

INTEGRATING HEPATITIS C CARE WITH MENTAL HEALTH AND ALCOHOL AND OTHER DRUG SERVICES

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Background

Among many people with a lived experience of mental health illness, there is a complex overlap with alcohol and other drug (AOD) use, including injecting drug use. As a result, some people with mental health illnesses are at increased risk of blood borne infections, including hepatitis C virus (HCV).

Despite this, engagement in HCV care among these people has been historically low due to a range of personal, service and system level barriers.

Methods

A nurse-led hepatitis C clinic was established within a mental health and AOD service in collaboration with infectious disease and gastroenterology departments. Clinics were held on a fortnightly basis with a hepatitis clinical nurse consultant working alongside a nurse practitioner specialising in mental health and addiction. Treatment workup was undertaken by the nurses with treatment for those who were HCV positive prescribed by either the nurse practitioner or collaborating physicians.

Results

Of 116 people referred to the clinic, 95 (82%) had a HCV test of whom 81(85%) were currently HCV RNA positive with 8 (9%) identified as cirrhotic. All reported a history of injecting drug use, including 68% recently. The majority, 79%, had a major psychiatric illness.

To date, 58/81 (72%) have commenced treatment of whom 43 (74%) were treated at the clinic with 22 (51%) prescribed treatment by the nurse practitioner. Among 43 people who were due for sustained virological response (SVR) testing as of end February 2019, 31 people have had a test and all have been cured.

Conclusions

Through this nurse-led model of care, the majority of people living with HCV started treatment. Of those who underwent SVR testing, all were cured. While specialist referral is important for people with cirrhosis, the majority did not require it, indicating replication of this model may be viable in other mental health settings.

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