Drug Use, Unstable Housing Tied to Lack of Hep C Treatment in People With HIV

A new study's findings have led researchers to challenge physicians' biases against certain groups.

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Despite strong evidence that people who use drugs or are unstably housed can successfully complete hepatitis C virus (HCV) treatment if given proper support, such individuals who are living with both HIV and HCV are still less likely to receive treatment for the latter virus.

That's the key finding from a study conducted at the University of California, San Diego, in which researchers analyzed factors associated with whether people with HIV and HCV coinfection had received a referral for direct-acting antiviral (DAA) treatment for hep C.

Publishing their findings in a research letter in the journal AIDS, the investigators, led by UCSD's Edward R. Cachay, MD, noted that starting in January 2018, California lifted all restrictions on coverage for DAAs. This made it much easier for the researchers to deduce which factors were associated with a lack of referral for HCV treatment.

Among 3,258 people with HIV enrolled in medical care at UCSD, 143 had HCV coinfection. Of that group, 35 (25%) had not been referred for hep C treatment.

The group with HIV/HCV coinfection had a median age of 49 years old. Thirty-six percent were nonwhite, and 18% were women.

Looking at the individuals' risk factors for contracting HCV, the investigators found that 64% were men who have sex with men, of whom 58% (37% of the group as a whole) had a history of injection drug use.

Factors associated with not being referred for hep C treatment included engaging in ongoing drug use and having unstable housing, which were associated with a respective 6.3-fold and 4.0-fold increased likelihood of not receiving a referral.

Other factors tied to nonreferral were alcohol use and having a history of psychiatric disease. The

investigators found that people for whom these were factors were less likely to be engaged in ongoing medical care for HIV, and that this in turn lowered their likelihood of being referred for HCV treatment.

“The finding that ongoing drug use and unstable housing directly predict HCV nonreferral may reflect provider implicit and unconscious biases that are not valid in the context of high treatment success rates when adequate psychosocial support is provided,” the investigators concluded in their letter. “Our observation that psychiatric disease and alcohol use mediate their effects on HCV treatment nonreferral primarily through HIV nonengagement in care calls for action to scale-up rehabilitation centers, mental health crisis houses, and homeless shelters.”

To read the abstract of the letter, click here.

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