

## LONGITUDINAL FOLLOW-UP OF OPIATE AGONIST THERAPY PATIENTS' RETENTION IN CARE IN A COMMUNITY-BASED HEPATITIS C FOCUSED HARM REDUCTION CLINIC: EXAMINING DIFFERENCES IN CHARACTERISTICS, RISK FACTORS AND RETENTION IN CARE BETWEEN BIOLOGICAL SEXES.

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**Background:** The RECAP clinic is the first hepatitis C (HCV) focused, community-based harm reduction clinic in New Brunswick, Canada delivering individualized comprehensive care to individuals positive for, or at risk of acquiring, HCV. In the context of delivering opiate agonist therapy (OAT), research has demonstrated that females often engage in care in the setting of increased medical, psychological and social issues over their male counterparts. These factors are a possible predictor in decreased retention in OAT care.

**Methods:** All individuals enrolled in the Hepatitis C Positive and At-Risk (HEAR) Database between April 2014 and March 2018 who were prescribed OAT through the RECAP clinic were included in the analysis. Number of days retained in care was captured from their first OAT visit at the clinic to last prescribed day of OAT or January 31, 2020, if they were still active.

**Results:** Overall 167 individuals, including 65 females (38.9%), were included in the analysis. Females had a lower average age (31.1 years vs. 34.9 years,  $p=0.014$ ) and lower income (income below \$25,000 92.3% vs. 73.8%,  $p=0.009$ ). Females had significantly higher reports of depression (52.3% vs. 27.5%,  $p=0.001$ ), suicide attempts (41.5% vs. 19.8%,  $p=0.006$ ), and prior abuse (78.3% vs. 27.2%,  $p<0.0001$ ). No significant differences were found in risk factors related to HCV acquisition. A lower proportion of females were HCV-positive (31.7% vs. 52.3%,  $p=0.013$ ). No significant differences were found in the proportion not retained in care (20% vs. 20.6%,  $p=0.927$ ) or mean number of days retained in care (1317 vs. 1239 days,  $p=0.3872$ ).

**Conclusion:** Consistent with prior research, females demonstrated a significantly higher social and psychological burden than the males in our cohort. In the context of comprehensive care provided, overall duration in care among both sexes was higher than typically reported and no significant differences were noted between sexes in mean days retained in care.

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