WILL THE MOMENT OF HEPATITIS C DIAGNOSIS UNDERMINE THE PROMISE OF NEW TREATMENTS? AN ANALYSIS OF CANADIAN WOMEN’S EXPERIENCES

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Background: Hepatitis C virus (HCV) affects ~250,000 Canadians; the majority of new cases are among people who inject drugs. Despite recent reductions in new HCV cases, prevalence is increasing in young women. HCV diagnosis has been described as being trivialized by healthcare providers, despite evidence showing that good care at diagnosis enhancing access to HCV treatment and care. This presentation will focus on a group of Canadian women’s experience of HCV diagnosis to identify recommendations to improve care at diagnosis, that will in turn, enhance women’s access to treatment and care.

Methods: This qualitative study using narrative methodology, conducted across three Canadian provinces, explored women’s experience of HCV diagnosis. Through purposive sampling, 25 women were recruited and interviewed, the majority were drug dependent. Methods informed by grounded theory guided the analysis.

Results: The thematic analysis revealed the diagnosis experience was significant for the women, their journey into care and access to treatment. Diagnosis experiences were characterized by the context of diagnosis/what promoted testing/who did the testing and the information/health education received at diagnosis. Significant variation was noted within participants’ experiences which were influenced by the role of drug use, type of services delivered and the context of women’s lives. The women’s experience of diagnosis ranged from feeling fully supported to no support (diagnosis provided by letter). The context often influenced how prepared women were for their results, and the absence of accurate information post-diagnosis magnified the psychological distress that can follow a HCV diagnosis.

Conclusion: Women’s experiences of diagnosis had significant implications for their access to HCV care and overall health. An improved understanding of women’s HCV diagnosis experience can facilitate practice and policy improvements and inform future research. These findings highlight the need for interventions/supports to improve HCV diagnosis and women’s access to new highly effective treatments.

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