High response seen for all Hep C Tx models in injection drug users

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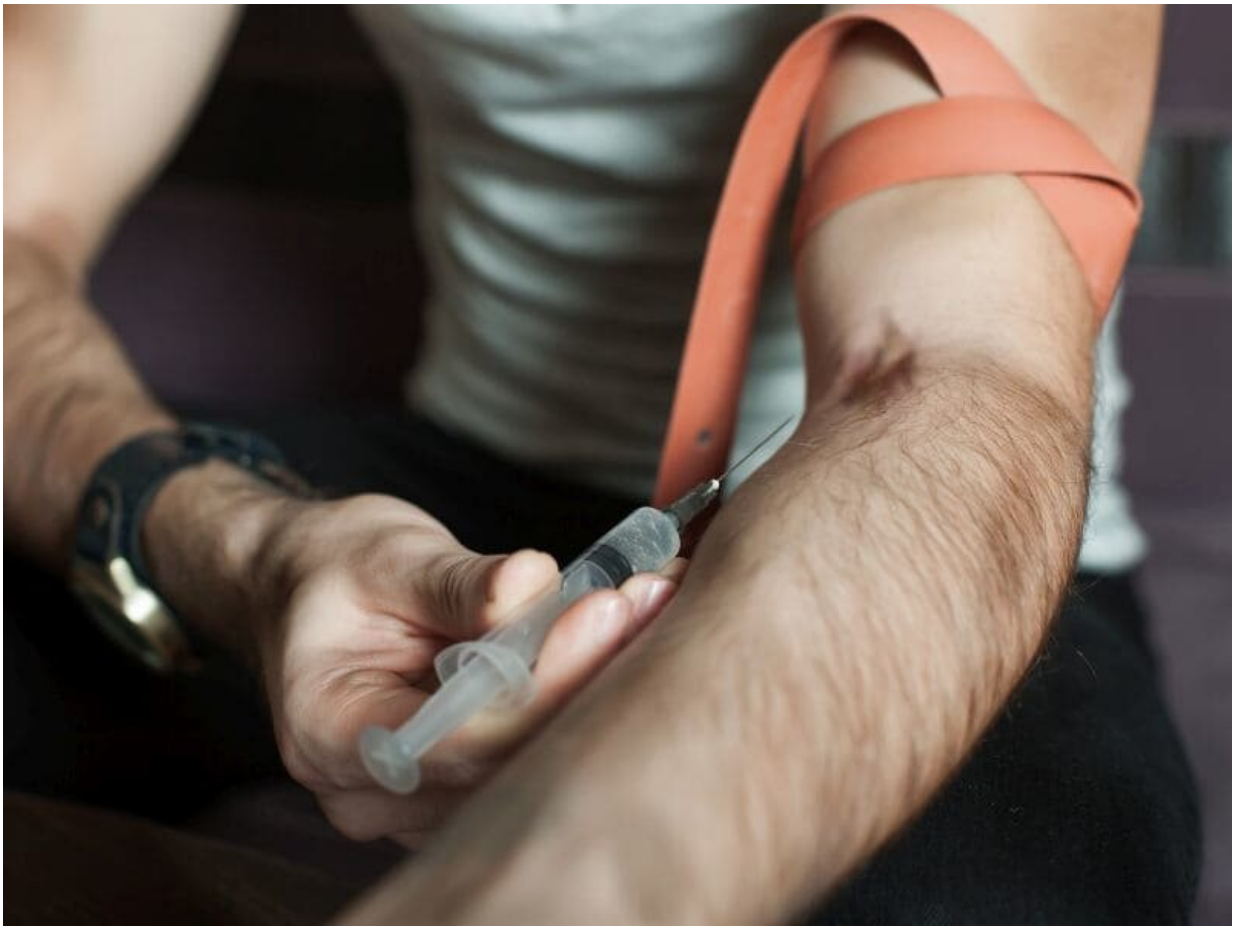

(HealthDay)—For people with hepatitis C virus (HCV) who inject drugs

(PWID) and receive opioid agonist therapy (OAT), receipt of HCV treatment is associated with high sustained virologic response (SVR), according to a study published online April 9 in the *Annals of Internal Medicine*.

Matthew J. Akiyama, M.D., from the Albert Einstein College of Medicine in Bronx, New York, and colleagues compared directly observed therapy (DOT), group treatment (GT), and self-administered individual treatment (SIT) for promoting adherence and achieving SVR among PWID receiving OAT. One hundred fifty patients with genotype 1 HCV infection initiated treatment (51 with DOT, 48 with GT, and 51 with SIT).

The researchers found that the overall adherence, estimated from mixed-effects models, was 78 percent and was higher among those randomly assigned to DOT versus SIT (86 versus 75 percent; Bonferroni-corrected P = 0.001). No significant difference was seen for participants randomly assigned to GT (80 percent) versus SIT (Bonferroni-corrected P = 0.29). The rate of HCV treatment completion was 97 percent, with no between-group differences (P = 0.53). Overall SVR was 94 percent (98, 94, and 90 percent in the DOT, GT, and SIT groups, respectively; P = 0.152).

"DOT in OAT settings was associated with greater adherence than self-administered treatment, and improved adherence was associated with SVR," the authors write. "All models of onsite HCV care resulted in high treatment completion and SVR rates despite ongoing drug use, thereby supporting treatment of PWID in the OAT setting."

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More information: Abstract/Full Text (subscription or payment may be required)