HEPATITIS C TREATMENT AND LINKAGE TO CARE IN PATIENTS WITH MENTAL ILLNESS WHO USE DRUGS: A CORE TEAM NETWORK

Authors:
Castro E [1], Sampaio [1], Augsburger A[1], Oprandi L [1]
[1]Centre hospitalier universitaire vaudois

Background: The center offers outpatient care and harm reduction services for people with co-occurring drug abuse and mental disorders. In 2014 a seroprevalence survey revealed 50% (n=223) of positive anti-HCV antibodies with 28% (n=125) presenting documented RNA viremia (>15 UI/mL). In the same year first generation DAA (Direct-acting antivirals) treatments were available in Switzerland. This report discusses hepatitis C treatment and linkage to care in this subset of individuals.

Linkage to care approach:
Patients were followed by a psychiatrist and a case manager (nurse or social worker) who was in charge of engaging them to annual HCV screening with further onsite internal medicine management. Health core team was enlarged with external social and health workers as needed for each patient's care. Community based strategies consisted of HCV prevention and treatment campaigns launched on yearly basis together with local health workers and other key partners.

Results: Overall, 33 (26.4%) patients were treated with different DAA regimens according to drug-drug interactions with ongoing medications and national hepatitis C treatment labels. All patients were under opioid substitution treatment, 87.8% (n=29) were treated for at least 1 concomitant mental condition and self-assessment for parallel illegal opioid use was present in 84.8% (n=28) subjects during the span of DAA treatment. SVR at end of treatment (EOT) was achieved by 96.9% (n=32) of patients. One treatment interruption was required at day 3 following onset of severe adverse event. In 2/3 of the cases, DAA adherence was monitored in collaboration with local pharmacies, in-home care aide services and/or social-medical center staff.

Conclusion and Discussion: Globally, 102 patient-years of core team follow-up were needed to achieve 97% EOT in this subset of 33 individuals. Linkage to care and hepatitis C treatment in patients with dual diagnosis requires interdisciplinary and transversal core teams at both patient and network levels.

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