

A PHONE-BASED INTEGRATED INTERVENTION FOR SMOKING CESSATION AMONG SMOKERS LIVING WITH HEPATITIS C: A PILOT STUDY

Authors:

Coleman A¹, Pericot-Valverde I², Sepanski A¹, Johnson J¹, Heo M², Bublitz M¹, Baldwin C¹, Roth P¹, Cordero-Romero S¹, Knapp J¹, Litwin A^{1,2,3}

¹ Prisma Health, ² Clemson University, ³ University of South Carolina School of Medicine-Greenville

Background:

Although there are highly effective direct-acting antiviral (DAA) medications with cure rates >95% available, if left untreated, mortality rates in people living with Hepatitis C virus (HCV) remain very high and surpass other infectious diseases, including HIV. Cigarette smoking has emerged as a leading cause of mortality among people with HCV. This pilot study assessed the feasibility and preliminary efficacy of an integrated smoking cessation intervention designed to treat HCV and aid smoking cessation concurrently among people living with HCV.

Methods:

Participants in this study were current smokers living with HCV. The 12-week intervention was delivered via phone and consisted of weekly 30-minute sessions covering topics including: 1) medication; 2) medication adherence support for both HCV treatment (velpatasvir+sofosbuvir) and smoking cessation (varenicline or nicotine replacement therapy); 3) psychoeducation for both HCV and smoking; and 4) counseling.

Results:

Among 52 eligible participants, 21 (40.4%) met inclusion criteria, and 10 were enrolled. The sample was 70% male, 48.5 years old on average, and all had a high school education or the equivalent. Most (70%) participants had a history of injection drug use and were receiving buprenorphine. The majority (90%) of participants started DAAs to treat HCV and 60% had an undetectable viral load at the end of treatment. Most participants (70%) started pharmacotherapy for smoking cessation and decreased the number of cigarettes smoked per day on average from 13.2 at baseline to 4.7 at the end of treatment ($p<.001$).

Conclusion:

The results of this phone-based integrated HCV and smoking cessation intervention showed a decline in both HCV viral load and the number of cigarettes smoked per day. Future studies should confirm these findings with larger sample sizes to test the effectiveness. Addressing both smoking and HCV can produce tremendous health benefits among people living with HCV and should be explored.

Disclosure of Interest Statement:

No potential competing interests were reported by the authors.