

Health related quality of life of patients in opioid substitution therapy at the beginning of hepatitis C treatment – Data from the German hepatitis C-Registry (DHC-R)

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Introduction

- HCV-treated patients in opioid substitution treatment (OST) have shown persistently decreased health-related quality of life (HRQL).
- We characterized HRQL of OST and other patient groups after admission to HCV treatment.
- We also examined whether disease-related and psychosocial factors help explaining HRQL differences between patient groups.

Patients and methods

- Short-Form 36 (SF-36) data from n=554 OST, n=734 patients with past drug use and n=4,147 patients with no history of illicit drug use were analyzed as of 30 Jun, 2019
- Data were compared with those from the German general population, collected by the National Health Interview and Examination Survey.
- Low HRQL was defined as a score below the 25th percentile of the general population, stratified by age and gender.
- Patient groups were compared using linear regression with medical, psychiatric and sociodemographic variables as covariates.

Results

Sample characteristics

	OST Patients (n=554)	Former Drug Users* (n=734)	No History of Illicit Drug Use (n=4147)
Age (Mean, SD)	44.6 (9.0)	46.4 (10.0)	53.3 (13.0)
Male	79.8%	74.4%	56.2%
Foreign born	28.2%	26.3%	35.8%
First language not German	27.3%	25.5%	34.5%
Currently employed	27.3%	42.4%	45.6%

*not on OST

Results

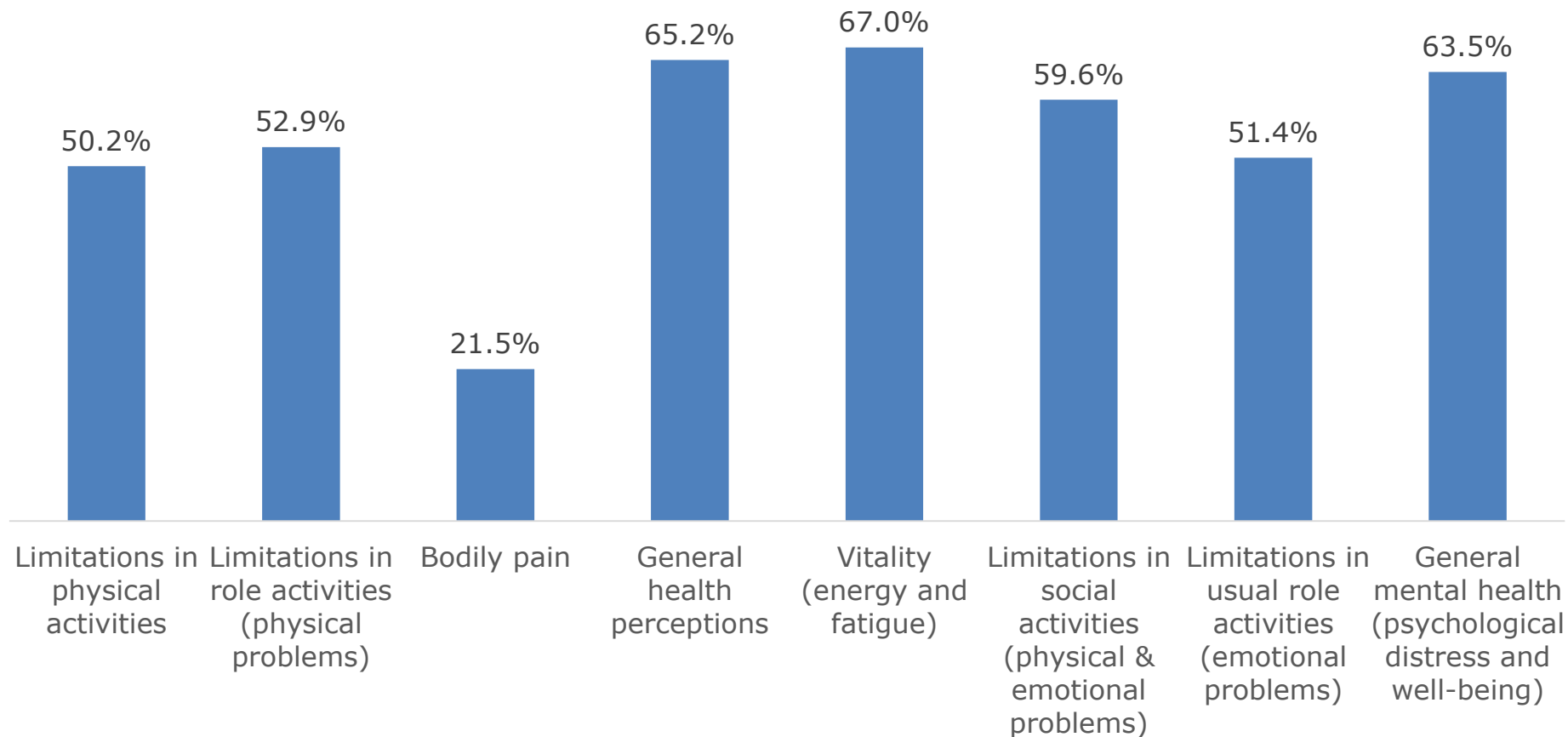
HC-related sample characteristics

	OST Patients	Former Drug Users	No History of Illicit Drug Use
Previous HC therapies	17.7%	24.8%	31.8%
Cirrhosis	16.6%	20.3%	21.6%
Decompensated Cirrhosis (Child-Pugh Score \geq B)	1.4%	2.0 %	2.0%
APRI-Score			
≤ 0.5	42.2%	48.9%	41.1%
$> 0.5 - \leq 1.5$	39.5%	36.1%	41.5%
> 1.5	18.3%	15.0%	17.4%

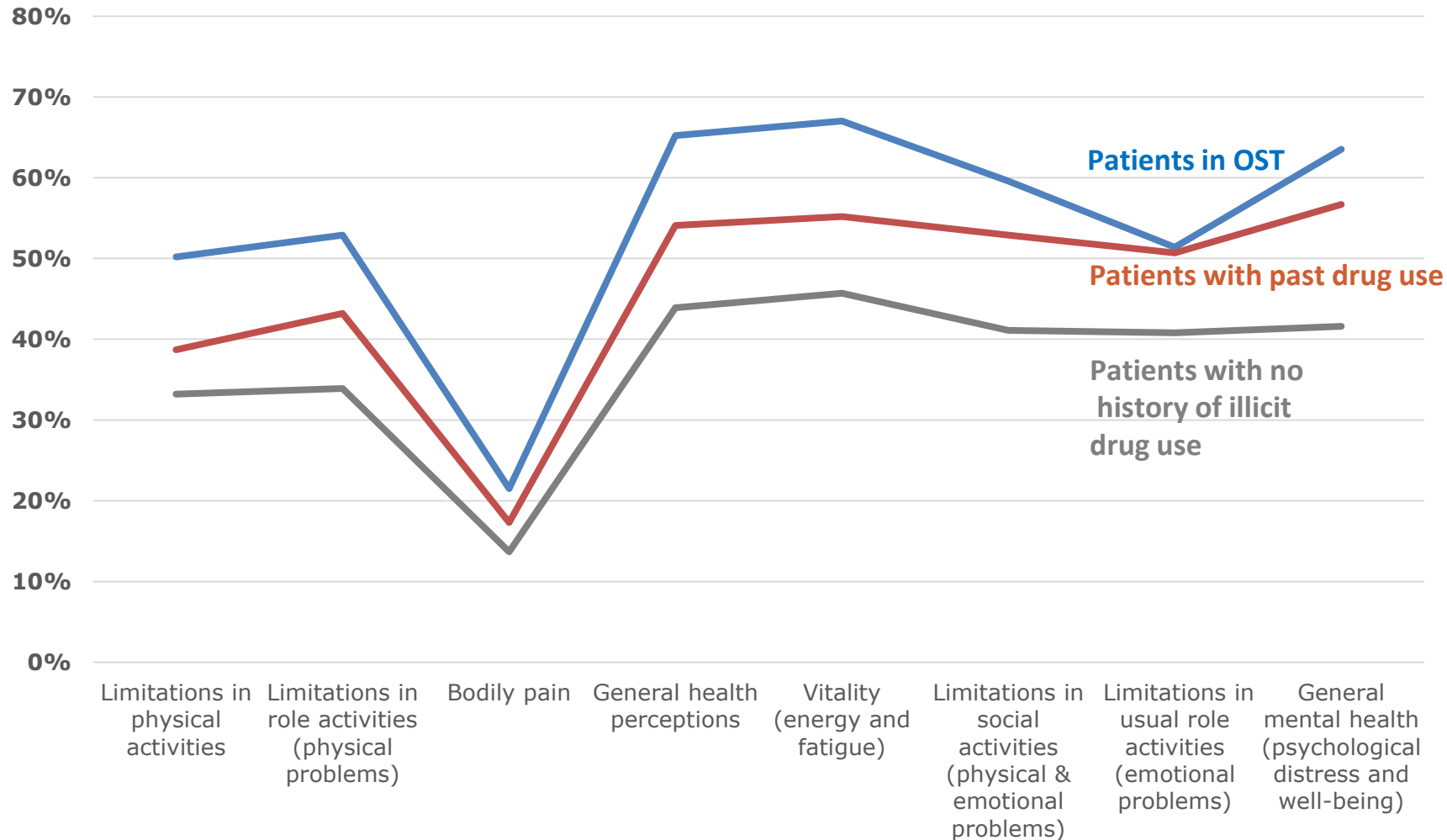
Comorbidities

	OST Patients	Former Drug Users	No History of Illicit Drug Use
Number of somatic diseases			
Min-max / Median	0-5 / 1	0-7 / 1	0-9 / 2
Mean (SD)	0.8 (1.0)	1.1 (1.3)	1.4 (1.4)
Comorbidities(>5% in any group)			
Psychiatric comorbidity	25.1%	23.0%	14.1%
Neurological diseases	4.3%	5.0%	3.0%
Heart and circulatory diseases	10.4%	19.1%	28.2%
Tumor	1.3%	3.1%	5.3%
Diabetes Mellitus	2.2%	6.0%	10.2%
Pulmonary diseases	6.7%	7.9%	5.0%
HIV Infection; anti-HIV-IgM	6.2%	9.8%	8.2%
Thyroid dysfunctions	4.9%	5.2%	9.9%
Adipositas Grade II or III (BMI >=35)	5.6%	4.9%	4.1%
Alcohol consumption			
High (> 40 g/d in men, or > 30 g/d in women)	7.2%	4.9%	2.0%
Moderate or little consumption	14.3%	14.7%	11.9%
No	69.3%	74.5%	79.2%
Unknown	9.2%	5.9%	6.8%

Proportion of OST patients with low HRQL



Group comparison: Proportion of patients with low HRQL



Prediction of somatic HLRQ and mental HRQL

(two SF-36 sum scales, without normative values)

In multiple regression analysis, statistical significant association of lower somatic and mental HRQL emerged with

- higher age
- female gender
- more somatic diseases (only somatic sum scale)
- liver cirrhosis score
- antidepressive medication
- less alcohol consumption
- **patient group**
- NOT with migrant background

Conclusions

- The proportion of OST patients with low health-related quality of life was large at the beginning of HCV treatment, and larger than in former or never drug users.
- This was most pronounced with regard to vitality (energy, fatigue).
- A statistically significant group difference between patient groups still remained after adjusting for age, gender, severity of the disease, depression and somatic comorbidity.
- The low HRQL might mostly not be related to the HC; therefore successful treatment possibly will increase HRQL only to a limited degree in this group.