



# Hepatic fibrosis and quality of life in people who inject drugs living with hepatitis C virus

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On behalf of the Treatment and Prevention Study group

# Disclosure of interest

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# Background

- Evidence that quality of life (QoL) is lower in people who inject drugs (PWID) and people living with HCV compared to general population
- Few studies look at **overall QoL** in **PWID** living with **HCV**
- Most studies compare QoL to general population and not across liver disease stage

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SPIEGEL, B. M., YOUNOSSI, Z. M., HAYS, R. D., REVICKI, D., ROBBINS, S. & KANWAL, F. 2005. The impact of hepatitis C on health related quality of life: a systematic review and quantitative assessment. *Gastroenterology*, 128, A749-A750.



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# Aim

To determine the association between the level of fibrosis and QoL, accounting for multiple sociodemographic and health factors



# Methods

- Data from Treatment and Prevention (TAP) Study (n=146)
- Cross sectional (screening)
- QoL measured by
  - Personal wellbeing Index (PWI)
  - Short-Form 8 (SF-8) survey
- Level of fibrosis measured by FibroScan (liver stiffness)
  - < 9.5 kPa = low level of fibrosis
  - $\geq$  9.5 kPa = high level of fibrosis



# Sample characteristics

Characteristic	Sample
Age, years, mean (SD)	40 ( $\pm$ 8.5)
Gender, male, n (%)	106 (73%)
Country of birth, Australia, n (%)	119 (82%)
BMI, overweight/obese, n (%)	46 (37%)
Education, completed high school, n (%)	22 (16%)
Employment, employed, n (%)	14 (10%)
Main source of income, government pension, allowance and benefit, n (%)	133 (91%)
Accommodation, stable accommodation, n (%)	115 (79%)
Age of first injection, years, median (IQR)	18 (23-16)
<b>Alcohol consumption</b>	
Non-drinker, n (%)	72 (49%)
Non-hazardous drinker, n (%)	26 (18%)
Hazardous drinker, n (%)	48 (33%)



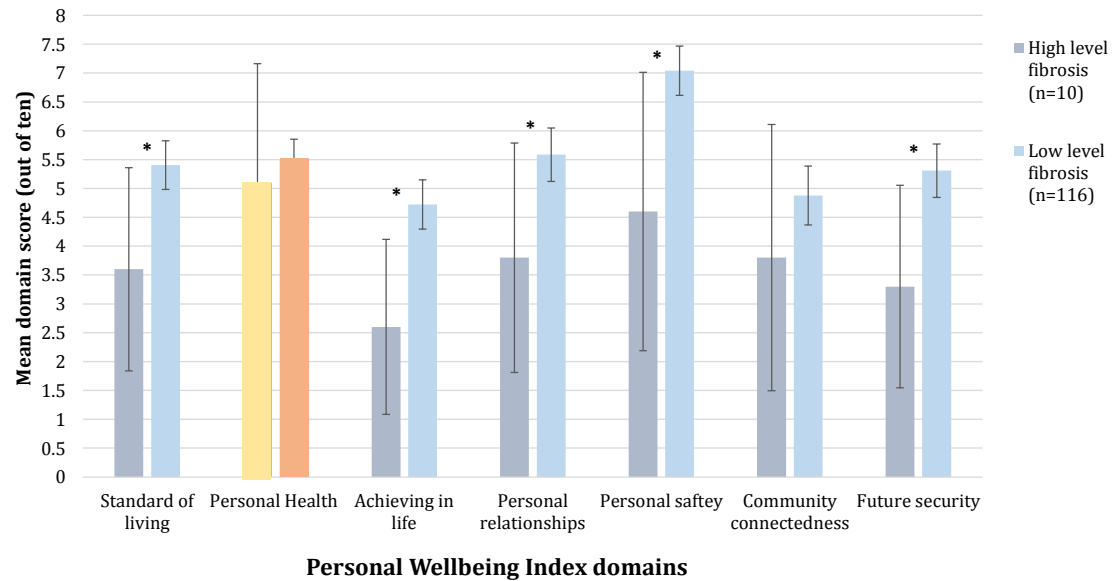
## Fibrosis and health related QoL (SF-8)

Component	Australian norm	Sample mean	Low level fibrosis mean	High level fibrosis mean
Physical health component	50	41.8	44.6	40.2
Mental health component	50	44.2	42.2	40.5

- No association between fibrosis and physical health related QoL or mental health related QoL
  - (adjusted for age, gender, BMI, level of education, employment status, accommodation status, injection frequency and alcohol consumption (n=109))



# Fibrosis and subjective wellbeing (PWI)





# Conclusions

- High level fibrosis associated with poorer life satisfaction but not health related QoL
- Sample is early in disease stage
- May be affected by participants' interpretation of health
- SF-8 scale may not be sensitive enough in this context



# Limitations

- Sample size
- Confounders (duration of infection, living with partner, opioid substitution therapy?)
- Cross sectional (no temporality)



# Clinical implications

- Need for increased supportive care including peer support for PWID living with HCV
- Highlights importance of considering psychosocial aspects of people's lives in cascade of HCV care
- Reinforces the need for early testing and acceptable treatment in this group



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