CHRONIC HEPATITIS C TREATMENT RESPONSE WITH DIRECT-ACTING ANTIVIRALS IN PATIENTS WITH SUBSTANCE ABUSE- A COMMUNITY HOSPITAL BASED STUDY

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Background:
Patients with hepatitis C infection (HCV) with substance abuse face significant barriers to antiviral treatment. Little data exist evaluating the treatment outcomes with direct-acting antivirals (DAAS) in patients with substance abuse. We aim to evaluate the treatment response of DAAS in this subset of patients. We also assessed treatment response in patients enrolled in Opioid agonist therapy (OAT).

Approach:
All the HCV patients treated with DAAs between January 2016 and December 2017 in a community clinic setting were retrospectively analyzed. Pretreatment baseline patient characteristics, treatment efficacy with the sustained virologic response at 12 weeks post-treatment (SVR12) were assessed in HCV patients with and without substance abuse. Patients abusing Alcohol, Cocaine, Heroin, Cannabis and patients enrolled in OAT were included in the study. All the patients had positive urine toxicology with one of the drugs during the treatment period. All the patients enrolled in the study were done by Linkage to Care program.

Outcomes:
A total of 291 patients were included in the study. 58 patients were included in the OAT group. Fifty-one, forty-eight, forty and fifty-three patients were abusing Alcohol, Cocaine, Heroin and Cannabis respectively. SVR 12 in patients with and without substance abuse is 94% and 95.5 % respectively. SVR 12 in the OAT group is 98%. The most common adverse effect is fatigue. No significant drug interaction observed between DAA and anti-retroviral therapy (ART). None of the patients discontinued the treatment due to adverse events.

Conclusions:
In this community-based study, DAAS are safe, effective with high overall SVR 12 in patients with active substance abuse. We also noted high treatment response in OAT enrolled patients. These results support the removal of drug abuse as a barrier to DAAS therapy in these patients.

Disclosure of Interest Statement:
None