

KNOWLEDGE SYNTHESIS OF PATIENT AND PROVIDER PERCEIVED BARRIERS AND FACILITATORS TO HEPATITIS C (HCV) TREATMENT AMONG HUMAN IMMUNODEFICIENCY VIRUS (HIV) COINFECTED POPULATIONS IN CANADA

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Background: Direct acting antivirals (DAAs) have increased cure rates for HIV-HCV co-infected patients; however, there are several obstacles to the uptake of HCVs DAAs in vulnerable populations with high risk of coinfection. We aimed to investigate the patient and provider perceived barriers and facilitators to DAA treatment with emphasis on key patient subgroups—people who inject drugs (PWID), men who have sex with men (MSM), and indigenous communities.

Methods: We systematically searched seven databases and conducted a grey literature search for studies that qualitatively explored provider and patient perceived barriers and facilitators to DAAs, were published after 2013 in accordance with second generation DAA availability and included our populations of interest. The titles, abstracts, and subsequently full texts were screened by two independent reviewers and critically appraised. Themes focusing on barriers and facilitators to DAA treatment uptake were then extracted from included articles.

Results: 2143 titles and abstracts were identified and screened; 43 full texts were subsequently reviewed, of which six studies were included. Patient perceived barriers to treatment uptake included increased stigma concerning drug use or ethnicity, fear of medication side effects, and lack of counselling and treatment information following diagnosis. Patient-perceived facilitators to treatment uptake included having supportive and culturally-competent medical practitioners and receipt of continuous reminders and check-ups during their treatment. Provider-perceived barriers to DAA treatment provision included high costs, extensive paperwork, and lack of expertise. Provider perceived facilitators to treatment provision included access to HCV and addiction training opportunities.

Conclusion: This knowledge synthesis highlights key barriers and facilitators to HCV treatment uptake and provision from patients' and providers' perspectives, which may inform choice and design of interventions to increase DAA treatment uptake. Helpful interventions can include culturally sensitive education, and counselling initiatives for patients and training for providers to increase their confidence in providing DAA treatment.

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