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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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➢ Background

- The prevalence of HCV infection is high among PWID
- In many countries, populations of PWID infected with HCV in the 1970s and 1980s are ageing
- As such, there has been an increase in HCV-related liver disease among PWID in many settings globally

➢ Aims

- The main aim of this study was to characterize trends of end-stage liver disease (decompensated cirrhosis and hepatocellular carcinoma) among people receiving opioid substitution therapy and notified with HCV in NSW, Australia

➢ Methods

- All persons notified with HCV NSW (**1993-2012**), Australia were linked to data on hospitalizations (**2000-2014**) and the non-methadone system of the Pharmaceutical Drugs of Addiction (PHDAS) (**1985-2014**).

  - **Decompensated cirrhosis events included :**

    1.Ascites

    2.Bleeding esophageal varices

    3.Chronic hepatic failure

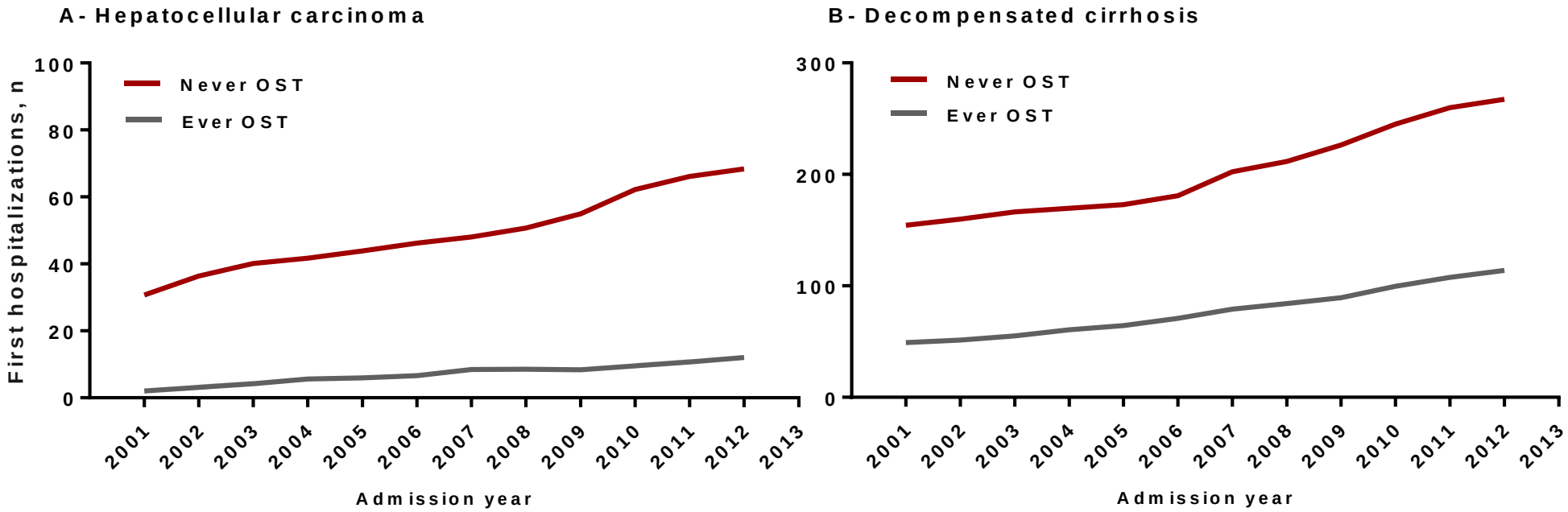
    4.Hepatorenal syndrome

    5.Alcholic hepatic failure

- Decompensated cirrhosis and hepatocellular carcinoma were coded according to the International Classification of Diseases (**ICD 10**)

Results

- **94,917 with HCV (29,350, 31% had ever received OST)**
  - **3,974 hospitalizations for DC (OST=1,116; never OST=2,858)**
  - **1,311 hospitalizations for HCC (OST=1,159; never OST=152)**



➢ Conclusion/Discussion

- In NSW between 2001-2012, the burden of HCV-related hospitalizations for end stage liver disease has increased markedly (For both ever and never OST groups)

- HCV treatment uptake has remained low over the study period

- Further analyses will be required to evaluate OST-specific risk of end stage liver disease, including age-adjusted survival rates