HEPATITIS C RELATED MORTALITY IN A COHORT OF DRUG USERS IN FLANDERS

De Ryck H[1], Matheï C[1,2]

[1]Department of Public Health & Primary Care, KU Leuven, Leuven, Belgium
[2]Free Clinic, Antwerp, Belgium

Background
Hepatitis C is very common among people who use drugs (PWUD) and associated with increased morbidity and mortality. Data regarding the overall and HCV related mortality among PWUD in Belgium among are scarce. This study aimed to estimate the mortality in a cohort of PWUD as compared to the general population. Furthermore, the impact of chronic hepatitis C infection on mortality in PWUD was examined.

Materials and Methods
This retrospective study is based on data concerning 2834 drug users in follow-up at the Free Clinic in Antwerp. Mortality rates were calculated and compared with a Flemish reference population. Afterwards mortality was analysed in function of hepatitis C status applying bivariate and survival analyses.

Results
A total of 123 patients died during follow-up, resulting in 8.98 deaths per 1000 person-years. The standardised mortality ratios were 1.38 for men and 3.12 for women. Injecting drug use, older age and Belgian nationality were associated with a higher mortality but not a positive HCV serostatus.
Unadjusted survival analysis showed a significantly higher survival rate for patients cured after treatment as compared to chronically infected study subjects (HR = 0.24 (0.08-0.71)). Comparing spontaneously cleared with chronic patients did not yield a significant difference (HR = 0.57 (0.27-1.21)). In cox-regression analysis, the lower mortality in successfully treated patients as compared to chronically infected PWUD remained statistically significant (HR = 0.23 (0.08-0.68)). Spontaneously cured HCV patients showed a trend towards a lower mortality as compared to chronically infected PWUD (HR= 0.53 (0.25-1.13)

Conclusions
Mortality rate in PWUD was higher than in the general population especially among women. Our results suggest a possible positive effect of HCV treatment on survival. However, bias due to a higher treatment uptake among healthier patients cannot be excluded. More studies involving larger numbers of patients and a longer follow-up are needed.

Disclosure of interest: Prof Dr Matheï has received funding from MSD and Gilead. No pharmaceutical grants were received in the development of this study.