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

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Disclosures

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

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.

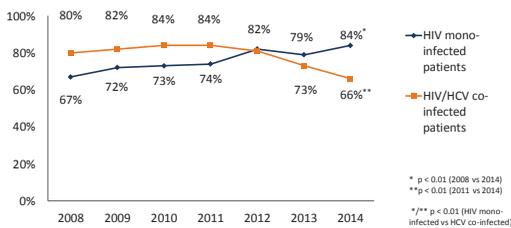
In light of clinical guideline changes on early antiretroviral therapy (ART) initiation, we examine the impact of co-infection status on uptake of treatment.

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.

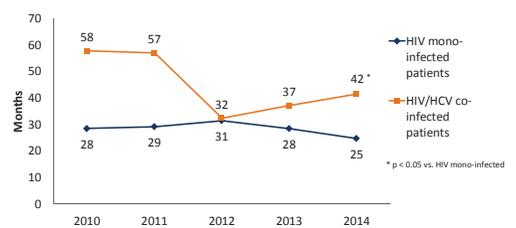
Uptake of ART – HIV/HCV co-infected vs HIV mono-infected patients



Base sizes	2008	2009	2010	2011	2012	2013	2014
HIV mono-infected pts	242	316	682	577	624	756	722
HIV/HCV co-infected pts	20	28	61	38	67	82	116

Base: All HIV+ patients reported per year
Source: Ipsos HIV Monitor Australia

Time (in months) between diagnosis and treatment initiation

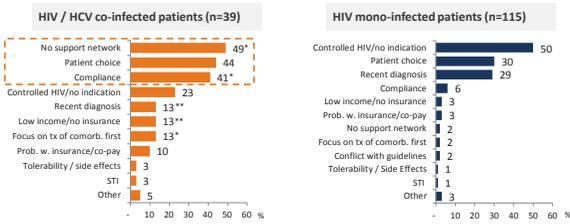


Base sizes	2010	2011	2012	2013	2014
HIV mono-infected pts	404	312	304	428	409
HIV/HCV co-infected pts	33	16	28	39	52

Base: All HIV+ patients with known date of diagnosis & treatment initiation
Source: Ipsos HIV Monitor Australia

Reasons for delay in ART initiation

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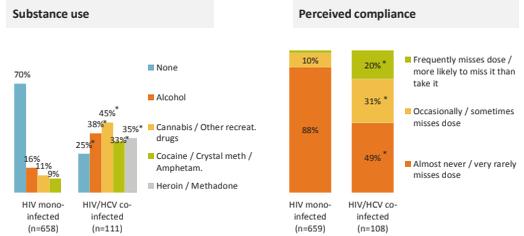
* p < 0.01 vs. HIV mono-infected
 ** p < 0.05 vs. HIV mono-infected

Base: All currently untreated HIV/HCV co-infected patients / HIV mono-infected patients
 Source: Ipsos HIV Monitor Australia 2014



Behavioural factors

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* p < 0.01 vs. HIV mono-infected

Base: All HIV+ patients with known substance use / known perceived compliance
 Source: Ipsos HIV Monitor Australia 2014



Conclusions

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- 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.

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