Counseling, Drug Treatment Can Increase Hep C Treatment Eligibility

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A combination of counseling and case management can help people living with hepatitis C virus (HCV) and psychiatric or substance use disorders to qualify for therapy to combat the infection, according to research reported in the July 2011 issue of The American Journal of Gastroenterology.

Psychiatric illness and substance abuse are common among people living with HCV. HCV treatment—including clinical trial enrollment—is often withheld from people facing these challenges, because of concerns about worsening mental health, increasing drug or alcohol use and reducing adherence. But many people who have been considered ineligible for HCV treatment can become good candidates.

Donna Evon, PhD, from the University of North Carolina School of Medicine at Chapel Hill and her colleagues compared two approaches to increase HCV treatment eligibility in a clinical trial. The 101 study participants were originally considered ineligible for HCV treatment due to mental illness (35 percent), substance use disorders (alcohol 31 percent; drugs, 9 percent) or more than one of these conditions (26 percent).

At the beginning of the study, each participant was evaluated by a clinician who assessed HCV treatment eligibility. People who were ineligible received a thorough explanation of the reason for treatment deferral and then were given verbal and written recommendations to increase eligibility. At three, six and nine months, all study participants were re-evaluated.

About half the participants were assigned to an intervention group. They were contacted on a monthly basis, by phone or in person, and received individualized counseling, along with referrals to mental health and substance abuse treatment programs.

After nine months, participants in the intervention group were more than twice as likely to become eligible for HCV treatment than those assigned to standard medical re-evaluation (42 percent versus 18 percent). Overall, 30 participants became eligible for HCV treatment (21 from the intervention group, and nine from the standard re-evaluation group).

A total of 19 people (12 from the intervention group; seven from the standard re-evaluation group) went on to begin HCV treatment in the study. The other eligible participants delayed treatment for

various reasons, such as personal decisions, job-related or medical issues or because they were waiting for HCV protease inhibitors to become available; two were lost to follow-up, and two resumed drug or alcohol use.

Treatment for hepatitis C has become more effective; more than 70 percent of people with genotypes 1, 2 and 3 can be cured—if they are considered eligible for treatment. The authors noted that people rarely become eligible for HCV treatment after an initial deferral for mental illness or substance use disorders, although these conditions are usually manageable. This study is the first clinical trial demonstrating that a multidisciplinary intervention can greatly increase hepatitis C treatment eligibility.

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