Screening and Treatment for Hepatitis C in HIV Co-Infected Patients in Primary Care

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Background

• Hepatitis C Virus (HCV) most common etiology of liver disease in the United States

• HCV is principal source of non-AIDS related mortality in HIV-positive individuals
  – Importance of screening HIV-positive individuals
  – Offer HCV treatment at HIV care sites vs transferring to hepatology
Study Aims

1. Determine proportion of patients screened for HCV antibody
2. Identify demographic and clinical difference between patients who were screened for HCV (HCV antibody test) and those who were not
3. Compare demographic and clinical characteristic differences between HCV-positive and HCV-negative patients
Method and Measures

• Chart review of all clinic patients (n=800) from July 2014 to December 2014 for period between 2013 and 2014
  – Demographics
    • Age, gender, race
  – Clinical
    • CD4 count, HIV viral load, cardiovascular disease, diabetes, renal disease, depression, anxiety, smoking, and substance use
## Results

<table>
<thead>
<tr>
<th>Demographics</th>
<th>HCV drawn (n=438)</th>
<th>HCV not drawn (n=362)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
<td>131 (65.8%)</td>
<td>68 (34.2%)</td>
<td>&lt; 0.0001</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>85 (72.0%)</td>
<td>33 (28.0%)</td>
<td>&lt; 0.0001</td>
</tr>
<tr>
<td>Undetectable HIV VL</td>
<td>343 (52.1%)</td>
<td>315 (47.9%)</td>
<td>0.002</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Demographics</th>
<th>HCV negative (n=280)</th>
<th>HCV positive (n=159)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td>0.003</td>
</tr>
<tr>
<td>Female</td>
<td>51 (51.0%)</td>
<td>49 (49.0%)</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>229 (67.6%)</td>
<td>110 (32.4%)</td>
<td></td>
</tr>
<tr>
<td>Age (mean, SD)</td>
<td>49.79 (± 11.016)</td>
<td>53.39 (± 8.077)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td>&lt; 0.0001</td>
</tr>
<tr>
<td>African American</td>
<td>60 (52.6%)</td>
<td>54 (47.4%)</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>17 (73.9%)</td>
<td>6 (26.1%)</td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>153 (63.5%)</td>
<td>88 (36.5%)</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>29 (96.7%)</td>
<td>1 (3.3%)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>21 (67.7%)</td>
<td>10 (32.3%)</td>
<td></td>
</tr>
<tr>
<td>Smoking</td>
<td>63 (48.1%)</td>
<td>68 (51.9%)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>43 (50.6%)</td>
<td>42 (49.4%)</td>
<td>0.006</td>
</tr>
<tr>
<td>CD4 (mean, SD)</td>
<td>581.76 (± 311.124)</td>
<td>503.67 (± 261.823)</td>
<td>0.008</td>
</tr>
</tbody>
</table>
Limitations

• Convenience sample
• Gender: female/male categories only
• Cross-sectional → no causality
Implications/Considerations

• Improve screening for Hepatitis with antibody

• Consider patients who do not smoke or abuse substances may have insufficient HCV ab screening tests
Conclusions

• 45.25% of HCV antibody test were not drawn within the last 24 months

• Patients who reported current smoking and substance abuse were more likely to have an HCV antibody test drawn

• Patients with a detectable HIV VL were more likely to have an HCV antibody drawn

• Patients who were HCV+ were more likely to be female, non-Hispanic, older, smoke, and use substances, have a higher CD4 count
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References


References


