

MORTALITY AND CAUSES OF DEATH AMONG PEOPLE WHO INJECT DRUGS LIVING WITH CHRONIC HEPATITIS C VIRUS INFECTION IN OSLO, NORWAY

Authors:

Pihl CM¹, Malme K², Ulstein K³, Hauge J⁴, Dalgard O^{5 6}, Midgard H⁷

¹ Unger-Vetlesen Institute, Lovisenberg Diaconal Hospital, Oslo, Norway ² Department of Infectious Diseases, Akershus University Hospital, Lørenskog, Norway ³ Agency for social and welfare Services, city of Oslo, Oslo Norway ⁴ Norwegian National Advisory unit on Concurrent Substance Abuse and Mental Health Disorders ⁵ Department of Infectious Diseases, Akershus University Hospital, Lørenskog, Norway ⁶ Institute of Clinical Medicine, University of Oslo, Norway ⁷ Department of Gastroenterology, Oslo University Hospital, Oslo, Norway

Background:

There is a paucity of data on mortality among people who inject drugs (PWID) and in particular those with recent drug use. This study aimed to assess all-cause mortality and liver-related mortality in a population of PWID living with chronic hepatitis C virus (HCV) infection.

Methods:

A retrospective observational study that included consecutive individuals who sought HCV treatment in the period 2013 and 2020. Data were linked to the Norwegian cause of Death Registry at the end of the study period.

Results:

Of the 506 individuals included (27.8% female, median age 49.1 years, 71.6% OAT, 77.0% recent injecting drug use), 39 participants were deceased by 31.12.2020. All-cause mortality rate in the cohort was 2.11 pr 100 PY (95% CI 1.50-2.88), with liver related mortality at 0.16 (95% CI 0.03-0.47) pr. 100 PY and 1.01 (95% CI 0.21-2.96) pr. 100 PY among those with liver cirrhosis. All-cause mortality was significantly lower among those who had received HCV treatment (1.37 pr 100 PY (95% CI 0.83-2.10) compared to untreated individuals 4.2 pr 100 PY (95% CI 2.58-6.54). All-cause mortality was highest among those aged 50-59 years 2.6 pr. 100 PY (95% CI 1.57-4.0), and the primary cause of death was drug related (28%).

Conclusion:

This study revealed a high all-cause mortality among PWID with chronic HCV infection. New strategies aimed at reducing mortality in this vulnerable population are essential.

Disclosure of Interest Statement:

The conference collaborators recognise the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations.

Note: If accepted into the program you will be requested to include a disclosure of interest slide into your presentation or include such statements in your poster.

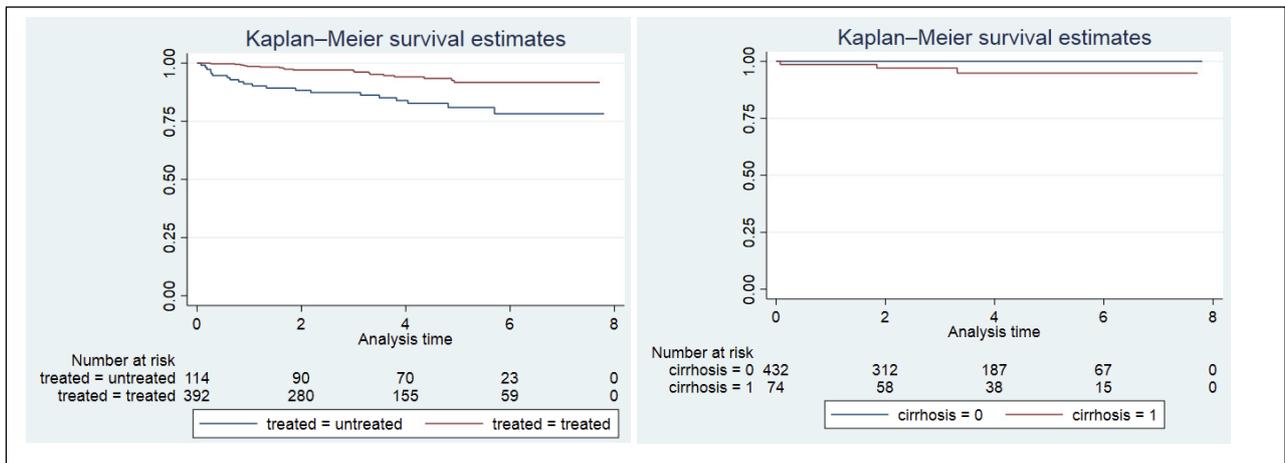


Figure 1 (A, B). Kaplan-Meier plots illustrating mortality in the study cohort.

A) Kaplan -Meier plot illustrating overall mortality in the cohort by those treated for chronic HCV infection vs untreated.

B) Kaplan-Meier plot illustrating liver-related mortality among participants with liver cirrhosis vs individuals without cirrhosis.