

Alcohol use not tied to sustained virologic response with hepatitis C treatment

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Alcohol use is not associated with lower odds of sustained virologic



response (SVR) among patients initiating direct-acting antiviral (DAA) therapy for chronic hepatitis C virus (HCV) infection, according to a study published online Sept. 26 in *JAMA Network Open*.

Emily J. Cartwright, M.D., from the Atlanta Veterans Affairs Medical Center, and colleagues evaluated whether <u>alcohol use</u> at DAA treatment initiation is associated with a decreased likelihood of SVR. The analysis included 69,229 <u>patients</u> with chronic HCV infection who initiated DAA therapy between Jan. 1, 2014, and June 30, 2018.

The researchers found that 94.4 percent of patients achieved SVR. Overall, 46.6 percent of participants were abstinent without <u>alcohol use</u> <u>disorder</u> (AUD), 13.3 percent were abstinent with AUD, 19.4 percent had lower-risk consumption, 4.5 percent had moderate-risk consumption, and 16.2 percent had high-risk consumption or AUD. There was no difference in SVR across alcohol use categories, even for patients with high-risk consumption or AUD when adjusting for other confounders (odds ratio, 0.95; 95 percent confidence interval, 0.85 to 1.07). Furthermore, there was no interaction by stage of hepatic fibrosis measured by fibrosis-4 score.

"These findings suggest that restricting access to DAA therapy on the basis of alcohol use creates an unnecessary barrier for patients and challenges HCV elimination goals," the authors write.

One author disclosed ties to the pharmaceutical industry.

More information: Emily J. Cartwright et al, Alcohol Use and Sustained Virologic Response to Hepatitis C Virus Direct-Acting Antiviral Therapy, *JAMA Network Open* (2023). <u>DOI:</u> <u>10.1001/jamanetworkopen.2023.35715</u>



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