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

Amy Spallone, MD¹, Adam Austin, MD², and Sheran Mahatme, DO, MPH²,³

¹Department of Internal Medicine, Stony Brook University Hospital, Stony Brook, NY
²Department of Internal Medicine, Albany Medical College, Albany, NY
³Section of Infectious Diseases, Stratton VA Medical Center, Albany, NY

Background

One-quarter of HIV-positive patients are co-infected with hepatitis C (HCV).

Studies show HIV accelerates the progression of HCV. These patients experience poorer health outcomes compared to mono-infected patients.

Co-infection increases AIDS-related, liver-related, and non-AIDS-related death rates.

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 VA Medical Center. Data collected included population sociodemographics, HIV biomarkers, HCV therapy outcomes if previously treated, comorbidities, and cause of death.

Results

HIV/HCV Co-Infected Patients

Contraindications to IFN-Based HCV Therapy

Cause of Death During Study Period

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


