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Improvement of patients' understanding and accessibility to healthcare services increase implementation of hepatitis C virus therapy in methadone maintenance treatment patients

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Background: Lack of information about the disease and administrative difficulties are major obstacles to hepatitis C virus (HCV) treatment among methadone maintenance treatment (MMT) patients.

Methods: HCV seropositive patients treated in the Adelson Clinic rehabilitation center who were abstinent ≥ 3 months without active psychiatric disorders were invited to a lecture by a Hepatologist on all aspects of HCV disease. During the period of the study, the standard of care for HCV treatment was PEG-RIBA+PI (telaprevir). The participants completed HCV-knowledge and depression questionnaires before and after the lecture and were then referred to evaluation and treatment in the Tel Aviv Medical Center Liver Unit.

Results: Of 80 eligible patients, 48 attended the lecture and following the lecture scored significantly better on knowledge about HCV than the non-attendees. Lecture attendance predicted referral to treatment (Odds ratio (OR)=13 (95% confidence interval (CI) 3.9-44.9 $P < 0.0005$)). Of the 41 referrals, 21 (51.2%) actually presented at the Liver Unit, and had lower depression scores (OR=0.2, 95% CI 0.06-0.9 $P = 0.03$). Despite administrative difficulties, 15 participants (71.4%) started evaluation, 12 (80%) initiated interferon-based antiviral treatment and 9 subjects (75%) achieved SVR (1 did not respond to treatment and 2 stopped due to adverse events). Of the 59 who were not present at the Liver Unit, 14 (23.7%) were followed elsewhere but only one of them (7.1%) started treatment.

Conclusions: Attendance in a single lecture about HCV, improved knowledge and enhanced HCV treatment initiation among MMT patients, but was adversely affected by depression. In MMT patients, interventions aimed to minimize administrative difficulties and to increase knowledge and awareness to the disease, as well as treatment of depression are necessary. These measures might be even more effective at present, when safe and effective IFN-free therapies to eradicate HCV are widely available.

Biography

Rafael Bruck graduated Medicine in the Sackler Faculty of Medicine at Tel Aviv University, Israel and completed his residency in Internal Medicine in 1986 and his fellowship in Gastrointestinal and Liver Diseases in 1989. During 1989-1991 he did a research fellowship in the Liver Center, Yale University School of Medicine, New Haven, USA. During and after this period Dr. Bruck published several papers about bile physiology in leading journals. Later, upon returning to Israel he continued his basic research and studied prevention of liver damage in various rat models of acute and chronic toxic and immune-mediated liver injury. Dr. Bruck Participated in numerous clinical studies, many as PI, mainly on the treatment of patients with hepatitis C, over 20 years, at first using interferon-based therapies and later with the new DAAs. Dr. Bruck participated in phase II and III clinical trials with many DAAs such as Simeprevir, Daclatasvir and Asunaprevir, Abbvie 3D, Elbasvir and Grazoprevir and Abbvie's new G/P (ENDURANCE 1) compound. Dr. Bruck also participates in clinical studies testing new compounds aimed at the treatment of NASH. Currently, Prof. Bruck is the Deputy of the head of the GI and Liver Institute in Tel Aviv Medical Center in Israel.

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