



The impact of alcohol dependence on HCV treatment initiation in HIV / HCV co-infected patients

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Disclosures

- No disclosures



Study

- Randomized controlled trial of HIV / HCV individuals
 - N = 83 consented, N = 53 randomized / not excluded
- Active intervention: RN-administered, using the Psychosocial Readiness Evaluation and Preparation for Hepatitis C Treatment (PREP-C) and MI and CBT techniques
 - 4 one-hour sessions over the course of 1 month
- Attention control condition: RN-administered HIV education
- Primary outcome: HCV treatment initiation on DAA \leq 6 months from randomization

Criteria



- INCLUSION

- HIV / HCV co-infected
- ≥ 21 YO
- English or Spanish as primary language
- Two most recent HIV viral loads both < 1000 copies/mL
- ≤ 6 months since last attended HIV PCP appointment
- **> 12 months since last attended HCV provider appointment**

- EXCLUSION

- Active malignancy
- CKD on dialysis
- Decompensated cirrhosis

Baseline characteristics

Variable	PREP-C condition (n=28)	Control condition (n=25)	p-value
Age, years, mean \pm SD	53.4 \pm 8.6	54.6 \pm 10.1	.64
Male, n (%)	21 (75.0)	17 (68.0)	.57
Race/ethnicity, n (%)			.91
White	3 (60.0)	2 (40.0)	
Black	11 (50.0)	11 (50.0)	
Hispanic	14 (53.8)	12 (46.2)	
Other	0 (0.0)	0 (0.0)	
Monthly income, USD, mean \pm SD	1032 \pm 582	1038 \pm 445	.76
Education, years, mean \pm SD	11.8 \pm 2.3	11.6 \pm 2.6	.87
Medicaid as primary insurance, n (%)	22 (78.6)	19 (76.0)	.82
English as primary language, n (%)	20 (71.4)	19 (76.0)	.71
AIDS diagnosis, n (%)	16 (57.1)	19 (76.0)	.15

Baseline characteristics

Variable	PREP-C condition (n=28)	Control condition (n=25)	p-value
Global cognition T-score, mean \pm SD (trails A/B + SDMT + WCST)	40.8 \pm 8.0 (n=25)	44.5 \pm 5.9 (n=20)	.087
FIB-4 score, n (%)			.84
< 1.45	10 (35.7)	7 (28.0)	
1.45 - 3.25	13 (46.4)	13 (52.0)	
> 3.25	5 (17.9)	5 (20.0)	
HCV treatment naïve, n (%)	18 (64.3)	21 (84.0)	.10
IVDU history, n (%)	18 (64.3)	12 (48.0)	.23
SCID lifetime dependence, n (%)			
Alcohol	13 (46.4)	12 (48.0)	.56
Marijuana	5 (17.9)	4 (16.0)	1.00
Stimulants	5 (17.9)	4 (16.0)	1.00
Opioids	16 (57.1)	9 (36.0)	.12
Cocaine	20 (71.4)	17 (68.0)	1.00
Psychiatric diagnosis, n (%)	19 (67.9)	20 (80.0)	.32

Findings

- Significant negative association between treatment initiation and lifetime history of alcohol dependence
 - $X^2 (1) = 4.83, p = .028$
- No association between treatment initiation and non-alcohol substance dependence
 - Stimulants: $X^2 (1) = 1.15, p = .46$
 - Opioids: $X^2 (1) = 0.26, p = .61$
 - Cocaine: $X^2 (1) = 1.03, p = .31$
- Binomial regression model comprising demographics, treatment group, and alcohol dependence status was significant ($p < .001$)
 - Patients with alcohol dependence were 0.13 times as likely to initiate treatment as those without, even when controlling for intervention
 - OR 0.13, 95% CI [0.03, 0.71]; $p = .018$

Conclusions



- Lifetime diagnosis of Alcohol Dependence remains a significant barrier to HIV patients initiating HCV treatment
- Lifetime diagnosis of other substance dependencies were not barriers
- Research should further examine the uniqueness of alcohol persisting as a barrier in terms of provider perceptions, insurance restrictions, and patient-level factors for persons with HIV / HCV coinfection

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