THE IMPACT OF ALCOHOL DEPENDENCE ON HCV TREATMENT INITIATION IN HIV/HCV COINFECTED PATIENTS WITHIN A RANDOMIZED CONTROLLED TRIAL INVESTIGATING A PSYCHOSOCIAL BEHAVIORAL INTERVENTION

Authors: Prochno KW[1], Aaronson CJ[2], Cervantes L[1], Georgi M[1], Miller TR[1], Mhango G[1], Weiss JJ[1,2]

[1]Medicine, [2]Psychiatry, Icahn School of Medicine at Mount Sinai, New York City, NY

Background:
Alcohol dependence and hepatitis C virus (HCV) infection independently increase liver disease progression. Many patients with HCV infection have not been cured due to multiple treatment initiation barriers, including substance dependence.

Methods:
53 HIV/HCV coinfected patients with well-controlled HIV, who had not engaged in HCV treatment in the previous year, were randomized to a behavioral intervention targeting psychosocial barriers to HCV treatment or an attention control condition and followed for six months to see if they had initiated treatment.

Results:
The patients were predominantly male (71.7%) and members of minority groups (41.5% black; 49.1% Hispanic), with mean age of 53.9 years (SD=9.3). There was a high prevalence of lifetime substance dependence as diagnosed by the Structured Clinical Interview for DSM-IV, with 81.1% of patients dependent on ≥1 substance; the most common were cocaine (69.8%), alcohol (47.2%), and opioids (47.2%).

Subjects with alcohol dependence were significantly less likely to initiate HCV treatment than those without alcohol dependence (24.0% versus 53.6%; p=.028). There was no significant difference in treatment initiation between patients who were dependent on substances other than alcohol or marijuana and those who were not (p=.48).

A binomial logistic regression model tested the effects of age, gender, race/ethnicity, primary language, treatment group, and alcohol dependence on the likelihood that patients would initiate HCV treatment within six months. The model was statistically significant: $X^2(7)=24.36$, $p<.001$. Those without alcohol dependence were 7.62 times as likely to initiate treatment as those with alcohol dependence (p=.018, 95% CI [1.41, 41.20]).

Conclusion:
Alcohol dependence had the most significant effect on HCV treatment initiation, even when controlling for the active intervention and demographics. No significant effect on treatment initiation was found for non-alcohol substance dependence. Alcohol-specific dependence appears particularly prohibitive to HCV treatment initiation in HIV-positive patients, even when a treatment initiation-promoting intervention is applied.

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