Study Finds Hepatitis C Treatment Gap for Individuals With Alcohol Use Disorder

Current guidelines recommend antiviral treatment regardless of alcohol use.

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A new study supported by the National Institutes of Health shows that individuals with alcohol use disorder (AUD) are less likely to receive antivirals for hepatitis C, despite current guidelines recommending antiviral treatment regardless of alcohol use. Direct-acting antiviral treatment is highly effective at reducing serious illness and death among individuals with hepatitis C virus (HCV) infection, a condition that commonly occurs among people with AUD.

Led by scientists at Yale University, New Haven, Connecticut, the research was conducted by a team of international scientists and published in JAMA Network Open.

“There are treatment gaps for individuals with co-occurring HCV and AUD—and these gaps need to be addressed,” said corresponding author Lamia Y. Haque, MD, MPH, assistant professor and director of the Yale Clinic for Alcohol and Addiction Treatment in Hepatology, Digestive Diseases at the Yale School of Medicine. “For patients with HCV and AUD, this refers to a gap not only in AUD treatment, but also in lifesaving HCV treatment. Both are crucial for liver health.”

Dr. Haque and her colleagues used data from the Veterans Birth Cohort, an observational study containing electronic health records of all patients receiving care through the Veterans Health Administration (VHA) born between 1945 and 1965. This cohort was chosen for the study since people in this age range are more likely to have been diagnosed with HCV than other age groups.

From this sample, data from 133,753 individuals (97% male) were identified and analyzed based on their history of HCV, documented Alcohol Use Disorder Identification Test-Consumption (AUDIT-C) questionnaire responses, and having visited any VHA location from January 2014 through May 2017.

Study participants were divided into three categories: current AUD, at-risk or lower-risk drinking, and abstinence with or without a history of AUD. The researchers found that in all years tested, individuals who met criteria for AUD—regardless of whether they were currently abstinent from alcohol use—were less likely to receive direct-acting antiviral treatment for HCV within either one

or three years of HCV diagnosis, compared with individuals without AUD.

The authors point to several underlying causes that could be reflected in the HCV-AUD treatment gap, including stigma surrounding substance use, hesitancy to prescribe treatment based on concerns about adherence to treatment protocols, patients' acceptance of HCV treatment, and unintended delays if abstinence from alcohol is mandated for treatment access or patients are unable to establish care for AUD.

Untreated HCV is a serious medical concern, leading to severe illness and even death due to complications such as cirrhosis and liver cancer. Cirrhosis and other forms of liver disease are also major concerns among individuals who misuse alcohol. Haque adds that, because of this, "it is logical to prioritize treatment of HCV among individuals with AUD, as outcomes can be more serious in this population."

"This research exemplifies why efforts to reduce stigma around AUD, and to integrate care for AUD and co-occurring conditions such as liver disease and HCV, are critically important in closing the treatment gap. Healthcare professionals play essential roles in identifying and addressing problematic alcohol consumption and co-occurring disorders, which can contribute to better health outcomes," said NIAAA Director George F. Koob, PhD.

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