

Hepatitis C treatment with Direct-acting Antivirals for Patients in Opioid Agonist Treatment and Heroin assisted Treatment: real-life data

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Introduction

In high income countries, people with current or former illicit drug use have the highest prevalence of chronic hepatitis C virus (HCV) infection.[1] Treating them is crucial as they are at elevated risk for transmission of the virus and for progression of liver disease, which causes high morbidity and mortality linked with high financial burden.[2]

Low-threshold Opioid agonist treatment (OAT) presents a good option to provide HCV-treatment within existing structures.[3] **Heroin assisted treatment (HAT)** is a complementary **harm reduction** measure in Switzerland since 1994. Heroin is provided for patients on daily base as injection or tablet.

Arud Centres for Addiction Medicine in Zurich, Switzerland provides **integrated** addiction treatment in an **all-under-one-roof setting**, including OAT, HAT, psychiatry, internal medicine and social work.

Aim

This retrospective study provides real life data about the outcome of DAA-treatments within OAT & HAT. OAT & HAT were provided in a low-threshold **integrated care** setting.

Methods

All HCV positive patients in OAT or HAT at the Arud Centres were assessed for DAA treatment.

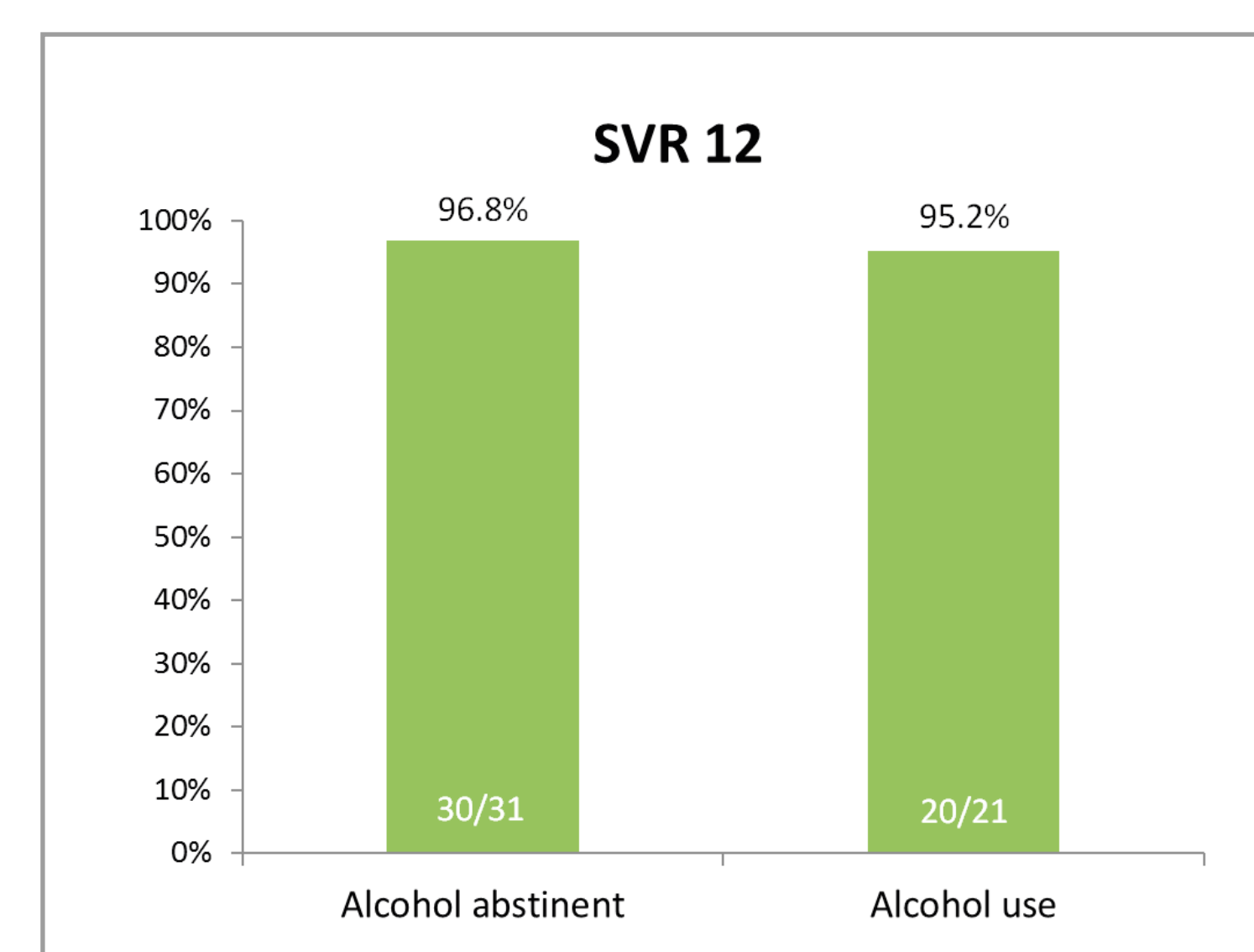
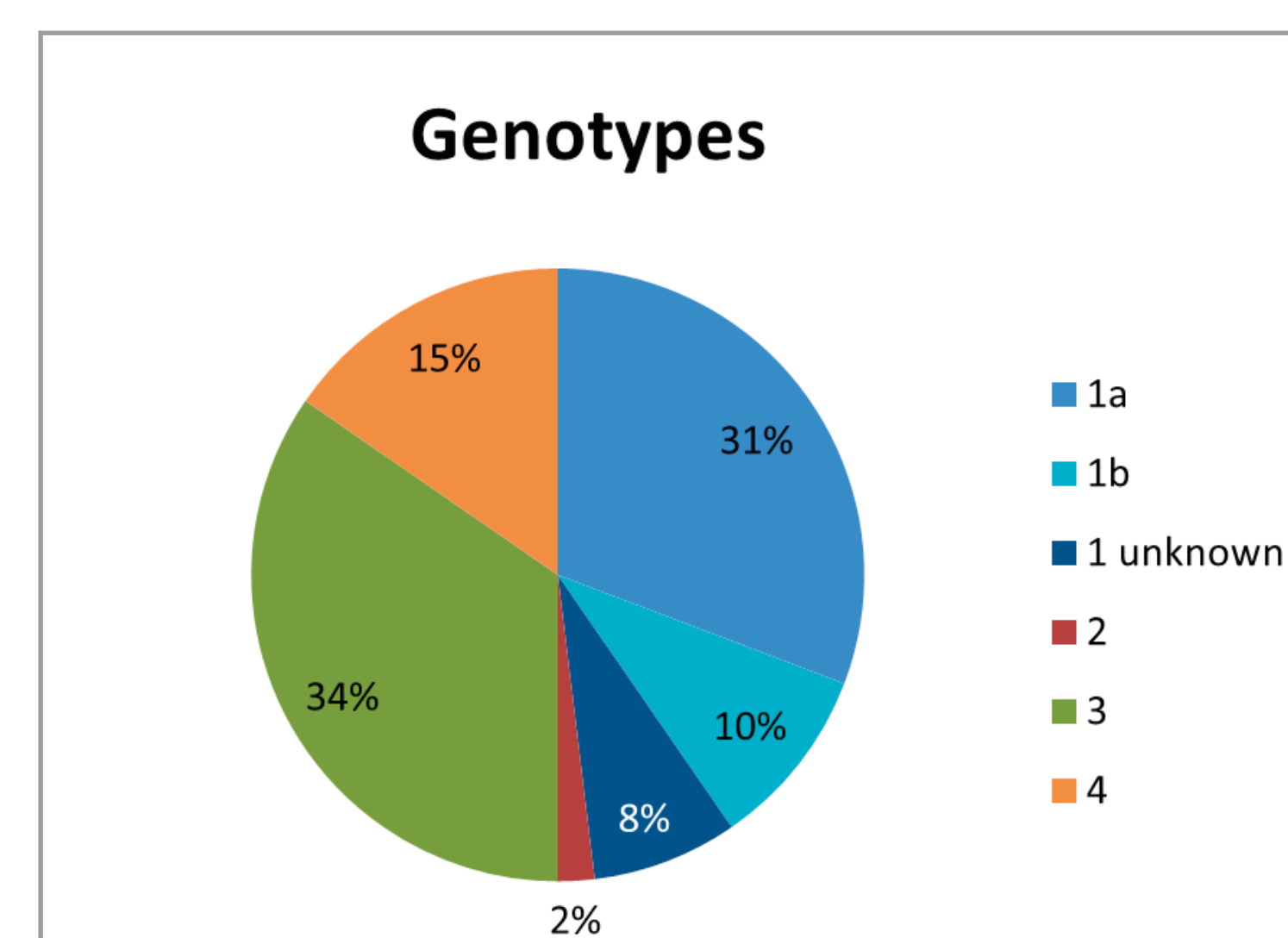
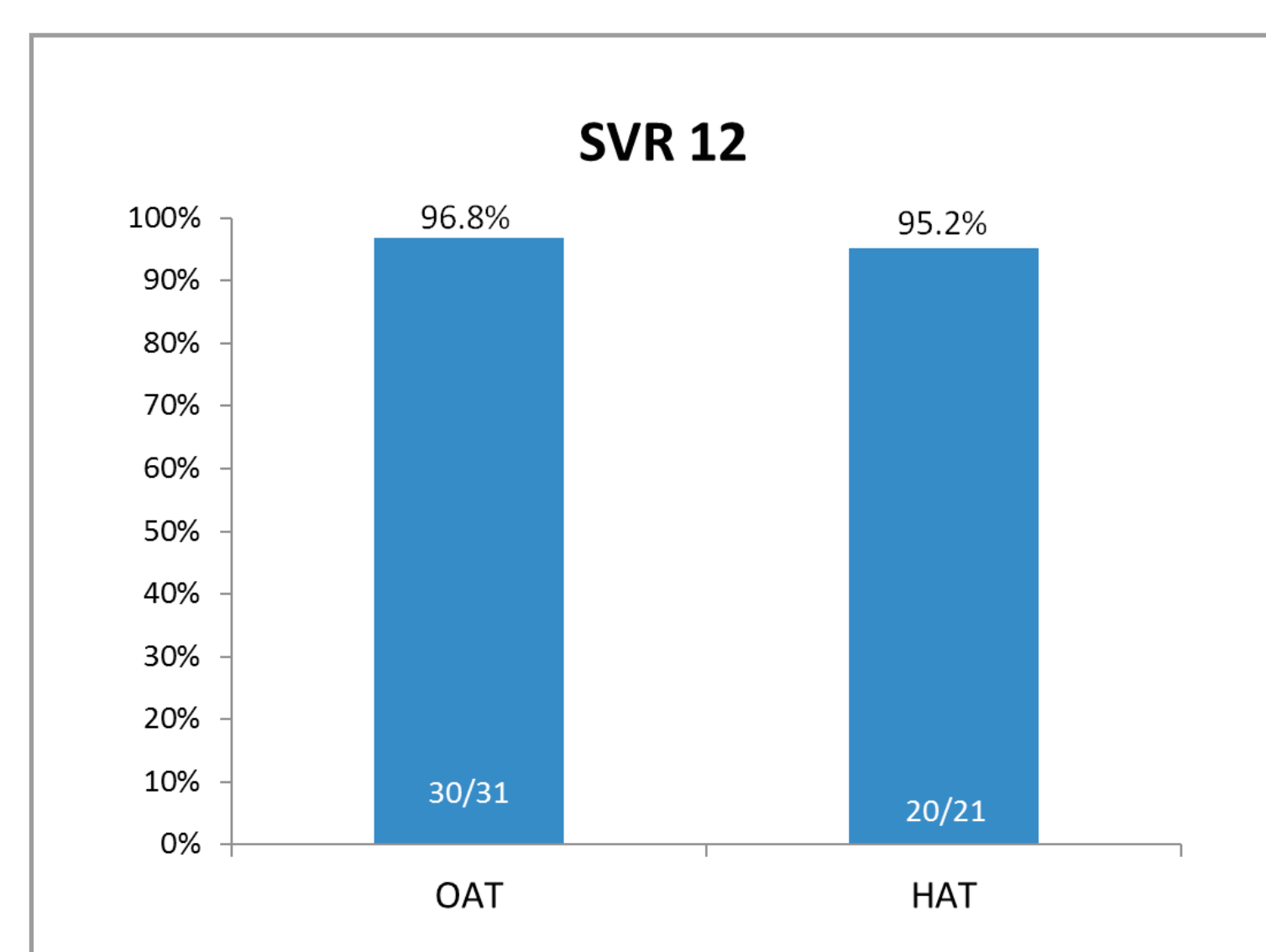
All patients in OAT or HAT who received DAA treatment for HCV in the Arud Centres between 10/2014 and 01/2017 were considered for inclusion.

Primary outcome was **SVR12**. The clinical and laboratory and information about active or recent drug injection, alcohol consumption was routinely assessed in the **holistic** approach of OAT and HAT.

Results

52 patients (11 female, 41 male) were included in the analysis. Mean age was 49. None of them discontinued treatment. 5 Patients haven't accomplished 12 weeks after end of treatment yet.

Patient characteristics (n = 50)	n	%
HAT	21	40.4 %
Illegal i.v. drug use (2 missing)	6	11.6 %
Alcohol use	21	40.4 %
HIV (1 missing)	6	11.6 %
Cirrhosis (CHILD A&B)	31	59.6 %
Treatment experienced (interferon-based)	11	21.2 %



One patient relapsed after being treated 24 weeks with Sofosbuvir plus Ribavirin for Genotype 3. He was end of treatment negative. He was treatment naïve, had cirrhosis and no ongoing drug use during treatment.

Summary

This study provides real life data about HCV treatment with DAAs for patients in OAT and HAT in a **low-threshold integrated** care setting.

As in abstinent population, DAA was highly effective for patients with current drug use, when administrated in **all-under-one-roof** setting.

Conclusions

- DAA treatment provided in an all-under-one-roof setting to patients in OAT or HAT, including patient with ongoing illicit drug use, is feasible.
- SVR12 rates are similar to previously published DAA-outcomes among selected abstinent population.
- HCV care **integrated** within OAT or HAT is a successful model-of-care for this highly affected population.

Contact Information

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References

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