

# MOTIVATION, INFORMATION, AND SUBSTANCE USE ARE BARRIERS TO HCV TREATMENT INITIATION IN HIV/HCV CO-INFECTED PATIENTS

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## Introduction

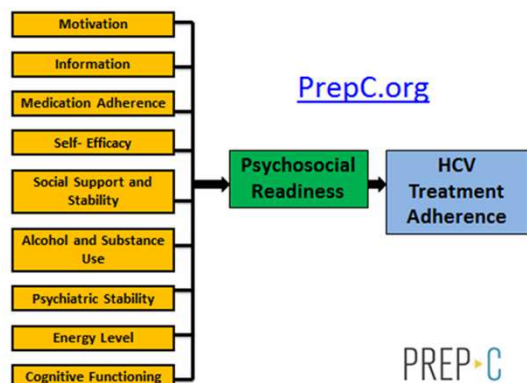
Curative and well-tolerated treatment for hepatitis C virus (HCV) infection is now available to all HIV/HCV co-infected patients. Curing HCV has been shown to significantly decrease morbidity and mortality, yet many co-infected patients engaged in HIV care have still not been successfully treated for HCV infection.

## Methods

The Psychosocial Readiness Evaluation and Preparation for hepatitis C treatment (PREP-C) is a web-based, open-access resource to evaluate the psychosocial barriers faced by patients medically eligible for HCV treatment.

PREP-C evaluates nine domains of neuropsychosocial functioning relevant to HCV treatment initiation—see Figure 1 below—and rates them as either “satisfactory” or “could be improved” based on pre-set criteria for patient responses.

Figure 1: PREP-C Neuropsychosocial Domains



The PREP-C profiles of 37 HIV/HCV co-infected patients with undetectable HIV viral load who were engaged in HIV care but not engaged in HCV care for the past year (referred to as “non-engaged”) were compared to those of 210 HCV patients (12.4% co-infected with HIV) being medically evaluated to begin HCV treatment (“engaged”).

## Results

The subjects are predominantly older, male, and members of ethnic minority groups. The two groups do not differ on demographic characteristics.

Table 1: Subject Demographics

Variable	Total (n=247)	Non-engaged (n=37)	Engaged (n=210)	P-value
Age, years, mean ± SD	53.4 ± 10.7	55.2 ± 8.5	53.1 ± 11.1	0.50
Sex, male, n (%)	153 (61.9)	27 (73.0)	126 (60.0)	0.13
Race/ethnicity, n (%)				0.50
Hispanic, not black	102 (41.3)	17 (45.9)	85 (40.5)	
Black, not Hispanic	103 (41.7)	14 (37.8)	89 (42.4)	
White, not Hispanic	31 (12.6)	3 (8.1)	28 (13.3)	
Mixed/Other	11 (4.4)	3 (8.1)	8 (3.8)	

## Results

The non-engaged patients had fewer domains rated “satisfactory” than engaged patients (mean non-engaged=4.6, SD=1.8; mean engaged=5.4, SD=2.0; p=0.029).

As seen in Table 2 below, the non-engaged patients had lower motivation than engaged patients, less knowledge about HCV and its treatment, and a higher rate of current alcohol and substance use. The other six domains did not differ between groups.

Table 2: PREP-C Domain Rating as “Satisfactory” per domain

PREP-C Domain: rated ‘Satisfactory’	Total (n=247)	Non-Engaged (n=37)	Engaged (n=210)	P-value
Motivation, n (%)	202 (81.8)	24 (64.9)	178 (84.8)	0.01
Information, n (%)	60 (24.3)	0 (0)	60 (28.6)	< 0.001
Medication Adherence, n (%)	151 (61.1)	30 (81.1)	121 (57.6)	0.23
<small>[n=211; 36 engaged subjects not currently on medication excluded]</small>				
Self-Efficacy, n (%)	193 (78.1)	26 (70.3)	167 (79.5)	0.20
Social Support and Stability, n (%)	86 (34.8)	16 (43.2)	70 (33.3)	0.26
Alcohol and Substance Use, n (%)	163 (66.0)	16 (43.2)	147 (70.0)	0.002
Psychiatric Stability, n (%)	127 (51.4)	14 (37.8)	113 (53.8)	0.078
Energy Level, n (%)	157 (63.6)	25 (67.6)	132 (62.9)	0.71
Cognitive Functioning, n (%)	160 (64.8)	20 (54.1)	140 (66.7)	0.19

## Conclusions

In order to improve HCV treatment initiation among HIV/HCV co-infected patients not engaged in HCV care, behavioral interventions should specifically target increasing motivation and knowledge of HCV disease and treatment, as well as address current substance use as a barrier to HCV treatment engagement.

## ACKNOWLEDGEMENTS

Research reported in this poster was supported by the National Institute of Mental Health of the National Institutes of Health under award number R34MH099930.

The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

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