

## IMPROVING QUALITY OF LIFE ASSOCIATED WITH HCV CURE AND MOUD IN OPIOID USE DISORDER PATIENTS RECEIVING HCV TREATMENT

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**Background:** HCV treatment and cure have been shown to improve quality of life(QOL), but HCV treatment's impact on QOL in opioid use disorder(OD) patients is unknown. This study investigated variables associated with improving QOL in OD patients receiving HCV treatment.

**Methods:** ANCHOR is a study of people with OD, opioid misuse within 1 year, and HCV treated with HCV direct-acting antivirals. Patients were offered buprenorphine if they were not receiving medication for OD(MOUD). Throughout HCV treatment, patients were evaluated by clinicians and administered surveys assessing demographics and drug-use behaviors. MOUD status was assessed at last attended visit up to week 24. HCV-PRO, a survey measuring QOL during HCV treatment wherein increased scores denote improved QOL, was administered at baseline, week 12, and week 24. At week 24, patients were evaluated for HCV cure(SVR). A mixed-effects linear regression analyzed variables associated with changes in HCV-PRO scores.

**Results:** Of 198 participants, average age was 55 years, 68.2% were male, and 83.3% were Black. Compared with baseline, HCV-PRO scores significantly increased at weeks 12 and 24( $p<0.001$ ). Variables associated with increases in HCV-PRO scores over 24 weeks were achieving SVR( $p=0.027$ ) and being on MOUD( $p=0.035$ ). Variables associated with decreases in HCV-PRO scores were female gender( $p=.010$ ), intravenous drug use occurring less and more than every day( $p=.040$  and  $p=.009$ , respectively), and having a history of mental illness( $p<0.001$ ).

**Conclusion:** Achieving SVR is associated with improved QOL for OD patients, consistent with other populations successfully treated for HCV. Patients whose substance use decreased during HCV treatment had greater QOL improvements. Additionally, being on MOUD was associated with improved QOL in this population, reinforcing the importance of providing evidence based medical interventions for HCV *and* OD in this population. Further investigation is needed to understand and address why female gender and mental illness were associated with declines in QOL.

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