

CHANGES IN ATTITUDES, KNOWLEDGE AND EVERYDAY LIFE THROUGHOUT DIRECT-ACTING ANTIVIRAL TREATMENT FOR HEPATITIS C: A LONGITUDINAL QUALITATIVE STUDY

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Background: The reported benefits of direct-acting antiviral (DAA) treatment have focused on population-level changes. Little is known about the individual-level benefits of treatment beyond improving liver health. We aimed to understand the DAA treatment experience among people who inject drugs and the meaning of treatment in people's lives and networks.

Methods: Participants were recruited from community general practice clinics and the Treatment and Prevention Study (a community-based treatment trial). Semi-structured interviews were conducted with each participant before, half way through and following DAA treatment. Interviews focused on health behaviors and attitudes, hepatitis C related knowledge and discussions, overall wellbeing and treatment perceptions and expectations. Interviews were recorded and transcribed. A six phase thematic analysis was conducted, as per Braun and Clarke (2006). Coding was inductive. Time sequential matrices were generated to understand thematic change over time, guided by 16 questions for longitudinal qualitative data analysis.

Results: Forty-four interviews were conducted with 17 participants across seven field-sites. Most participants were male with a mean age of 40 and no/mild fibrosis. Four themes changed over time: 'treatment attitudes and expectations', 'reinfection attitudes', 'physical and emotional benefits' and 'peer distribution of knowledge'. Peers were a crucial trusted source of treatment-related information. Positive treatment anecdotes from peers were important for building confidence in and motivation to initiate treatment. During and following treatment many participants adopted a 'treatment advocate' role in their networks, which was described as empowering. Many participants also described benefits of undertaking treatment alongside their injecting network.

Conclusion: This is the first qualitative study to follow participants throughout DAA treatment. Findings illustrate nuanced personal benefits of treatment completion and the importance of peers in shaping treatment perceptions and engagement. This will be important in informing messaging to increase treatment uptake and add weight to the argument for global unrestricted access to treatment.

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