Time to HCV Treatment Disfavors HCV Patients Living with HIV Co-infection

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Background: The advent of direct acting antivirals (DAAs) has eliminated disparities in SVR (e.g. cure) rates between patients living with hepatitis C (HCV) and those with HCV/HIV co-infection. Although elimination of the SVR gap has been remarkable, other disparities in the present DAA era may persist between patients living with HCV and HCV/HIV co-infection. The objectives of this study were to compare the prevalence of psychiatric, alcohol, and substance use disorders between HCV patients with and without HIV co-infection who received HCV treatment with DAAs, and to identify independent predictors of longer time to treatment intervals (i.e. the time between initial clinical visit for HCV evaluation and the HCV treatment start date).

Method: This study recruited a sample of patients living with HCV and HCV/HIV co-infection who received HCV treatment with DAAs (n=275) at a university affiliated clinic between January 2013 and July 2017. Binomial logistic regression was used to identify independent predictors of longer time to treatment intervals.

Results: Compared to patients with HCV mono-infection, patients with HCV/HIV co-infection had a higher number of days between their initial clinic visit for HCV evaluation and their HCV treatment start date (349.29 ± 272.92 vs. 229.46 ± 206.54, p=0.001). Patients with HCV/HIV co-infection had a higher prevalence of psychiatric disorders (24% vs. 43%, p=0.001) and alcohol use (21% vs. 7%, p=0.001) and substance use disorders (37% vs. 15%, p=0.000) than patients with HCV mono-infection. In multivariate analysis, HCV/HIV co-infection was positively associated with longer time to treatment intervals (OR=2.11, CI:1.169 - 3.807).

Conclusion: HCV/HIV co-infection was an independent predictor of longer time to HCV treatment intervals—the odds of longer time to treatment intervals was 2 times higher among patients with HCV/HIV co-infection. Findings highlight a need for future studies to examine and ascertain the reasons why time to treatment disfavors patients with HCV/HIV co-infection—who are receiving services and care from the same providers and clinics as patients with HCV mono-infection.

Disclosure of Interest Statement: NIL