HEPATIC FIBROSIS AND QUALITY OF LIFE IN PEOPLE WHO INJECT DRUGS WITH HEPATITIS C VIRUS

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Background: Sharing of injecting equipment remains the most common source of hepatitis C exposure in Australia. People who inject drugs (PWID) have a lower quality of life (QoL) than the general population. The impact of hepatic fibrosis on QoL in PWID is poorly studied; improved understanding may assist in more effectively targeting treatment. This analysis aims to determine the association between hepatic fibrosis and QoL in a cohort of PWID with HCV.

Methods: The HCV Treatment And Prevention (TAP) study examines feasibility of community-based HCV treatment for PWID. PWID with chronic HCV mono-infection and their injecting partners were recruited. Fibrosis assessment using transient elastography (FibroScan[TM]) was performed at screening. Liver stiffness was categorised as high (≥9.5Kpa, level F3/F4 fibrosis) or low (<9.5Kpa). QoL was measured using the Personal Wellbeing Index (PWI) and the Short-Form 8 survey (SF-8). A descriptive analysis of fibrosis and QoL at screening was performed.

Results: 177 participants were identified; 109 had valid HCV, fibrosis and QoL assessments. There were 32 females (29%) and 77 males (71%), with mean age 39±8 years. Mean age of first injection was 19±5.7 years (range:12-36 years). 55 (51%) of participants had consumed alcohol in the past month, with 25(23%) consuming four or more drinks weekly. Ten participants (9%) had high liver stiffness (F3/F4), while 99 (91%) had low level fibrosis (F0-F2). Mean QoL by PWI was significantly lower in the high level fibrosis group (42.4±18.7) than the low level group (55.4±14.0) (p=0.008). A similar association of lower QoL with higher baseline liver stiffness was evident using the SF-8 QoL score.

Conclusion: Lower QoL was seen in those with more severe fibrosis. Earlier screening and intervention for HCV may prevent impaired QoL in this marginalised population. Future research will include multivariable analysis to account for comorbidities.