

PILOT STUDY: COMBINING FORMAL AND PEER EDUCATION WITH FIBROSCAN TO INCREASE HCV SCREENING AND TREATMENT IN PERSONS WHO INJECT DRUGS

Arain A^{1,2}, De Sousa J², Corten K², Thijs H³, Mathei C^{4,5}, Buntinx F⁶, Robaey G^{1,2,7}

¹Ziekenhuis Oost-Limburg, Department of Gastroenterology and Hepatology, Belgium ²Hasselt University, Faculty of Medicine and Life Sciences, Belgium ³Hasselt University, I-BioStat, Belgium ⁴KU Leuven, Department of Public Health and Primary Care, Belgium ⁵Free Clinic, Antwerp, Belgium ⁶KU Leuven, Department of General Practice, Belgium ⁷KU Leuven University Hospitals, Department of Hepatology, Belgium

Background: Screening and treatment uptake for hepatitis C virus (HCV) infection remains low in persons who inject drugs (PWIDs) as a result of lack of knowledge and low perceived need for treatment. Therefore we combined formal and peer education with Fibroscan measurement to increase knowledge and subsequently the uptake for HCV screening and treatment in PWIDs.

Methods: PWIDs were recruited from clients of the Center for Alcohol and other Drug problems (CAD) in Limburg (Belgium). They were randomized into a control group and an intervention group which received formal and peer education followed by FibroScan. Knowledge on HCV infection and willingness for screening and treatment were evaluated at baseline, immediately after intervention and 1 and 3 months after intervention by means of questionnaires.

Results: Baseline knowledge was similar for the control (N=27) and intervention group (N=25) (58% vs. 59%; $p=0.67$) but increased to 86% ($p<0.001$) in the intervention group immediately after the information session. After 3 months knowledge decreased significantly (69%; $p=0.01$). No significant changes in knowledge were found in the control group. Baseline willingness for treatment was 80% in both control and intervention group and decreased after one month in the control group (44%) and remained stable in the intervention group (75%). Differences in actual screening uptake between the control and intervention group were not significant (10% vs. 24%). Four percent from the intervention group and nobody from the control group started treatment.

Conclusion: In this pilot study, a single information session significantly improved HCV knowledge in PWIDs, but did not accomplish a higher uptake for screening and treatment. This may suggest that there are other important reasons, besides lack of knowledge, not to undergo screening or start treatment. The fact that knowledge decreased after 3 months indicates that it would be beneficial to repeat the information session regularly.

Disclosure of Interest Statement: The authors declare that there are no potential conflicts of interest. This study is part of the 'Limburg Clinical Research Program (LCRP) UHasselt-ZOL-Jessa', supported by the foundation Limburg Sterk Merk, province of Limburg, Flemish government, Hasselt University, Ziekenhuis Oost-Limburg and Jessa Hospital.