

OPTIMAL ADHERENCE DURING HCV TREATMENT AMONGST ACTIVE DRUG USERS AT A COMMUNITY BASED PROGRAM IN TORONTO, CANADA

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Background: Direct acting antiviral (DAA) treatment regimens for Hepatitis C (HCV) are now widely available. Adherence to DAAs is a major predictor of sustained virologic response (SVR), yet few real world trials exist evaluating adherence among people who use drugs. We evaluated adherence among clients receiving DAA treatment from a multidisciplinary, community-based program

Methods: This study included chronic HCV patients initiating treatment with DAAs without interferon. A self-report medication adherence questionnaire was completed weekly. Pre/post treatment questionnaires examined socio-demographics, co-morbid conditions and substance use. Optimal adherence was defined as having no days when medication was missed for the intended duration of treatment. Weekly optimal adherence rates were evaluated.

Results: 59 participants were enrolled. 73% were male with average age of 53 years. 86% had a history of injection drug use (IDU) with 10% reporting IDU in the past 30 days. 29% reported non-injection illicit drug use (not including marijuana) in the past 30 days and 17% heavy alcohol use in the same period. Treatment regimes included: 22% SOF/LED for 8 weeks, 49% SOF/LED for 12 weeks, 2% SOF/LED for 24 weeks; 8% SOF/RBV for 12 weeks and 19% SOF/RBV for 24 weeks. Of the 59 who initiated treatment, 46 completed, 2 discontinued and 11 remain on therapy. Based on intention to treat (ITT), optimal adherence at week 4 & 8 was 50/59 (85%) and 45/59(76%). EOT was 82%(9/11), 76%(22/29), 50%(4/8)% for 8, 12 & 24 treatment durations respectively. EOT responses were available for 39 with an ITT of 95%. SVR rates were available in 17 with an ITT rate of 82%.

Conclusion: This study provides insight into the adherence patterns of marginalized people living with HCV and demonstrates that despite high rates of substance use, a community-based model of HCV treatment can support positive HCV treatment outcomes.

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