

NALTREXONE XR (XR-NTX) CAN BE USED TO SUPPORT HEPATITIS C VIRUS (HCV) TREATMENT IN YOUNG MEDICALLY WITHDRAWN PERSONS WHO INJECT DRUGS (PWIDS) – A PRELIMINARY REPORT

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Background:

Opioid use disorder (OUD) affects 2 million persons worldwide. 50% may have HCV infection. Treatment with methadone and suboxone, are well-studied options in PWIDs. XR-NTX is less studied, especially in young PWIDs who recently had medically supervised withdrawal. We report a model of care with concurrent co-located treatment of OUD, using XR-NTX, and HCV in young PWIDs.

Description of model of care/intervention:

Persons age 18-35 were identified at acute hospitals and sober living homes with OUD and HCV. Informed consent was obtained from patients to be treated concurrently with XR-NTX and HCV treatment. An APN and addiction certified social worker performed co-located bi-monthly visits where medications, medical care and counselling were provided. Weekly telephone encounters occurred. Transportation barriers were limited by coordination with the state insurance medical benefit, LogistiCare or Uber. XR-NTX injection adverse effects were documented. Abstinence was assessed by patient's account and urine drug screens (UDS). Visual analog scale (VAS) recorded cravings.

Effectiveness:

2/17 enrollees were ineligible. 29 years was mean age of 15 enrollees. 53% were female. 94% were non-Hispanic white. 60% (9) received more than one XR-NTX administration. For those on treatment, UDS were negative 91% of visits for opioids. Patients reported abstinence 88% of the time. VAS craving scores averaged 17 prior to XR-NTX and 5 by month 3. Despite an average ALT of 93 (range 31-301) no adverse effects on liver or generally were noted in patients receiving XR-NTX. 10/15 (60%) were retained in care. To date, 6/15 have been cured of HCV. To be updated at the presentation.

Conclusion and next steps:

XR-NTX is a useful treatment in young persons who had recent withdrawal management as part of a multidisciplinary integrated model of care to treat HCV as evidenced by abstinence, opioid cravings and ongoing engagement in care.

Disclosure of Interest Statement:

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