

ADHERENCE AND VIROLOGICAL OUTCOMES FOR HEPATITIS B ANTIVIRAL THERAPY AMONGST INDIGENOUS AUSTRALIANS IN THE REMOTE TOP END, NORTHERN TERRITORY

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Introduction:

The prevalence of chronic hepatitis B is four times higher amongst Indigenous compared with non-Indigenous Australians. However, few Indigenous Australians are receiving treatment. Adherence to HBV antiviral therapy is important to achieve optimal viral suppression. No studies have investigated virological outcomes or adherence to HBV antiviral therapy for Indigenous patients living in remote communities.

Methods:

This was a retrospective audit of pharmacy dispensing data matched to clinical records for all patients prescribed oral HBV antiviral medications in the Top End, NT, from July 2012 to October 2015. Adherence was defined as the proportion taking medication at 12 months, according to pharmacy dispensing record. Virological outcomes at 12 months were analysed as complete virological response (undetectable viral load) <20 IU/ml, partial virological response (<2000 IU/ml) and failure (loss to follow up or documented lack of virological suppression >2000 IU/ml).

Results:

From 2007 to 2012, 185 people received oral HBV antiviral therapy, including 134 (72%) non-Indigenous and 51 (28%) Indigenous patients. Amongst Indigenous patients, indications included chronic hepatitis B (n=28), pregnancy (n=7), and immunosuppression (n=16). Most Indigenous patients receiving HBV antiviral therapy lived in remote areas (22/28).

Amongst remote Indigenous patients, 68% (15/22) were dispensed antiviral therapy for >12 months or at time of death. Amongst remote Indigenous patients alive and remaining on HBV treatment for >12 months, 77% (10/13) achieved complete virological response, the remainder had partial virological response (1/13) or failure (2/13).

Conclusion:

This is the first study of virological outcomes for HBV antiviral therapy amongst Indigenous Australians in remote areas. The majority (76%) of remote Indigenous patients on HBV antiviral therapy achieved complete or partial virological response. Efforts to enhance understanding of HBV and address barriers in access to therapy, including therapeutic nihilism, should be considered to increase treatment uptake amongst remote Indigenous people.

Disclosure of Interest Statement:
None declared.