviving and new-entry OST patients were scanned in the clinic. None of these patients has yet died in 2018. However, 15% of the 2016 patients have TE scores ≥ 13.8 kPa, which was associated with liver-related death in the 2008 cohort.

CONCLUSIONS

LF associated with both HCVA and DALCS exceeds all other mortality combined, in this OST clinic. Between 2008 and 2016, TE readings have continued to progress to cirrhotic levels, previously associated with early death. Early linkage to Hepatitis C treatment for DALCS on OST may be necessary to reduce mortality and morbidity in this patient group.

CONTACT INFORMATION

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