

DAA's SHOW VERY HIGH EFFICACY IN IDUs WITH CHRONIC HEPATITIS C,RECEIVING OPIOID REPLACEMENT WITH BUPRENORPHINE IN CENTRAL GREECE.

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Background: The viral clearance in intravenous drug users (IDUs) after HCV antiviral treatment with pegylated interferon combined with ribavirin is comparable to the viral clearance in non-substance users.

However,interferon-based HCV treatments have not been effective due to low treatment uptake and among those treated, low rates of SVR and high rates of adverse effects. HCV treatment is improving rapidly with the advent of peginterferon-sparing, oral regimens of direct acting antivirals (DAAs).

Aims: The aim of this study was to assess the efficacy of HCV treatment with DAAs in IDUs receiving opioid replacement with Buprenorphine.

Methods: We retrospectively evaluated efficacy of treatment in 21 IDUs with CHC,who were in Buprenorphine substitution and were attending our clinics the period between 2015 and December 2016. Treatment consisted of combination regimens comprising two or three DAAs with or without ribavirin for 12 to 24 weeks,in all genotypes and all patients including patients with compensated cirrhosis.(determined the most appropriate DAA regimen for each patient).

Characteristics of Patients:

Age: 32.5±12-Male: 15 Female:6 Genotype 1:5 Genotype 2:2 Genotype 3 :10- Genotype 4:4.

Results:**1.**All of them had undetectable levels of HCV-RNA 12 weeks after treatment. **2.**Only one patient (genotype 3,with cirrhosis)was non responder to prior therapy with Sofosbuvir and Ribavirin. Retreatment with Sofosbuvir/Velpatasvir and Ribavirin for 24 weeks was successfully.

3.Minimal associated side effects(high tolerability in IDUs) without psychiatric severe adverse events(such as depression,anguish and irritability)but only minor anemia because of ribavirin.

Conclusion: **1.**Compared to peginterferon based regimens, oral DAA therapy has led to higher SVR rates, improved safety and tolerability, and shorter treatment durations.**2.**In addition treatment with DAAs among persons with IDU could decrease prevalence of HCV infection and is a patient population to prioritize in terms of optimizing access to care if CHC eradication is to be achieved.