

Getting hepatitis services right into practice.

The mad, the bad and the difficult.

David Mutimer

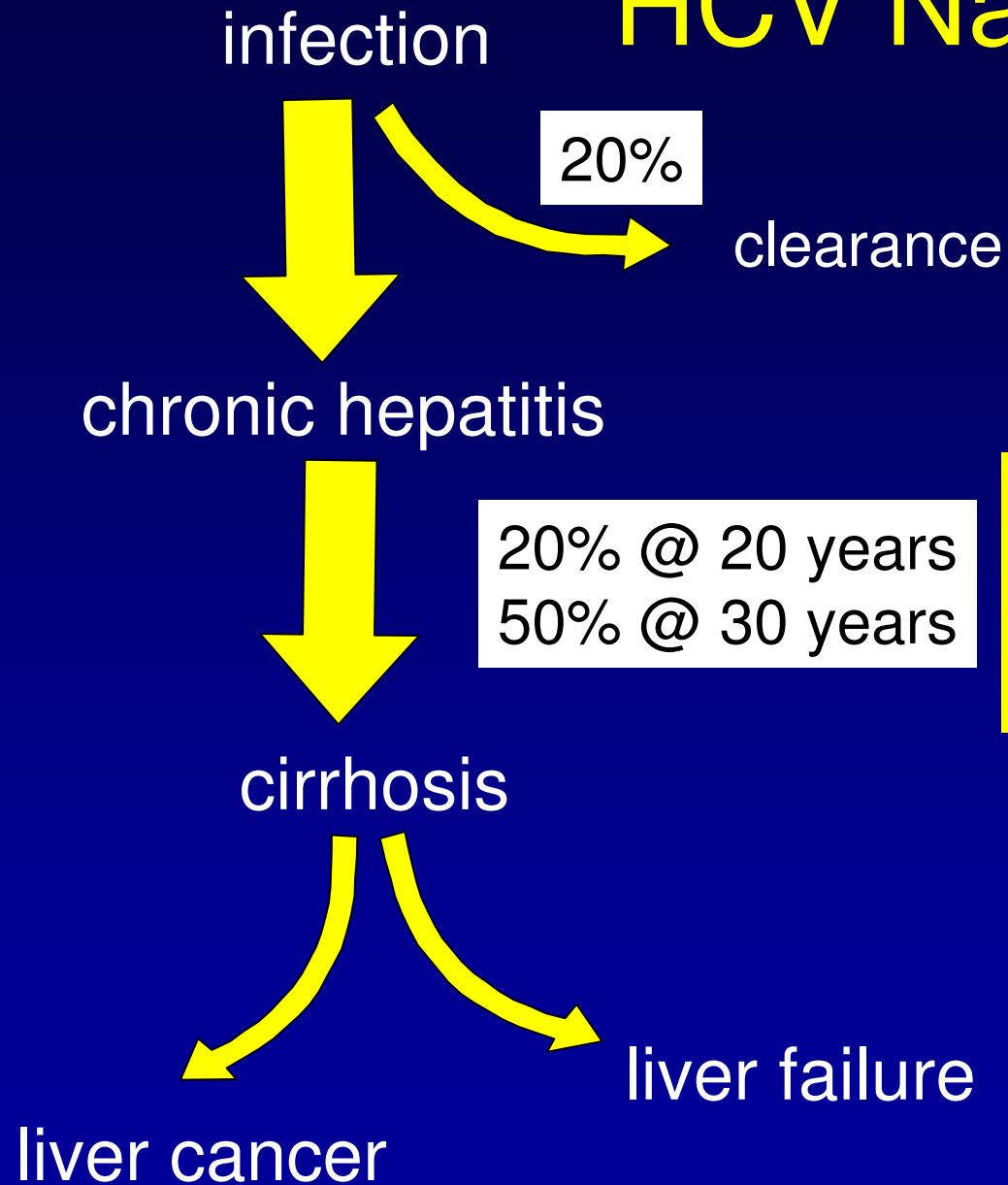
Queen Elizabeth Hospital Liver Unit

Birmingham

Management of Drug Users in Primary Care

April 19th 2007

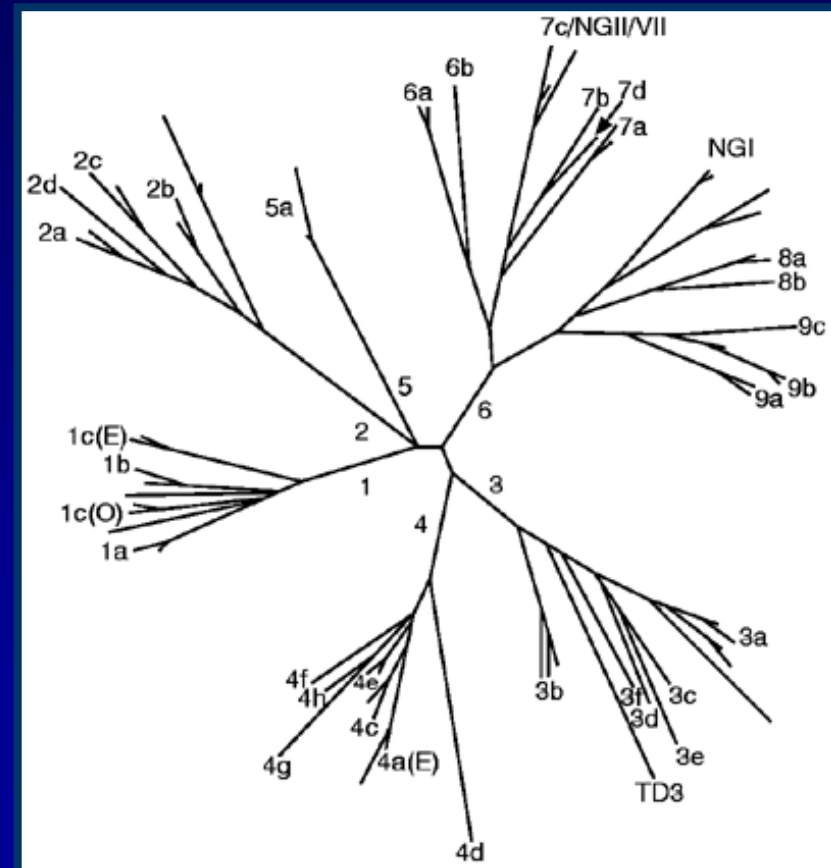
HCV Natural History

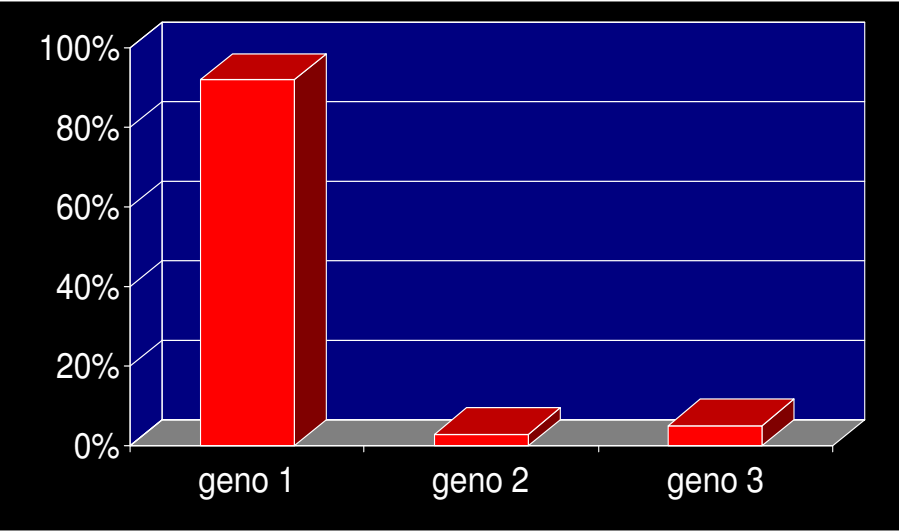
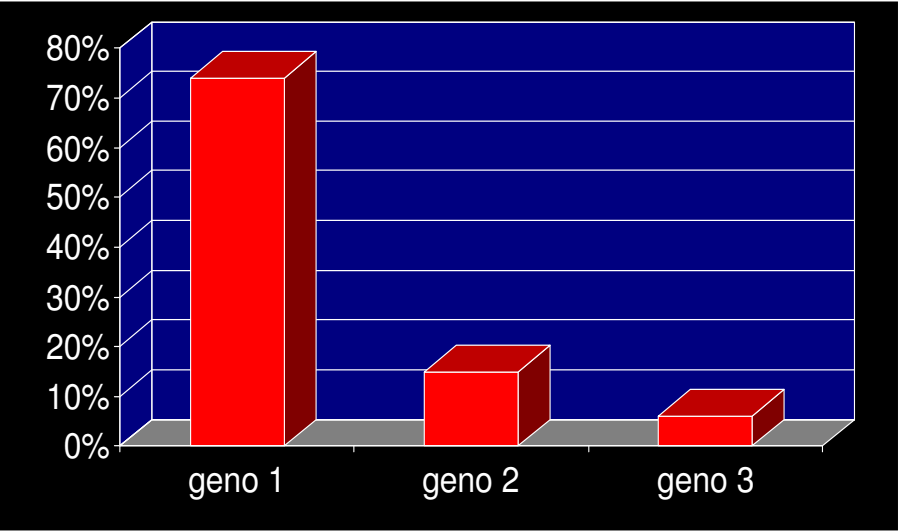
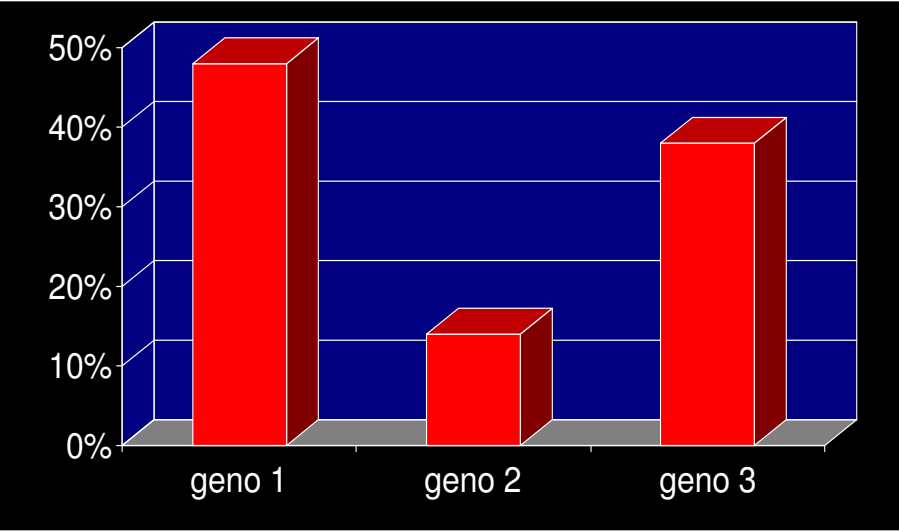
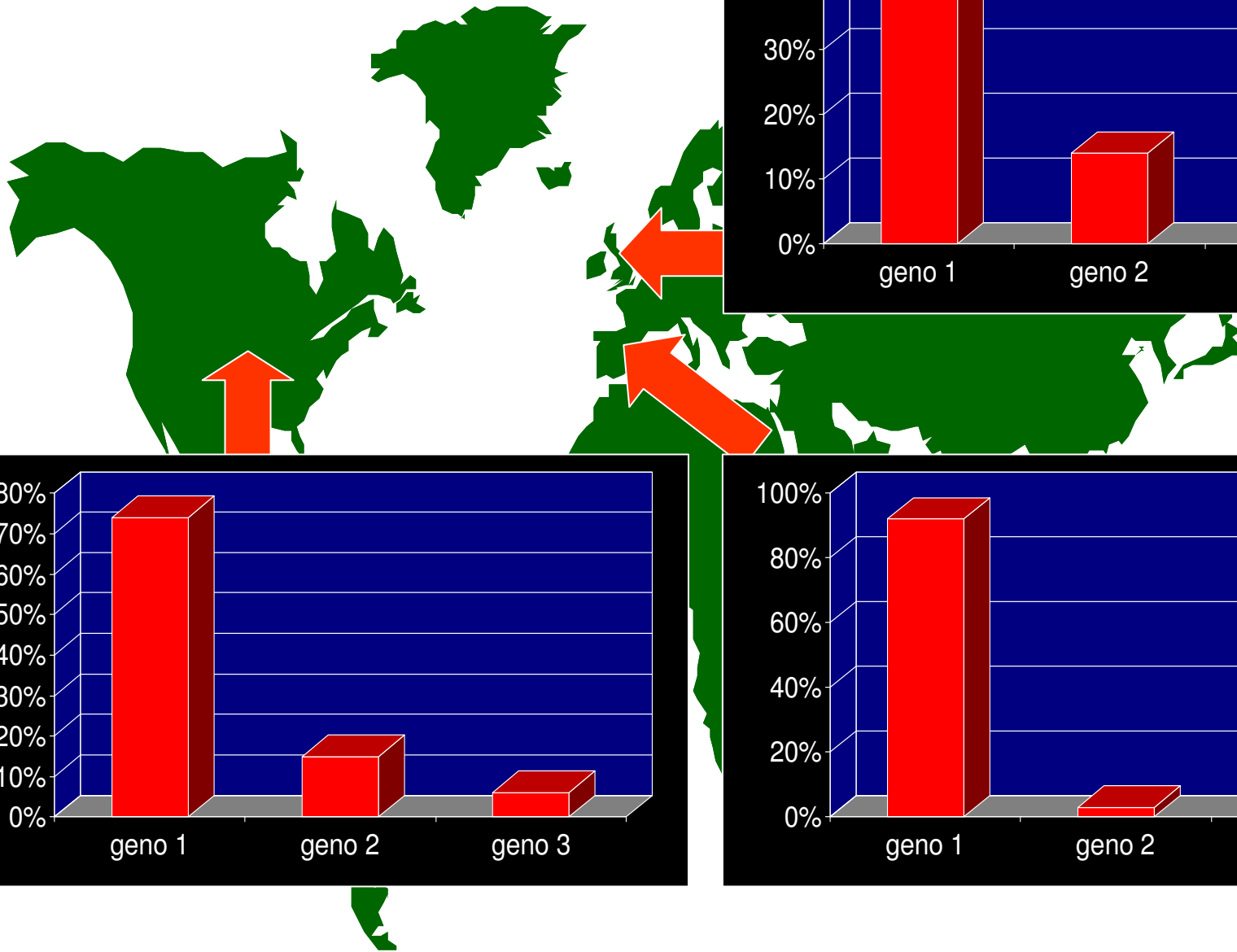


- age at infection
- gender
- alcohol consumption

HCV Genotypes

- 6 main genotypes
- Nucleotide diversity > 20%
- Little effect on natural history
- Geographical variation
- Most important determinant of response to treatment



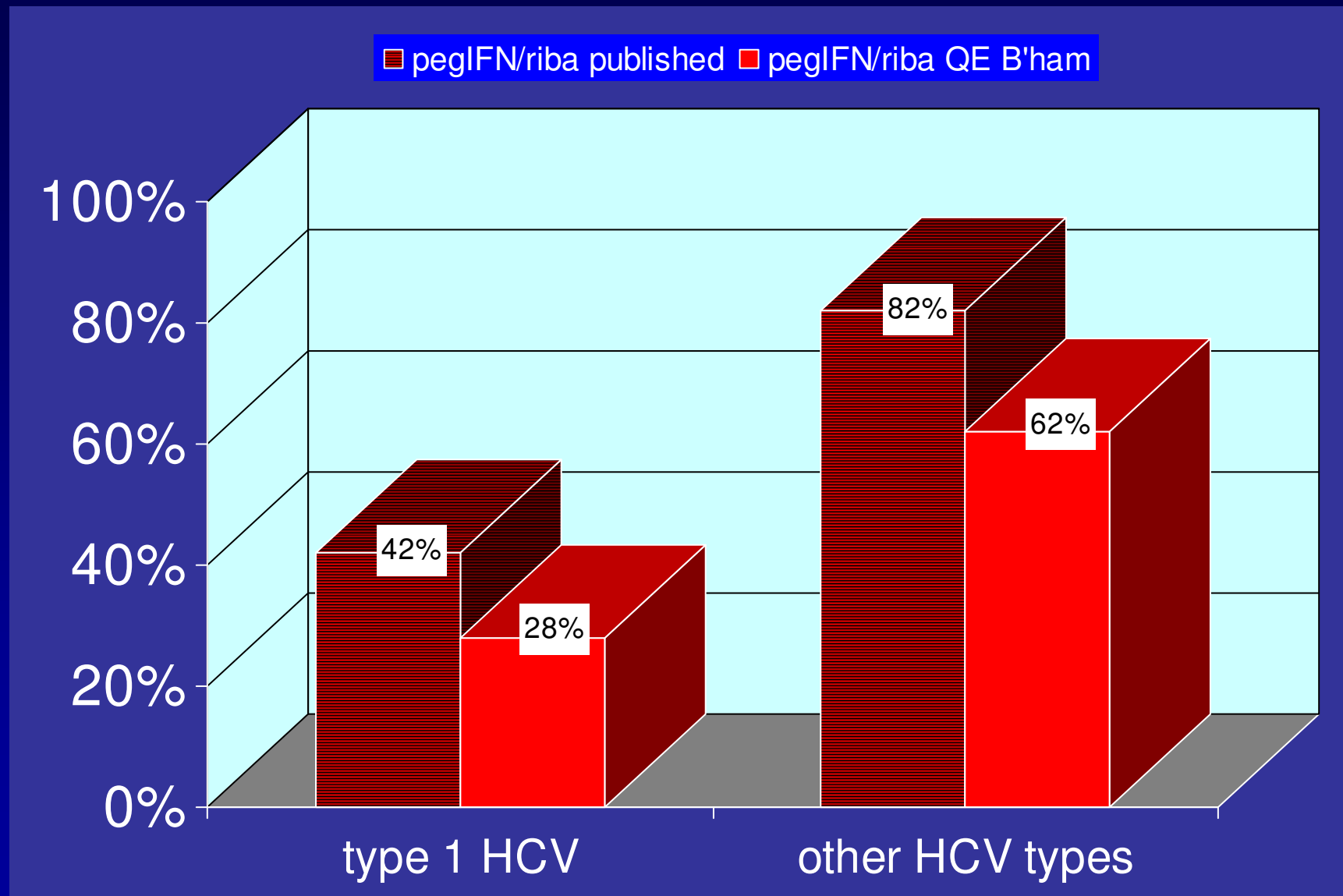


Treatment in HCV

NICE approved!

- Treatment can cure
 - sustained virological response, SVR
 - serum HCV negativity 6 months post-treatment
- Existing best treatment
 - pegylated interferon (weekly injections)
 - ribavirin (daily tablets)
- Treatment duration
 - 6 months for genotypes 2 and 3
 - 12 months for genotype 1
- Most patients have side-effects
 - treatment compliance is a major issue

Antiviral Treatment of Hepatitis C

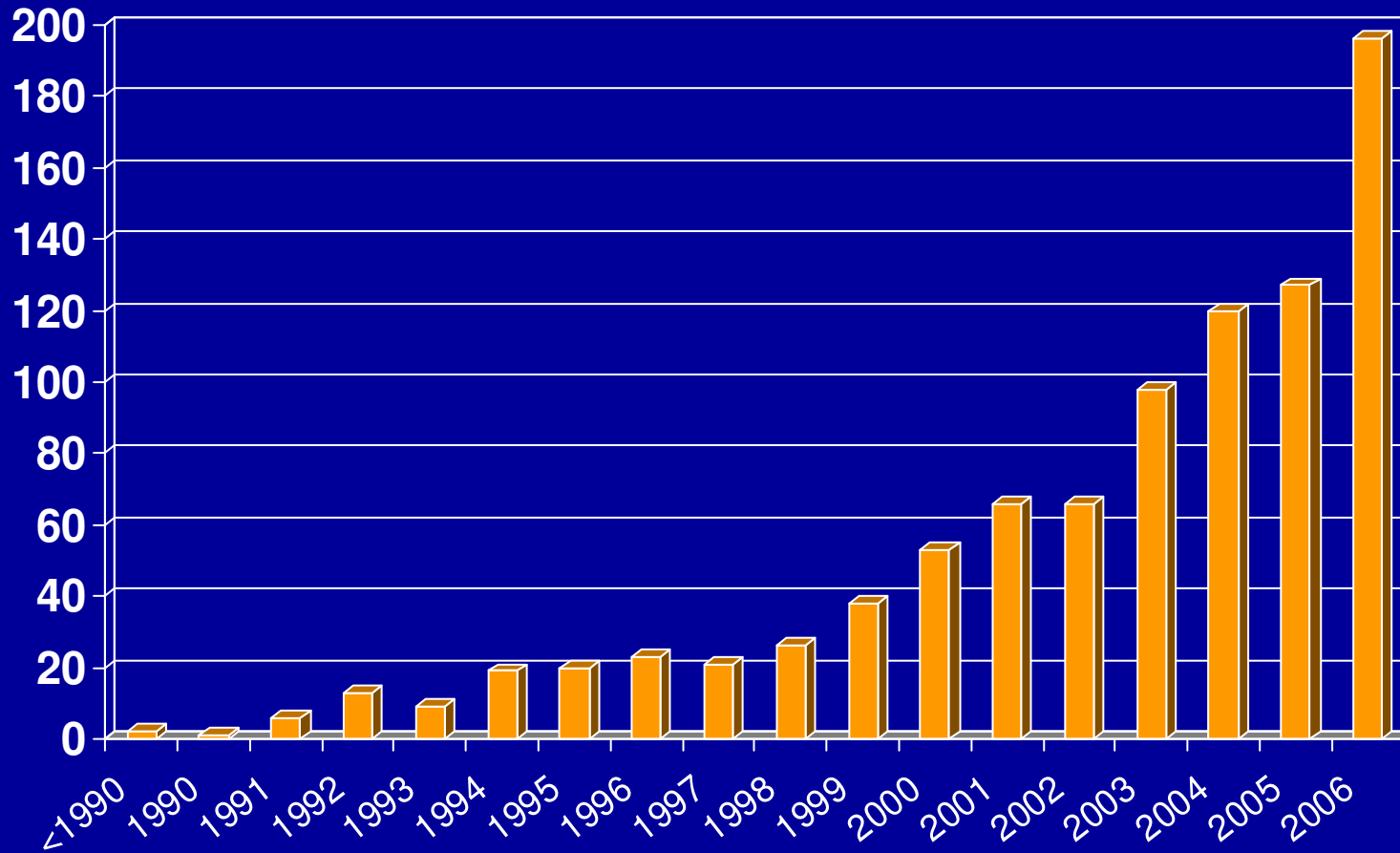


Why are results inferior?

- Clinical trials include “ideal” patients
- Clinical practice deals with whoever walks through the door!
 - difficult, mad and bad
- Clinical trials have appropriate support
 - clinical trials nurse
- Clinical practice fumbles with inadequate support
 - hepatitis nurse specialist, pharmacist, etc
- ? trials are undertaken by “expert” units
- Trend for “generalist” to offer HCV treatment

QE HCV Patients

Year of referral for patients seen in clinic during 2006



Birmingham BBV Team

- HBV vaccination of drug users
- HCV counselling and screening
- Direct referral of hepatitis-positive patients to QE Liver Unit
 - if they want referral
 - if they are likely to turn up
- Audit of activity June 2003 to December 2006

Birmingham BBV Team

June 2003 to December 2006

- 141 cases diagnosed
- 63 patients referred
 - 45 male, mean age 35 years
- 49 attended first consultation
 - 18 subsequently defaulted
- 31 continued follow-up (attended recent OPA)
- 11 commenced antiviral therapy
 - 4 currently on treatment

Birmingham BBV Team

June 2003 to December 2006

pt	geno	titre	biopsy	week	response	comment
1	3a	3,045,569	no	22*	EVR	
2	3a	589,061	no	9*	-	
3	3a	140,000	F2	20	EVR	defaulted
4	3a	>550,000	no	24	SVR	
5	3a	320,000	F2	24	SVR	
6	3a	>550,000	no	4*	-	
7	2	86,900	no	24	EOTR	defaulted
8	3a	58,400	no	24	SVR	
9	3a	992,257	F3	9*	-	
10	3a	9,800	F1	24	EOTR	defaulted
11	3a	64,823	no	24	EOTR	< 6 months post-treatment

* still on treatment

The Best Location for Treatment of Hepatitis C?

- Convenience
- Safety (essential)
- Efficacy (essential)
- HCV treatment is hard
 - to deliver
 - for the patient!
- Treatment is expensive
 - efficacy is utmost
- Who can treat HCV?
 - appropriate experience
 - appropriate resources
 - appropriate back-up
 - appropriate results!