Integrated Treatment Improves Uptake of Hepatitis C Therapy for People Who Use Drugs

Among people who inject drugs, integrating antiviral therapy with other care led to improved outcomes.

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Integrating treatment for hepatitis C with management of substance use disorders improved treatment uptake and achievement of a cure in people who inject drugs, according to findings published in PLOS Medicine.

Because 80% of hepatitis C cases occur among people who inject drugs, this group faces a greater risk of contracting the disease and—if left untreated—developing complications such as cirrhosis and liver cancer. Yet despite their increased risk, people who inject drugs are less likely to receive antiviral therapy. Integrated care involving the simultaneous treatment of substance use disorders and comorbidities may help increase treatment uptake in this group.

Lars Fadnes, MD, PhD, of the University of Bergen in Norway, and colleagues assessed the benefit of integrated treatment compared with standard care among people who inject drugs.

In this randomized controlled clinical trial (ClinicalTrials.gov NCT03155906), the researchers included participants who were receiving treatment at opioid medication–assisted therapy and community care clinics in Norway between 2017 and 2019. The study population was split: One group was randomly assigned to receive integrated care, and the other received standard stand-alone care. The integrated treatment approach included testing for hepatitis C virus (HCV) and liver fibrosis, counseling, treatment with direct-acting antivirals and follow-up care.

The team assessed the time from diagnosis to treatment initiation and assessed sustained virologic response (SVR), or an undetectable viral load 12 weeks after completing treatment, which is considered a cure.

Of the 298 participants, 150 were assigned to receive standard care. Of these, 116 (77%) started hepatitis C treatment, including 108 (72%) who did so within a year of referral. Of the 148 participants who were assigned to integrated care, 145 (98%) began treatment; of these, 141 (95%) did so within a year of referral. So the difference in treatment initiation rates between the

integrated and standard treatment groups was 21%.

SVR rates among people who began treatment in both groups were similar: 83% of those who received standard care and 85% of those who received integrated care were cured. But when looking at the groups as a whole—whether they started treatment or not—only 64% of all participants who were meant to start standard care achieved SVR, compared with 83% of those who were to receive integrated care. So an absolute difference of 19% was seen between the two groups, strongly supporting the integrated approach to receiving hepatitis C therapy.

“Integrated treatment for HCV in [people who inject drugs] was superior to standard treatment in terms of time to treatment initiation, and subsequently, more people achieved SVR,” wrote the researchers. “Scaling up of integrated treatment models could be an important tool for elimination of HCV [hepatitis C virus].”

Click here to read the study in PLOS Medicine.

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