Improving engagement with healthcare in hepatitis C: a randomized controlled trial of a Peer Advocacy intervention

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Primary outcome was successful engagement with clinical hepatitis services within six months of first appointment.

Secondary outcome - SVR-defined as an undetectable viral load for six months after the end of treatment

Recruitment took place between August 2013 and June 2015

Engagements (follow-up) were recorded until April 2016

101 participants in total

63 randomised into the intervention arm

38 in standard care arm

RESULTS

Out of 101 individuals 30 (29.7%) achieved a successful primary outcome

23/63 (36.5%) intervention arm

7/38 (18.4%) standard care arm

Those in the intervention arm had 18.09% (95% CI 0.96%-35.21%, p-value=0.04) increased likelihood of successful treatment outcome Vs those in the standard care arm

In the model of relative differences the odds of reaching successful treatment outcome were 2.55 (95% CI 0.97-6.70 p=0.06) times higher among individuals in the intervention arm Vs those in the standard care arm.

CI minimally crossing the null

SECONDARY OUTCOME

No patients achieved SVR during the study- partly due to delays placing individuals on treatment as a result of changes in regimens available (most participants were advised to wait for interferon free therapy) and later limiting treatment to those with higher fibroscan scores.

Following on from this study our team embarked on a new study;

The HepCare Study – Enhancing Hepatitis C screening and treatment of at risk and underserved populations