Australian HIV/HCV co-infected patients fall behind in move towards early HIV treatment initiation

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Introduction

One in eight Australians living with HIV estimated to be co-infected with Hepatitis C (HCV).

Treatment paradigm for HCV on the brink of radical change.

In light of clinical guideline changes on early antiretroviral therapy (ART) initiation, we examine the impact of co-infection status on uptake of treatment.

Method

• Multi-centre medical chart review study
• ~25 physicians per wave reported data on HIV patients recently seen within their practice. Mainly online data collection.
• Each physician provided de-identified data on patient demographics, treatment details & history, disease characteristics & outcomes
• Physician inclusion criteria:
  – Medical specialty: Infectious Disease, Sexual Health, S100 GP, Immunologist
  – Primary decision-makers for treatment for HIV patients
• Random consecutive sampling of patients
• In total, 56 physicians reported on 4331 patients, of which 412 were co-infected with HCV (2008 – 2014)

Limitation: patient management practices reported represent only the practices participating in the study and may vary from those of non-participating physicians.

Uptake of ART – HIV/HCV co-infected vs HIV mono-infected patients

Time (in months) between diagnosis and treatment initiation

Disclosures

Authors are employees of Ipsos Healthcare, Sydney. There are no conflicts of interest to declare.
Conclusions

• Increasing evidence is now available to support early initiation of ART, in terms of preventing both disease progression and transmission.

• Despite positive results among HIV mono-infected patients, outcomes for the HIV/HCV co-infected population reveal a growing disparity between these groups.

• Social and behavioural factors are identified as the key reasons for delaying treatment in the co-infected population.

• The increasing delay to treatment evidences the need to consider this patient group a priority population, and indicates that further action is required to address the broader complications involved in treating these patients.