

INTEGRATION OF HCV CARE IN HARM REDUCTION SETTINGS

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I. BACKGROUND



The aim of this study is to assess patients' perceptions about the main difficulties in accessing HCV treatment. This study derives from a larger project held in Lisbon in 2015,

which aimed at assessing HCV infection in patients in a Mobile Low-Threshold Methadone Program (Silva et al., 2017)[±]. From 825 patients that fulfilled the criteria to participate in this study, 307 were diagnosed with active HCV. In April of 2018, 149 were still in methadone program waiting for treatment. During the collecting of data (April-August 2018) occurred 53 dropouts^{±±}. The sample for this study was comprised by the 96 remaining patients that were still in the program, maintaining risk behaviors related to drug consumption.

II. METHODS

1) Participants

Sociodemographics

N = 96 (78 men and 18 women)

45 years old (aged between 28 and 61 years)

7 years of schooling

94.8% of Portuguese nationality

Social status

79.2% were unemployed

11.4% were homeless individuals

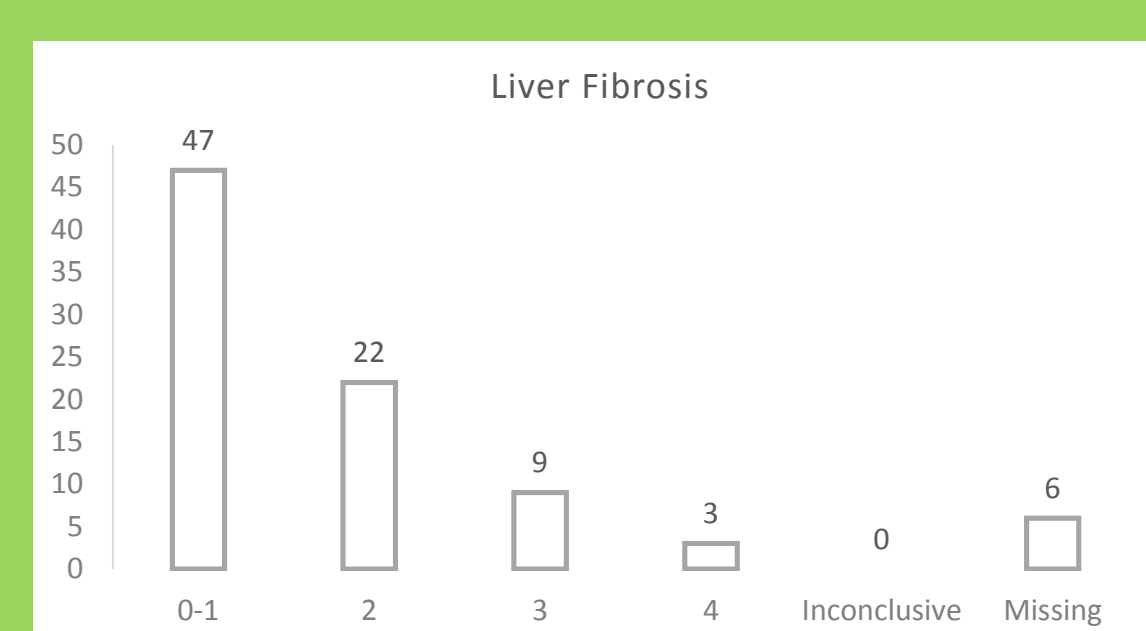
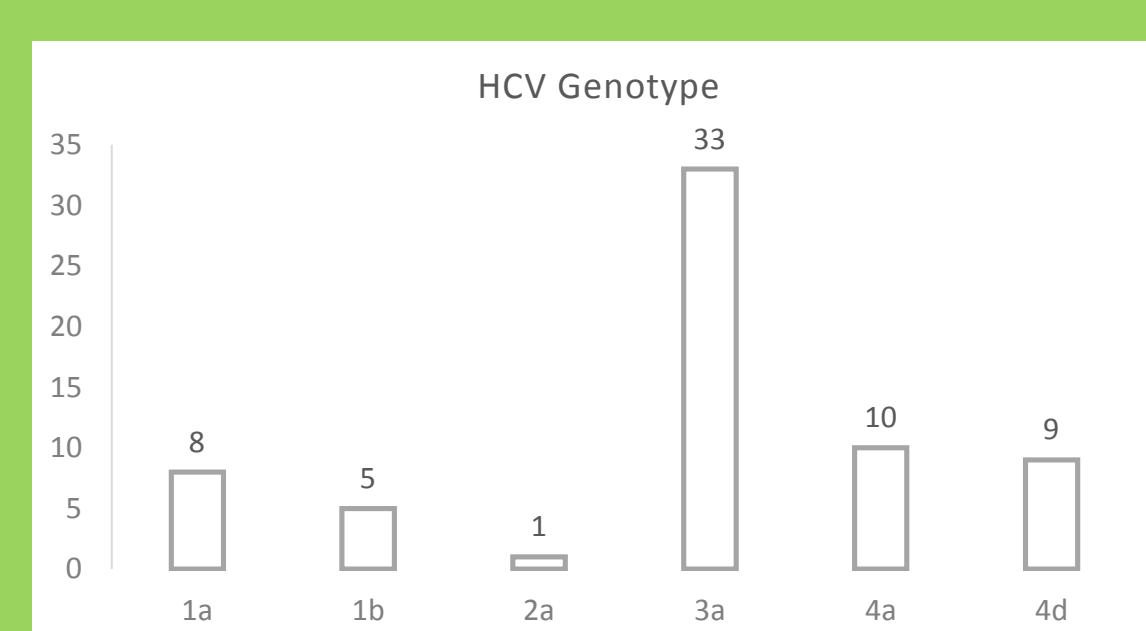
Substance-related variables

75% reported intravenous substance use

36.5% abusive alcohol consumption

15.9% were co-infected with HIV

HCV clinical data



2) Measures

The barriers were assessed using self-report questionnaire with 3 open-ended questions:

1. Please list the top reasons for you have not yet been treated for Hepatitis C.
2. How could you be helped to overcome these difficulties?
3. Do you feel motivated for treatment?

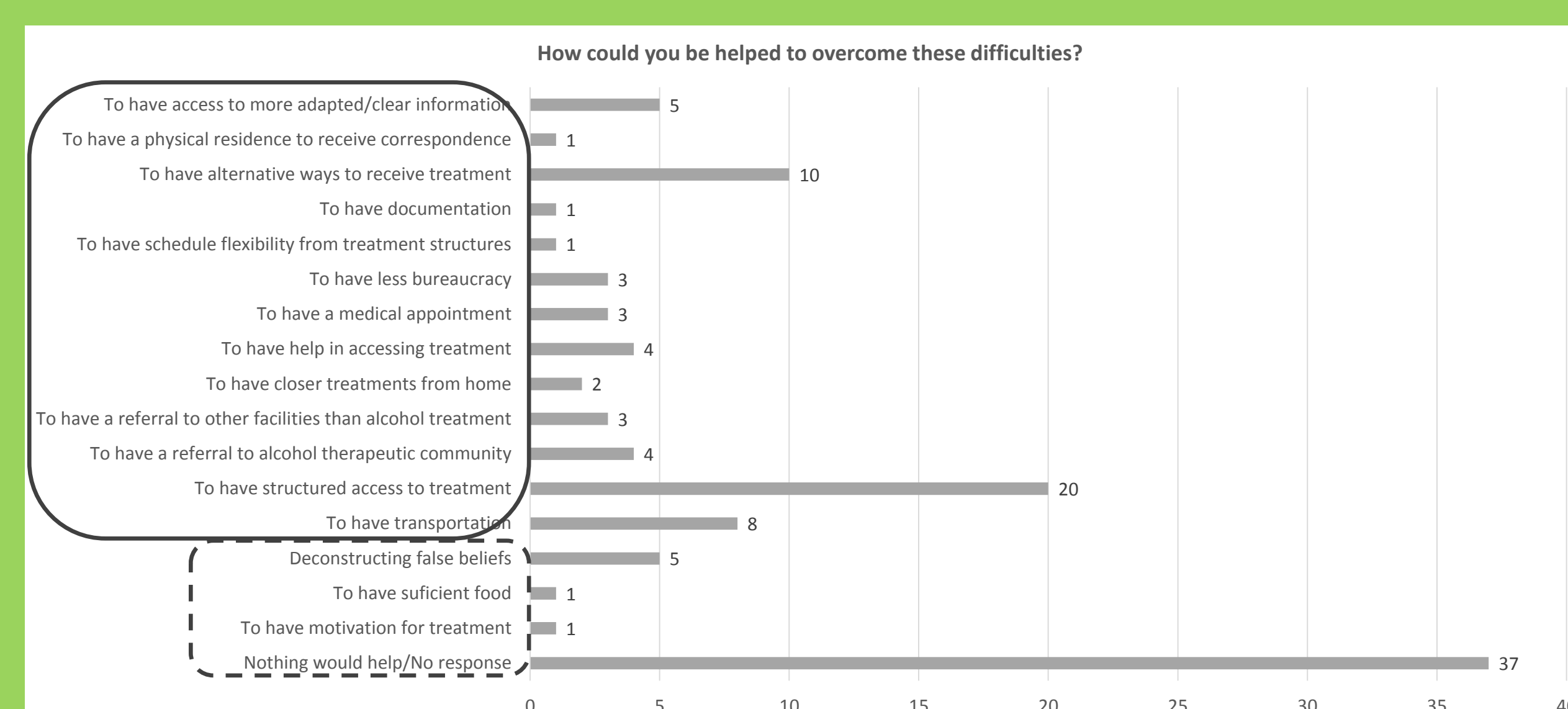
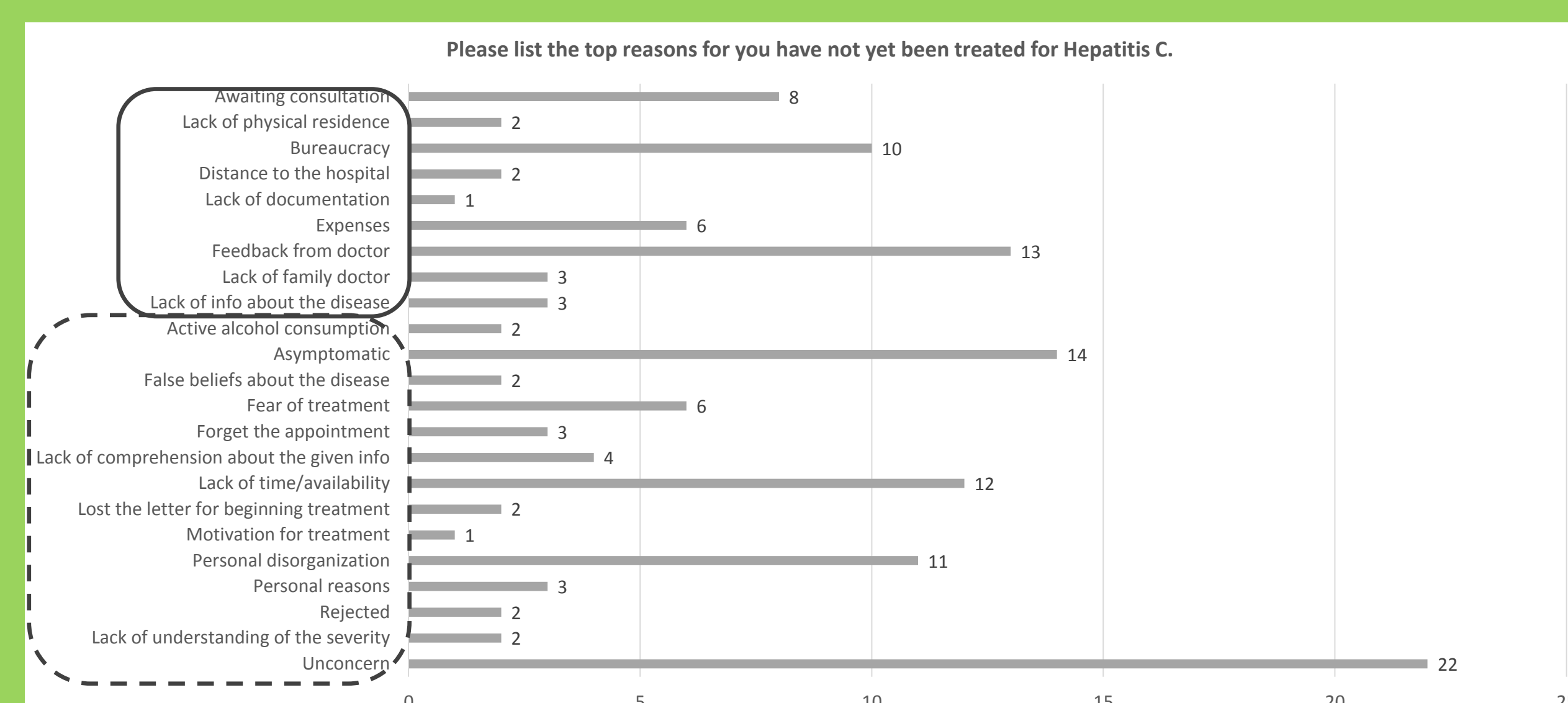
Cognitive screening was conducted with the Montreal Cognitive Assessment (MoCA).

3) Procedure

The procedure consisted in follow-up the 96 patients to assess their perceptions about the main difficulties in accessing HCV treatment. The data was collected from a short open-ended question form. Previous data, consisting in sociodemographic questions about social status, risk behaviours, attitudes towards HCV infection and treatment, and the results of a cognitive screening measure were also reported.

III. RESULTS

1) Main barriers for getting into treatment self-reported



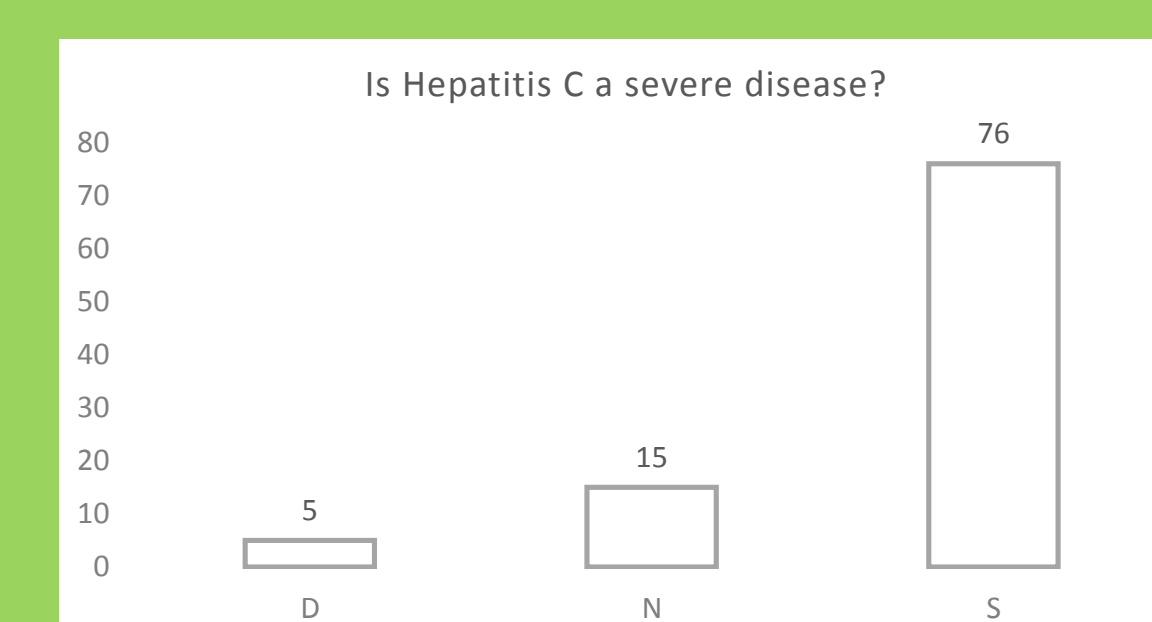
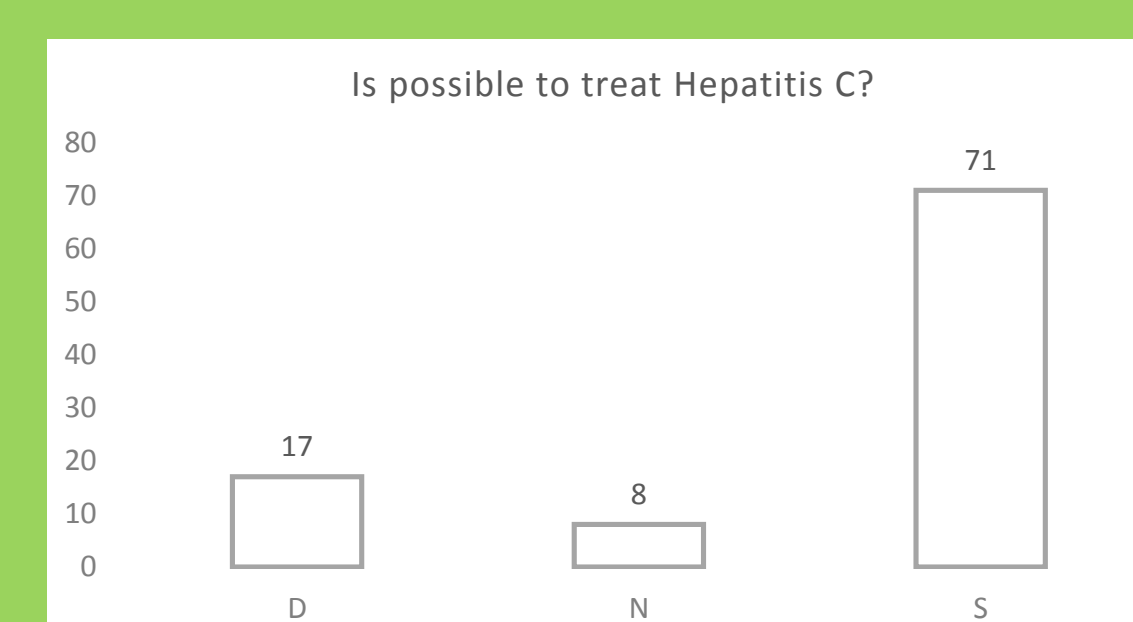
Note: The units inside the solid lines represent the barriers at the System level, whereas those representing the Client level are inside the dash lines.

R: 88% participants reported motivation for treatment in the question "Do you feel motivated for treatment?"

2) Cognitive functioning

The average score from the MoCA was 22.7 (SD = 3.5), which is close from the cutoff score for cognitive deficits (i.e. MoCA scores < 22 are indicative of Mild Cognitive Impairment).

3) Perception about the disease



IV. CONCLUSIONS

The data show that two years after being enrolled in the study, about one third of the patients (n = 96 of 307) are still waiting for HCV treatment, which pose important health risks for both the individual and the community. Therefore, the characterization of this population and the identification of HCV treatment barriers are crucial to improve treatment outcomes and to minimize associated risks. Results point out that:

- 1) self-reported barriers for getting into treatment are mainly related to patient (e.g., lack of concern about health condition because they feel asymptomatic) and health system level (e.g., feedback from medical staff or bureaucracy);
- 2) to overcome these difficulties, patients reported the need to get help to access treatment (e.g., to schedule appointments or to provide treatment in the outreach harm reduction program facilities);
- 3) some of these patients revealed cognitive difficulties that need to be taken into consideration when assessing treatment engagement;
- 4) most patients are motivated for treatment and have the perception that HCV is a severe disease.