Trends in End-stage liver disease among people receiving opioid substitution therapy with an HCV notification in New South Wales, Australia between 1993 and 2012

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Background

- The prevalence of HCV infection is high among PWID
- In many countries, populations of PWID infected with HCV in the 1970s and 1980s are ageing
- As such, there has been an increase in HCV-related liver disease among PWID in many settings globally

Aims

- The main aim of this study was to characterize trends of end-stage liver disease (decompensated cirrhosis and hepatocellular carcinoma) among people receiving opioid substitution therapy and notified with HCV in NSW, Australia
Methods

- All persons notified with HCV NSW (1993-2012), Australia were linked to data on hospitalizations (2000-2014) and the non-methadone system of the Pharmaceutical Drugs of Addiction (PHDAS) (1985-2014).

- **Decompensated cirrhosis events included:**
  1. Ascites
  2. Bleeding esophageal varices
  3. Chronic hepatic failure
  4. Hepatorenal syndrome
  5. Alcoholic hepatic failure

- Decompensated cirrhosis and hepatocellular carcinoma were coded according to the International Classification of Diseases (ICD 10)
Results

- 94,917 with HCV (29,350, 31% had ever received OST)
- 3,974 hospitalizations for DC (OST=1,116; never OST=2,858)
- 1,311 hospitalizations for HCC (OST=1,159; never OST=152)
In NSW between 2001-2012, the burden of HCV-related hospitalizations for end stage liver disease has increased markedly (For both ever and never OST groups)

HCV treatment uptake has remained low over the study period

Further analyses will be required to evaluate OST-specific risk of end stage liver disease, including age-adjusted survival rates