



# HCV - THE BURDEN OF DISEASE VERSUS THE POSSIBILITY OF THE CURE

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## Background

There are approximately 71 million individuals worldwide chronically infected with Hepatitis C virus (HCV) (Razavi et al., 2017).

In Europe, people who inject drugs have the highest risk of acquiring HCV (Alter, 2011; Hajarizadeh et al., 2013; Stephenson, 2001; Wiessing et al., 2008).

Portugal, late 70's early 80's - a small group of pioneers, in the field of drug abuse and addiction, holds a conviction that impelled them into action. As a result, policies followed practices and nowadays a nationwide public multidisciplinary organisation is dedicated to treating addiction in parity with any other chronic physical or mental disease.

Against all odds, an historical document, "Estratégia Nacional de Luta Contra a Droga", that would be the core to the global approach - prevention, treatment, social rehabilitation, harm reduction - and also the support for the **2001 Decriminalisation Act**, emerged.

Addiction research and treatment modalities have evolved much over the past few years, as has the treatment of comorbid infectious diseases, namely **HIV and HCV, a public health concern**.

The care and cure trail of this **Portuguese model** provided the link between general practitioners and hospital specialists so that the best clinical approach and the best available care can be provided to the patients we mutually serve. This is an ethical imperative.

The objective of this study is to characterise HCV infected patients from a Portuguese alcohol and drug treatment unit (ET). The duration of the disease, the time until referral for HCV treatment, as well as the motives for non-referral were investigated.

## Methods

At the ET patients are tested annually for HCV.

All patients treated in the ET since 2015 that had a reactive HCV antibody test were included in this study.

Linkage to care was facilitated through a fast-track protocol with a Gastroenterology Service.

Clinical records were analysed to gather data regarding age, sex, comorbidities, HCV diagnosis and referral for HCV treatment.

Results were obtained from a statistical analysis of the data.

## Results

1946 patients were tested for HCV.

From the 380 patients studied 91,2% were male. Age ranged from 27 to 65, with a mean of 45,6 years.

The main comorbidity was mental and behavioural disorders due to opiate use.

A mean of 12,2 years passed since HCV diagnosis. Up to 20,9 years passed from diagnosis to referral for HCV treatment. 58,7% were referred. Most non-referrals were due to patients missing appointments or abandoning treatment, but 10,6% had no motive for non-referral.

## Conclusion

HCV-infected patients from an ET in Portugal are mainly middle-aged male opiate users.

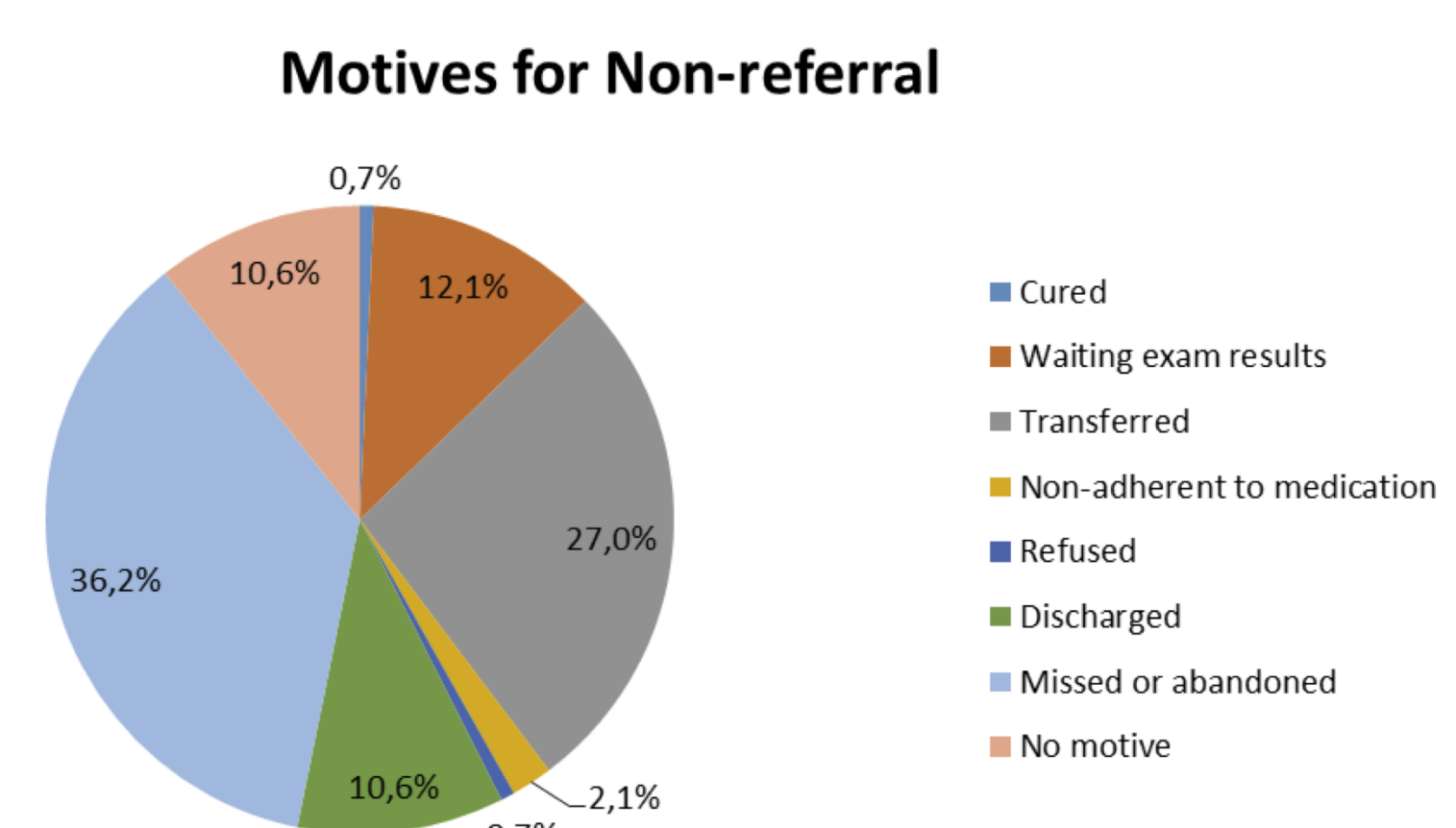
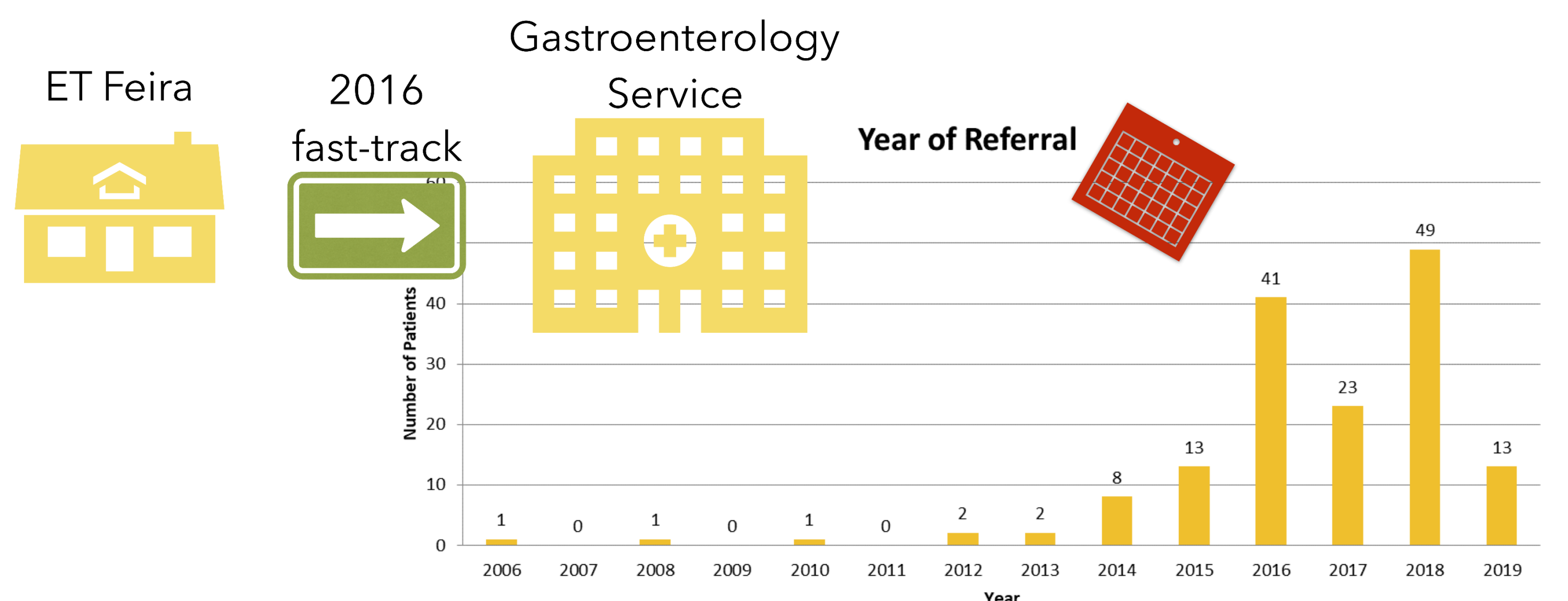
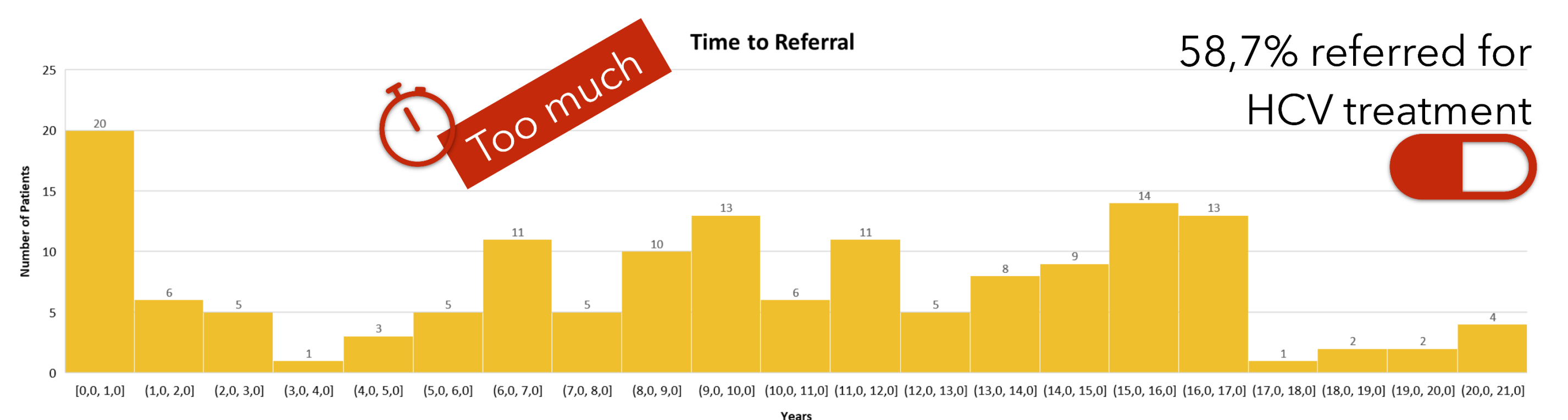
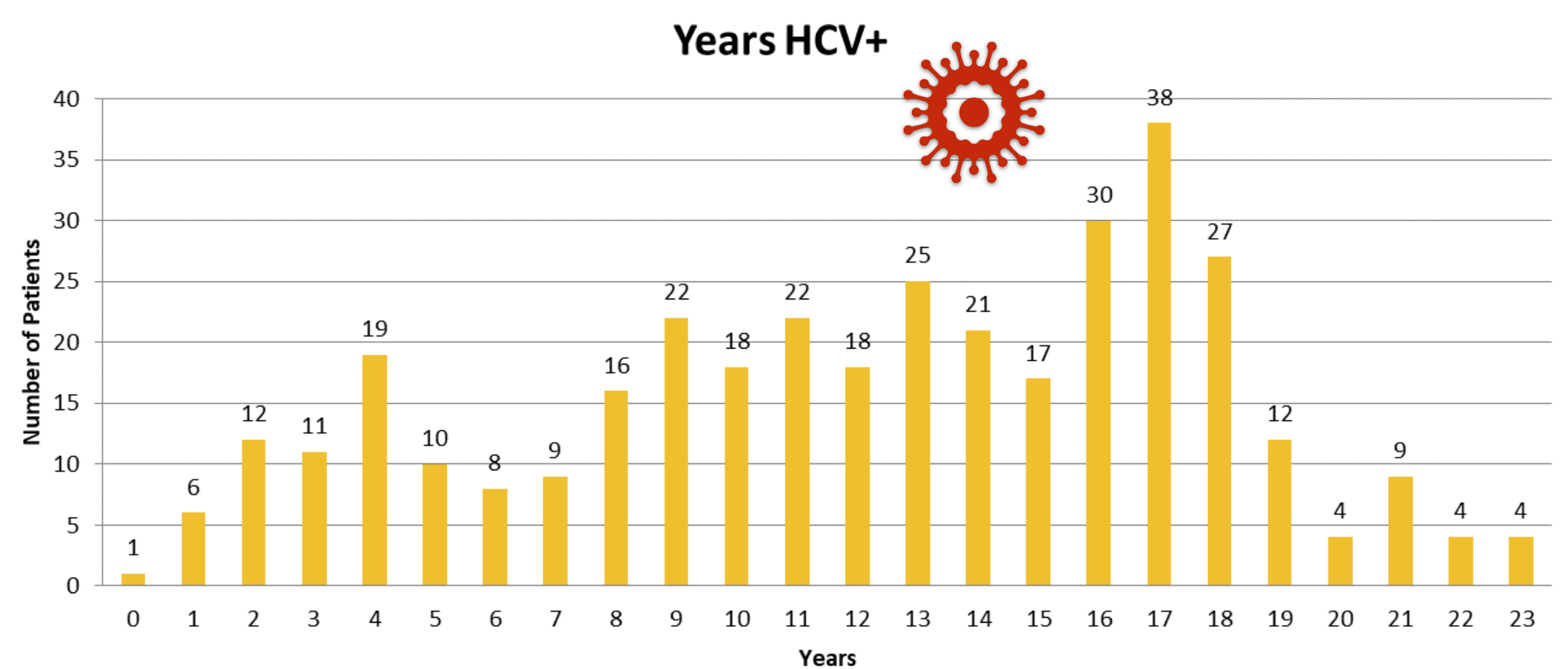
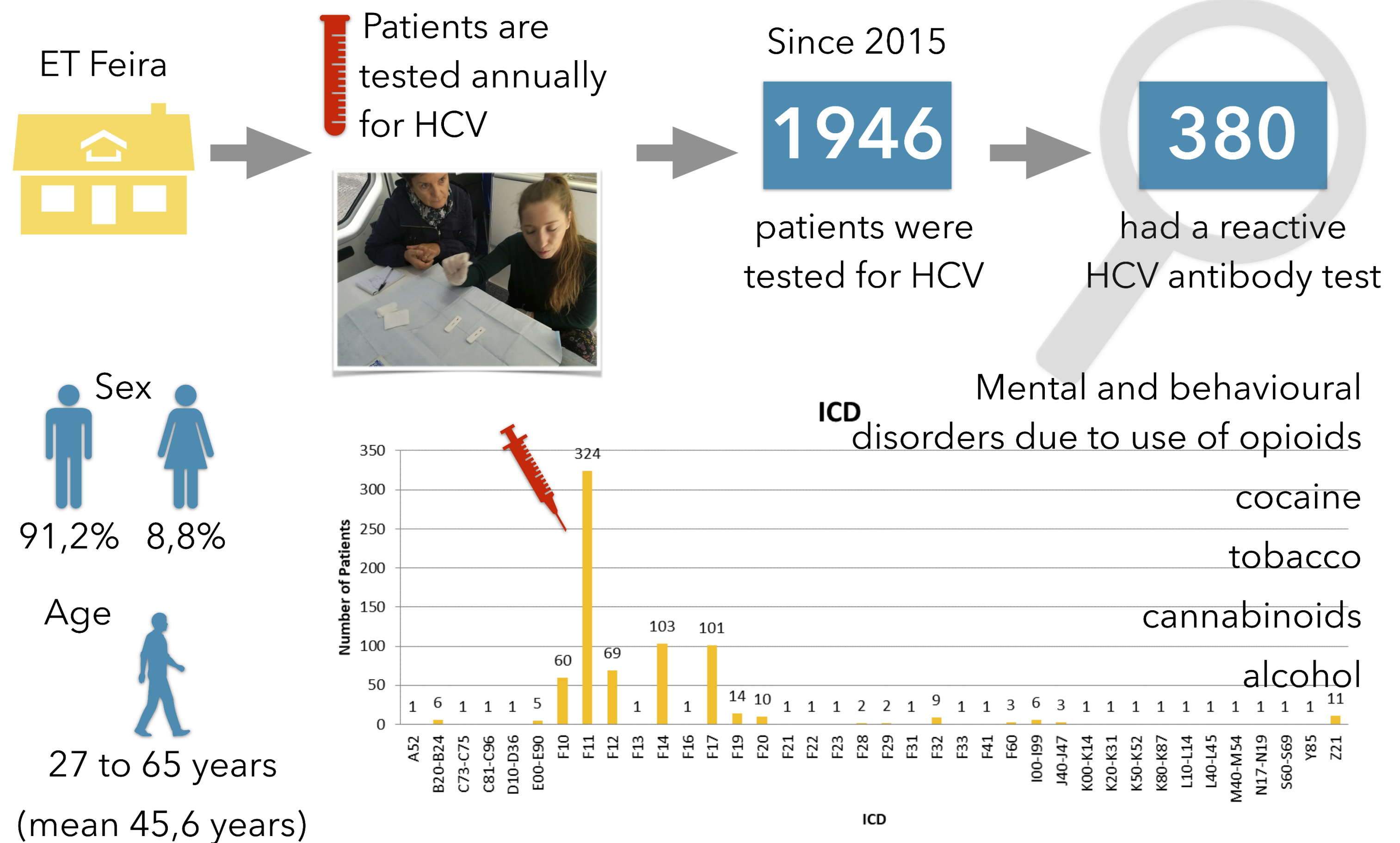
There is often a delay of several years from diagnosis to referral for HCV treatment, mostly due to patients missing appointments or abandoning treatment.

Actions must be taken to minimize that delay.

Further investigation is needed to understand what happens after referral and what is necessary to increase the cure of HCV infection.

This is the result, until now, of **breaking barriers** to care on the treatment-setting level we described.

There's still a lot of ground to cover, however the results are encouraging, since **prevention through treatment is now a reality**.



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