DIAGNOSIS AND TREATMENT OF HCV PATIENTS FOLLOWED IN SUPPORT CENTERS FOR ADDICTIONS, IN PORTUGAL

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INTRODUCTION

Background

Patients with substance abuse have an increased risk for hepatitis C virus (HCV) infection but this condition still is an important reason for nontreatment of chronic HCV infection in these patients. To achieve WHO elimination goals it is crucial to understand barriers for treatment of this vulnerable population in order to adapt strategies and achieve the best outcome possible.

Objectives

- To identify HCV screening and referral rate to HCV specialized care

- To identify adherence to HCV care at the hospital setting, within this population

METHODOLOGY

Study design

A primary market research study was conducted through computer assisted web interviewing (CAWI). The questionnaire was designed by IQVIA.

Sample of the study consists of 11 Health Care Professionals (HCPs) 4 Psychiatrists, 2 General Practitioners and 2 Nurses) having practice in different Portuguese Addiction units (PAU) and each respondent reported data to IQVIA considering its own AU. The 11 interviewed HCPs represent an average of 1219 patients per PAU.

Data collection took place between September and October 2019 and from the eleven interviews, 5 were from AU in the South of Portugal, 4 from the North and 2 from the Center region. Respondents were randomly selected within the Universe of HCPS that work in Portuguese AU, using IQVIA 's HCP database OneKey.

RESULTS

- On average, 60% of AU patients are followed due to drugs addiction, 35% due to alcoholism and the remaining 5% due to other addictions.

- HCV testing is performed to a large extent, particularly among people with drugs addiction (85%) when compared with the percentage of patients being treated for alcoholism (8%).

- On average 30% of anti-HCV+ patients, screened in AU context, are not referred to hospital consultation, mostly due to patients' denial.

- Approximately two thirds of the anti-HCV+ patients referred from the AU to hospitals show up for first consultation.

- From all anti-HCV+ patients only 42% of them start HCV treatment. Within these patients that start treatment the vast majority finishes the treatment (86%).
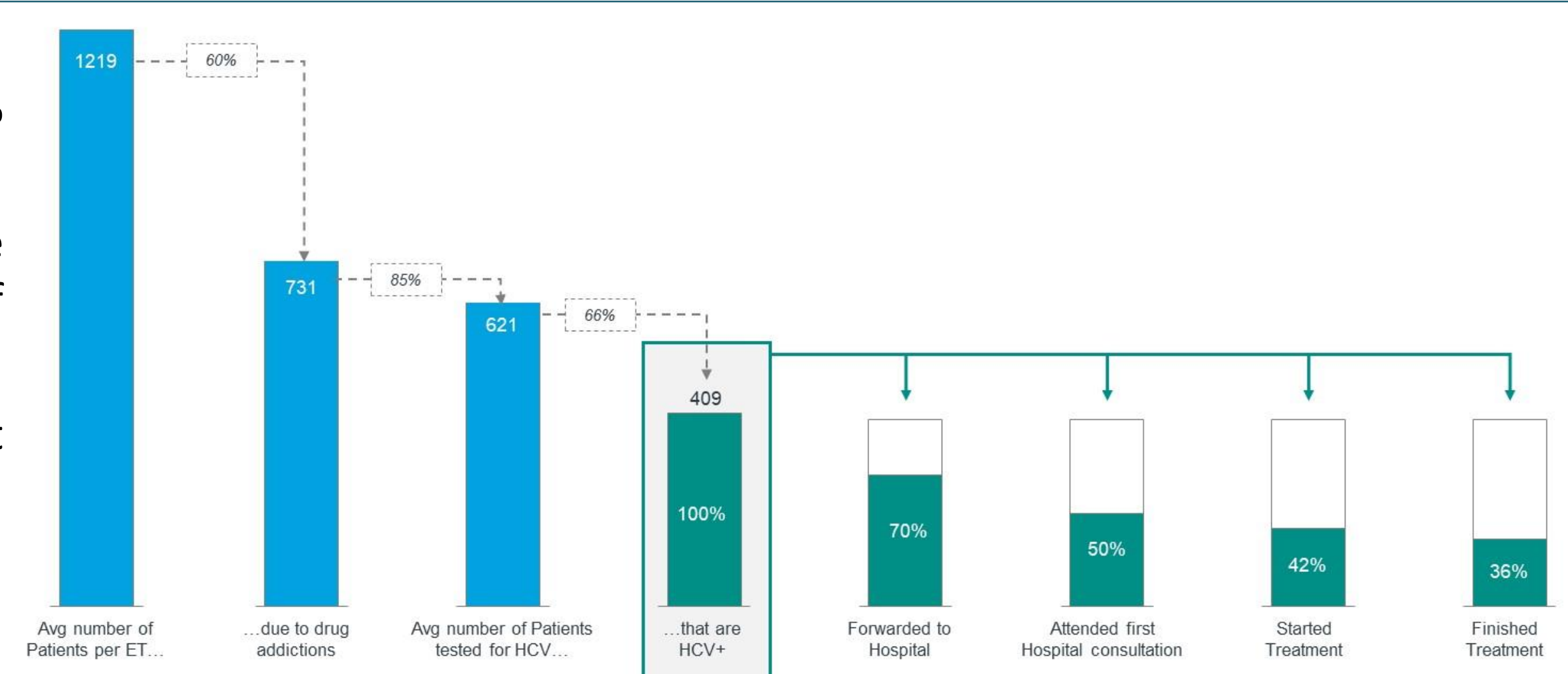

Figure 1. Patient quantification and adherence rate to HCV care at hospital setting (average values per ETE)

CONCLUSIONS

- From the total of anti-HCV+ diagnosed patients, roughly two thirds are lost between referral to the hospital and treatment end, being the higher drop out rate in the beginning of this journey.
- We conclude that the vast majority of patients that are still to be treated at the addiction units have difficulties on navigating at the hospital setting.
- Thus, in order to diagnose and cure these patients, contributing to HCV elimination, it is urgent to identify new models of care, focused on decentralized care, with a multidisciplinary team (including addictions specialists and hepatologists). With this approach HCV care can be provided where patients are (point of care) , avoiding the need to go to the hospital.

REFERENCES

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