



Pilot study: Combining formal and peer education with FibroScan to increase HCV screening and treatment in persons who inject drugs

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Introduction

- Screening and treatment uptake for hepatitis C virus (HCV) infection remains low in persons who inject drugs (PWIDs)
- One of the causing factors for this is lack of knowledge and low perceived need for treatment
- Aim:
A pilot study to assess the influence of information on knowledge and willingness for HCV screening and treatment in PWIDs combining formal and peer education with FibroScan measurement

Study design

Questionnaires:

- Patient characteristics
- Previously received info on HCV
- Willingness for HCV screening
- Willingness for treatment
- HCV knowledge

Clients who receive opioid substitution in the Centre for Alcohol and Other Drug problems (CAD) in Limburg were included (N=52)

Control group (N=27):
'Standard of care'
information brochure on
Hepatitis C Virus (HCV)

Questionnaires at baseline, one month and three months after 'standard of care'

Intervention group (N=25):
Information session on
HCV: PPT presentation
by researcher + peer
FibroScan at ZOL, Genk

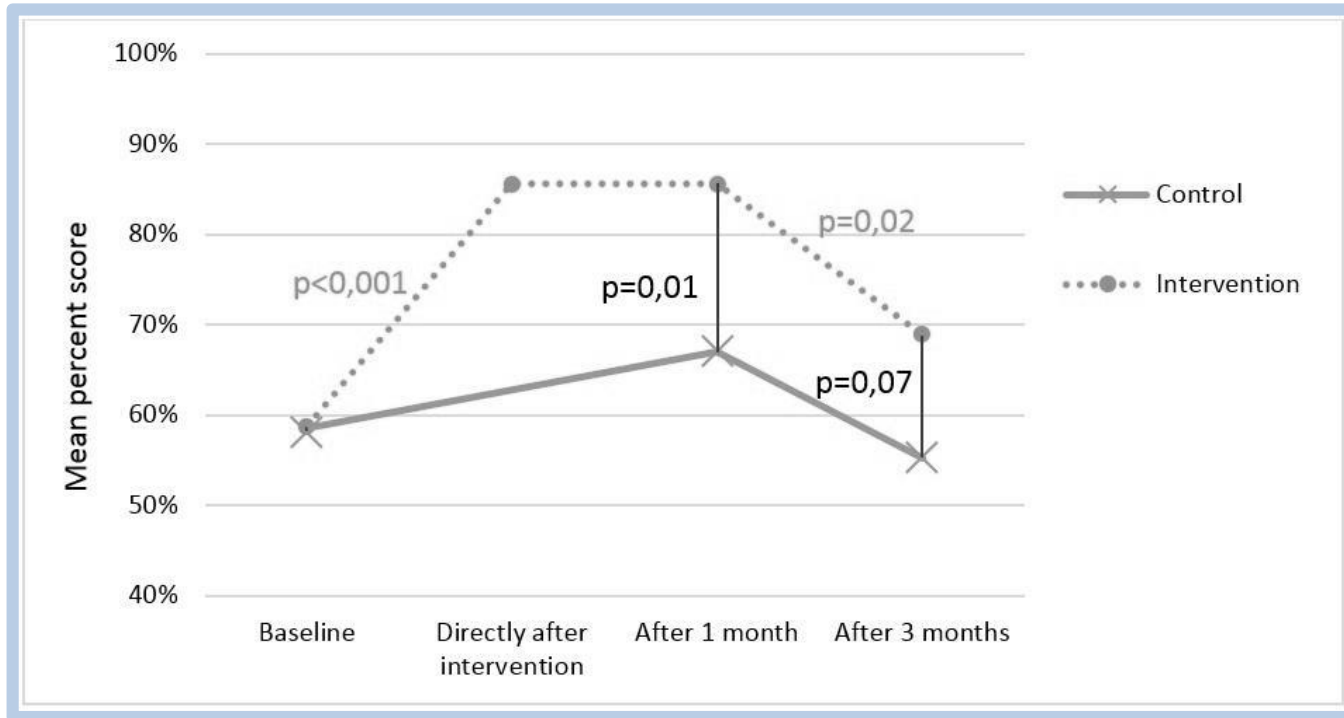
Questionnaires at baseline, directly after the information session, one month and three months after after information and after FibroScan



Results: baseline characteristics

| Characteristics | Control group (N=27) | Intervention group (N=25) |
|---|---------------------------------|--------------------------------------|
| Age mean \pm SD (years) | 40 \pm 9 | 38 \pm 9 |
| Males (%) | 74 | 80 |
| Secondary school education (%) | 56 | 48 |
| Income by health insurance (%) | 63 | 64 |
| Living alone (%) | 59 | 56 |
| Rented house/flat (%) | 60 | 76 |
| Ever used IV drugs(%) | 58 | 80 |
| Incarceration (%) | 89 | 80 |

Results: HCV knowledge





Results: Willingness screening/treatment

| Willingness for | CONTROL | | | INTERVENTION | | |
|-------------------------|----------|---------------|----------------|--------------|---------------|----------------|
| | Baseline | After 1 month | After 3 months | Baseline | After 1 month | After 3 months |
| | (n=27) | (n=9) | (n=6) | (n=21) | (n=8) | (n=13) |
| Screening (%) | 89 | 56 | 67 | 86 | 100 | 77 |
| Treatment (%) | | | | | | |
| Yes | 81 | 44 | 50 | 81 | 75 | 85 |
| Yes, but not now | 15 | 56 | 50 | 10 | 25 | 8 |
| No, never | 4 | 0 | 0 | 9 | 0 | 7 |



Results: Actual screening/treatment uptake

| | CONTROL | INTERVENTION |
|--------------------------------------|----------------|---------------------|
| | (n=27) | (n=25) |
| HCV Screening | 2 (7%) | 5 (20%) |
| Appointment with hepatologist | 0 | 1 (4%) |



Conclusion

- One single information session
 - improves HCV knowledge
 - does not lead to a higher uptake of screening and treatment
- HCV knowledge decreases after 3 months



Thank you for your attention!

