

THE COVERT C: PREVALENCE, RISK FACTORS AND MANAGEMENT OF HEPATITIS C INFECTION AMONG PSYCHIATRIC IN-PATIENTS

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Background:

Psychiatry patients have traditionally been neglected for hepatitis C (HCV) infection screening and treatment despite being identified as high risk. Directly acting antiviral (DAA) agents are well tolerated in these patients. To address the paucity of information about prevalence of HCV in these patients, this study was undertaken.

Aims:

To assess in psychiatric inpatients: (1) HCV seroprevalence (2) prevalence of risk factors for HCV and (3) experience of treatment initiation.

Method:

Patients admitted from December 2016 to end of December 2017 to four inpatient psychiatric units were eligible to participate. After consent, HCV serology and information about HCV risk factors was obtained. Descriptive statistics for proportions were used to estimate HCV prevalence with 95% CI. Predictors of HCV prevalence were assessed using binomial logistic regression.

Results:

262 patients (70% male), median age 44 years (IQR 24) participated in the study. Indications for admission were: major depression (26%), schizophrenia (20%), anxiety disorder (11%), bipolar affective disorder (10%), post-traumatic stress disorder (10%), psychoactive substance misuse (8%), other (15%). Period prevalence of HCV antibody was 11% (28/262), (95% CI 7-15). Independent predictive factors for HCV seropositive status were intravenous drug use (OR 16.74, 95% CI 4-64, $p < 0.001$) and exposure to custodial stay (OR 4.8, 95% CI 1.5-15, $p = 0.004$). Of the 16 patients with detectable HCV RNA, eight were initiated on DAAs. Two achieved sustained virological response (SVR), four await SVR, two achieved end of treatment response but were lost to follow-up. The remaining eight patients have proven difficult to engage.

Conclusion:

In this cohort of psychiatry inpatients, there is a high seroprevalence of HCV. Routine screening for HCV could be considered. Engaging with this patient population is a challenge. Non-traditional models of care (community mental health teams, hepatitis nurses and primary care physicians) require further investigation to improve treatment uptake.

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