Models of care for management of HCV among PWID

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Disclosures

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DAA era: specific settings still needed?

Yes!

traditional HCV settings remain not ideal for many PWIDs

- not solved:
  - access / uptake of testing & assessment
  - managment of co-morbidity
- adherence remains an issue

science - real life gap

	EVIDENCE	**COVERAGE**
OST	HCV treatment works	Insufficient
outside of OST	more evidence needed	often inexistent

apects of models of care

Level of care
- primary
- secondary
- tertiary

Target population
- PWUD in general
- PWID only
- OST patients
- Non OST patients

HCP involved
- physicians
- nurses
- social worker

Health care provided
- prevention
- counselling and testing
- assessment
- treatment

Measures & tools
- DOT
- peer support
- psycho-education

Second edition of international recommendations for HCV among PWID

Contents lists available at ScienceDirect

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Review

Recommendations for the management of hepatitis C virus infection among people who inject drugs

Jason Grebely [a,*], Geert Robaeys [b,c,d], Philip Bruggmann [e], Alessio Aghemo [f], Markus Backmund [g,h], Julie Bruneau [i], Jude Byrne [j], Olav Dalgard [k], Jordan J. Feld [l], Margaret Hellard [m,n], Matthew Hickman [o], Achim Kautz [p], Alain Litwin [q], Andrew R. Lloyd [r], Stefan Mauss [s], Maria Prins [t,u], Tracy Swan [v], Martin Schaefer [w,x], Lynn E. Taylor [y], Gregory J. Dore [a] on behalf of the International Network for Hepatitis in Substance Users

Treatment management

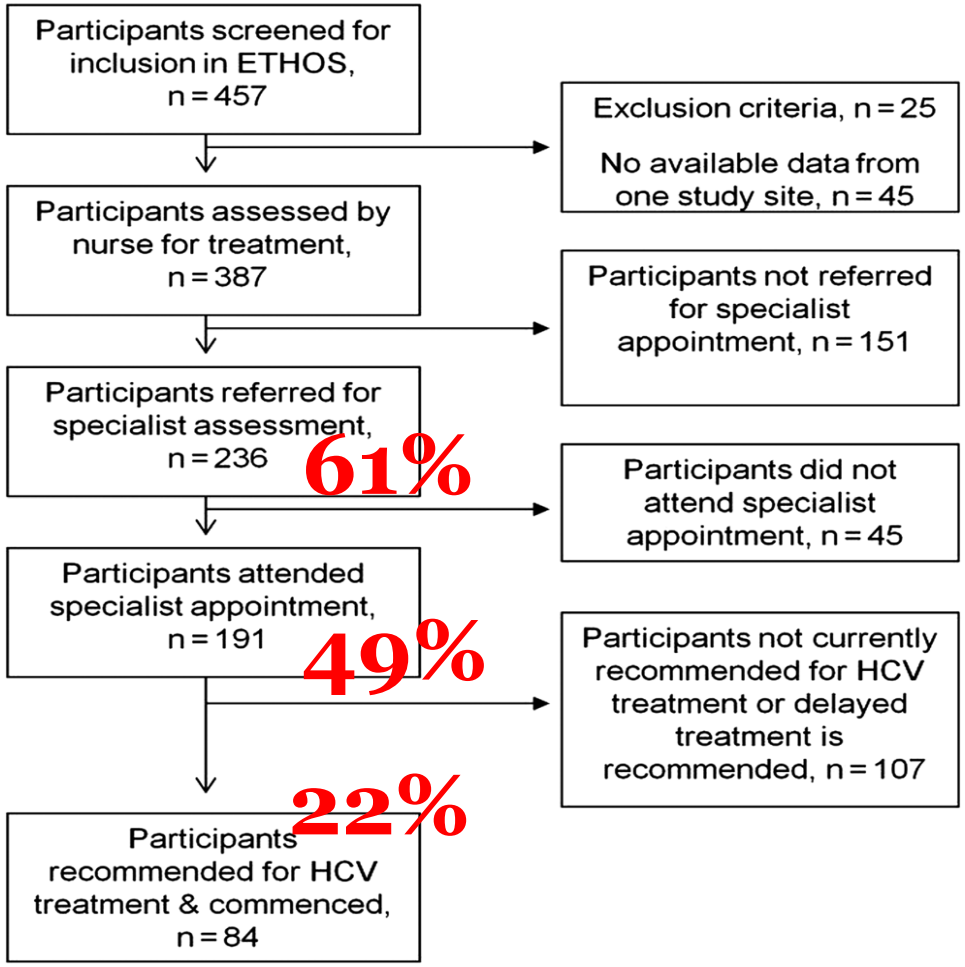
- treatment should be considered on an individualized basis
- Treatment should be delivered within a multidisciplinary team setting
- Access to harm reduction programs, social work and social support services
- Peer-based support should be evaluated

Key basis for effective HCV clinical management

access to multidisciplinary team:

- clinician and nursing
- drug and alcohol services
- psychiatric services
- social work

OST based HCV care

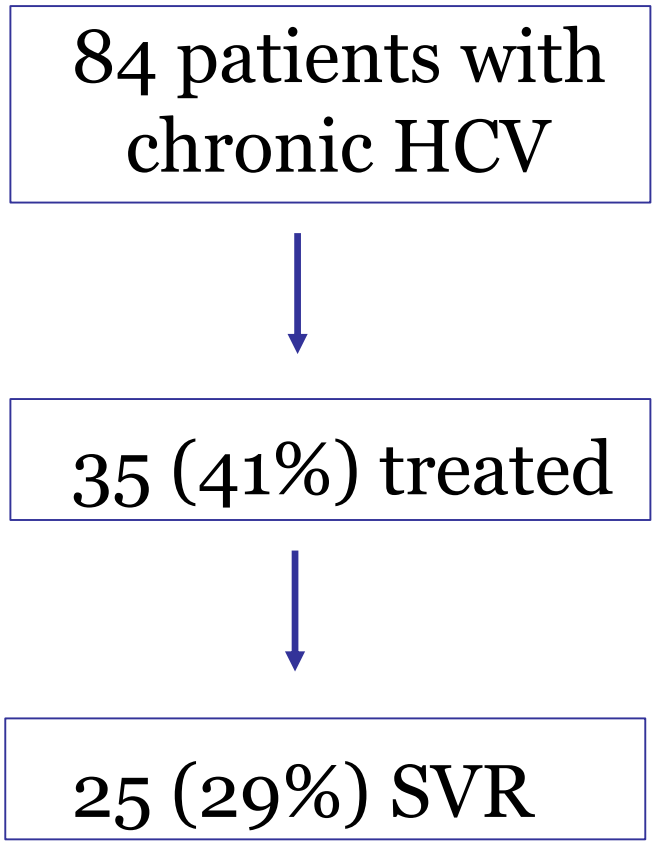


- ETHOS, prospective study
- 9 sites
- Primary assessment by nurses
- On site HCV specialist assessment
- 2 sites with peer support

Alavi et al, CID 2013

GP based HCV care

- single-handed GP office
- integrated chronic care approach incl OST
- Multiple regression analysis: duration of OST as pos. predictor for treatment uptake



Seidenberg et al, BMC Inf Dis 2013

HCV care beyond OST

- non-opioid dependent PWID make up substantial part (35%[1])
- relevant part of heroin dependent patients not in OST (45%[1])
- higher injection rates [1]
- alternatives to OST for care provision needed
- eg NSP programmes, addiction units, GP's

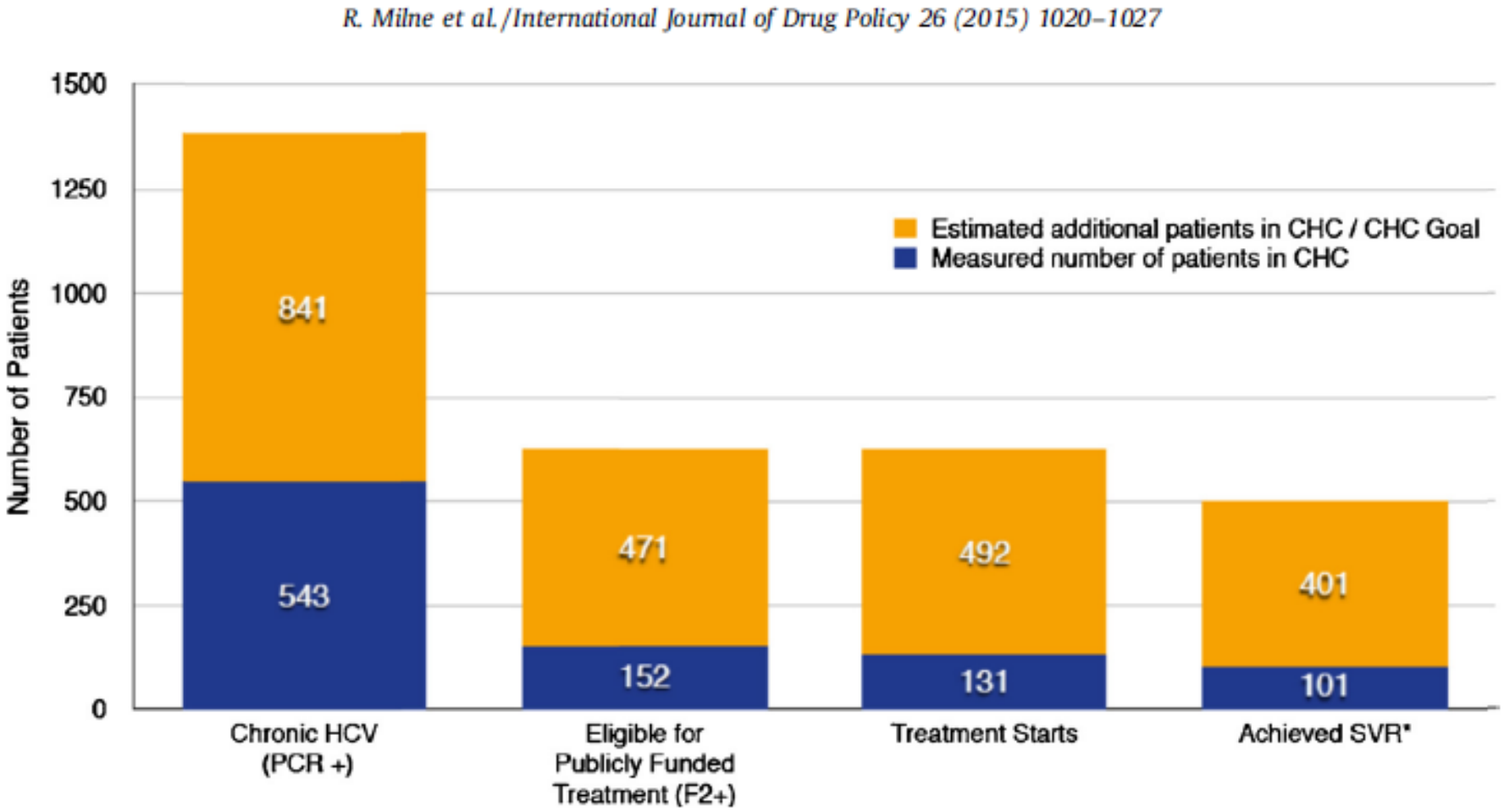
[1] Butler et al, J Subst Abuse Treatment 2015

beyond OST: HCV care in consumption rooms

➥Rapid saliva HCV testing
& Transient elastography

86 patients tested
39% anti HCV pos
21% ≥F2 (7.1-9.4kPa)
13% ≥ F3 Fibrosis (≥9.5kPa)

best practice example



Peer involvement

- Improves HCV knowledge [1; 4]
- positively affects distributive risk behaviour [2]
- has the potential to enhance assessment [3]
- Has the potential to enhance treatment uptake [3]

(1) Sylvestre DL, IJDP2007; (2) Latka MH, Am J Public Health, 2008
(3)Grebely J et al, EJGH 2010; (4) Keats J et al, IJDP 2015

DOT

Directly observed therapy

- increases adherence and can increase outcome in PEGInf/RBV regimens
- potential to support adherence of DAA regimens
- should only be applied to those who need it

Grebely J, J Gastroenterol Hepatol. 2007; Waizman M et al, J Subst Abuse Treat 2010
Bonkovski HL, Am J Gastroenterol 2008, Hilsden R et al, CID 2013;
Bruggmann & Litwin, CID 2013; Meyer et al IJDP 2015

conclusion

- Provision of model depends on political, economical and other factors
- Models of care must be adapted to the circumstances and needs of the target population
- Tools/measures within each model should be individually applied
- Low threshold access is essential for the socially and mentally more instable PWIDs

Thank you for your attention

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