TRENDS IN END-STAGE LIVER DISEASE AMONG PEOPLE RECEIVING OPIOID SUBSTITUTION THERAPY WITH AN HCV NOTIFICATION IN NEW SOUTH WALES, AUSTRALIA BETWEEN 1993 AND 2012

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Introduction: In Australia, high levels of HCV screening (estimated 85% of the HCV-infected population diagnosed) and mandatory notification have enabled population-level characterisation of disease burden through linkage studies. The aim of this study was to characterise trends in end-stage liver disease (ESLD) burden, including decompensated cirrhosis (DC) and hepatocellular carcinoma (HCC), among people who have ever received opioid substitution therapy (OST), with an HCV notification in New South Wales (NSW), Australia.

Methods: All persons notified with HCV between 1993 and 2012 in NSW, Australia were linked to data on hospitalizations (2000-2012) and OST (1985-2014). Trends in hospitalizations (incident and total) due to DC (including ascites, esophageal varices with bleeding, hepatic failure, alcoholic hepatic failure, and alcoholic liver cirrhosis) and HCC were summarised [International Classification of Diseases (ICD 10) coding].

Results: Of 93,099 individuals with HCV, 28,241 (30%) had ever had OST. There were 19,566 total hospitalizations for DC (OST=6,726; never OST=12,840) and 3,742 total hospitalisations for HCC(OST=748; never OST=2,994) . A greater proportion of those never, compared to ever, having had OST had at least one hospitalization for DC (4.8% vs. 3.9%, P=0.007) or HCC (1.4% vs. 0.4%, P<0.001). Among the OST population, incident hospitalisations for DC increased from 190 in 2001-2003 to 320 in 2010-2012 and similarly for never OST, incident hospitalisations increased from 664 in 2001-2003 to 836 in 2010-2012. Among the OST population, incident hospitalisations for HCC increased from 11 in 2001-2003 to 46 in 2010-2012, and similarly for never OST, incident hospitalisations increased from 127 in 2001-2003 to 394 in 2010-2012

Conclusion: The burden of HCV-related hospitalizations for ESLD has increased markedly between 2000 and 2012. Incident hospitalisations for DC and HCC have increased in recent years regardless of OST use. Further analyses will be required, including age-adjusted, to evaluate OST-specific risk of DC and HCC.

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