ACTHIV15

CLOSING THE GAP: REFOCUSING OUR CARE TO CONNECT HIV/HCV COINFECTED PATIENTS WITH HCV ANTIVIRAL THERAPY

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Background

- One-quarter of HIV-positive patients are co-infected with hepatitis C (HCV).[1]
- Studies show HIV accelerates the progression of HCV. These patients experience poorer health outcomes compared to mono-infected patients.[1,2]
- Co-infection increases AIDS-related, liver-related, and non-AIDS-related death rates.[3]
- Interferon (IFN)-based therapy may be deferred by many patients due to adverse drug reactions and ineligibility.
- Contemporary (interferon sparing) regimens have provided greater inclusion criteria, tolerance, and therapeutic response.

Project Aims

The objectives of this study were to:

-1. Determine the total number of HIV/HCV co-infected patients in a select outpatient population
-2. Assess the number of HIV-infected individuals who did not receive therapy for HCV and the reasoning behind such

Methods

A retrospective medical chart review on outpatient HIV patients was conducted from 2004-2014 using ICD-9 codes for HIV (042, V08) and HCV (070.4-070.9) at the Stratton VAMC. Data collected included population sociodemographics, HIV biomarkers, HCV therapy outcomes if previously treated, comorbidities, and cause of death.

Results

Study Demographics	
Gender	
Male	95%
Female	5%
Average Age	59.4 years
Ethnicity	
African American	54.2%
Caucasian	37.3%
Hispanic	8.5%
HCV Genotypes	
1A	35.6%
3A	11.8%
1B	6.7%
4A/C/D	5%
2B	1.7%
Undocumented	37%
Ave. Years HIV+	17.9 years
Patients on ART	96%
Average Abs. CD4 T cell	484 cells/µl
Viral loads <400 copies/ml	78%

Table 1: Study population demographics

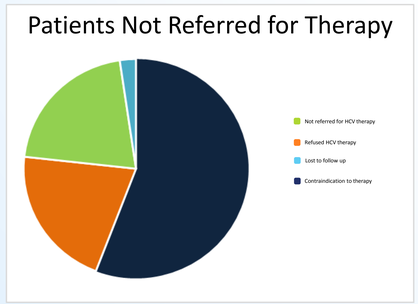

Figure 2: Nine (21%) patients refused HCV therapy due to desires to initiate newer therapies that were soon to become available. Nine (21%) patients had no specific documentation describing why they had not been referred for treatment. Only one patient was lost to follow-up. The majority (55.8%) had contraindications (figure 3).

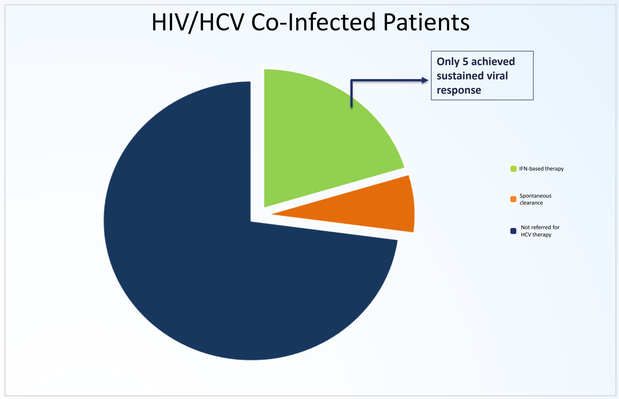

Figure 1: Fifty-nine patients were identified as co-infected with HIV and HCV. Twelve patients (20%) were treated with INF-based therapy, only 5 achieved sustained viral response. Four (6.7%) had spontaneous clearance of their HCV infection. The remaining 43 (72. 8%) patients patients were not referred for therapy.

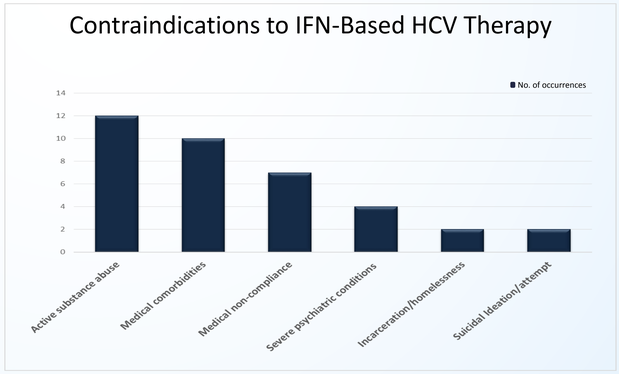

Figure 3: Twenty-four (56%) of the patients not referred for therapy had either absolute contraindications (e.g. end-stage liver [3], malignancy [4], or severe psychiatric illnesses [8]) or relative contraindications (e.g. active drug or alcohol use [12], incarceration [2], lack of housing [2], and medical non-compliance [7]) to receiving IFN-based antiviral therapy. Several patients had more than one contraindication to HCV therapy.

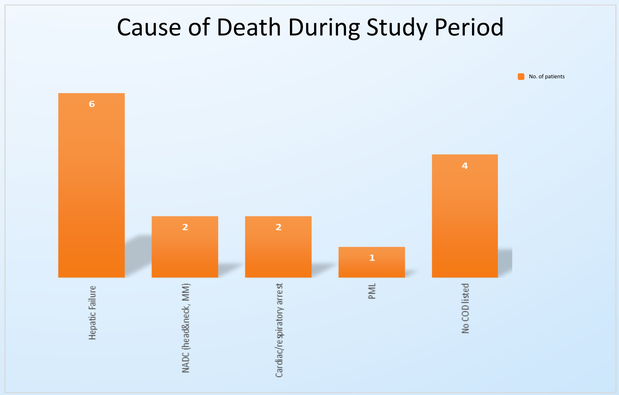

Figure 4: Out of the 15 patients who died during the study period, six (40%) patients were found to have death-related causes directly attributable to liver failure.

Conclusions

- The majority of patients in our population were not referred for HCV therapy based on reported contraindications to IFN-based regimens. Even in those who did receive an IFN-based regimen, success rates were suboptimal.
- The most common reasons for non referral in this select co-infected HIV/HCV population were substance abuse, mental illness and medical noncompliance. Overall health outcomes may have improved if there was a greater effort focusing on potential barriers to care such as early mental health intervention or early substance abuse intervention.
- Mortality associated with underlying liver disease could have perhaps been avoided with earlier treatment initiation.
- We expect that, coupled with improved response rates and reduced treatment duration with newer antiviral agents, the advent of these drugs will help facilitate a broader, more diverse patient population in gaining access to treatment.

References

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