Opioid Maintenance Therapy Is Not Associated With Treatment Failure to Hepatitis C Therapy in a Large German Multicenter Cohort


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Background

Intravenous (IV) drug users are the largest group of individuals newly infected with the hepatitis C virus (HCV) in the Western World. Emerging data suggest treating these individuals with antiviral therapy immediately after infection (as opposed to chronic hepatitis C) offers substantial benefit (as provided by interferon therapy) and reduces risk of reinfection (as provided by successful antiviral therapy).

Methods

Patients

333 patients receiving opioid maintenance therapy

• Patients were treated with at least 2 doses of weight-based Peg-IFN alfa-2b (1.5 µg/kg body weight) and weight-based RBV (55 mg/kg body weight) for 48 weeks

• All patients were treated with Peg-IFN and RBV

• No significant difference in efficacy was noted between the 3 regimens

• All patients were treated for 24 weeks

• P< 0.05, univariate). In on opioid maintenance (n = 333) was 64.1% vs. 56.0% in the remaining patients (n = 2089) (46.0% vs. 31.4%, P< 0.0001)

• Sustained Virologic Response Rates

• SVR rate was 64% in patients undergoing opioid maintenance therapy (n = 255) and 59% in patients not receiving maintenance therapy (n = 333 patients on opioid maintenance therapy).

• However, after adjusting for variables associated with treatment outcome (age, genotype, baseline HCV RNA), treatment success rates were not inferior to results from prospective, controlled studies.

• Logistic Regression Analyses

• HCV G2/3 patients had significantly more HCV infection (47% vs. 29% in G1 patients), the predicted probability of SVR was 77% in 4% patients receiving opioid maintenance therapy and 72% in 2% patients not receiving opioid maintenance therapy (Figure 4)

Conclusions

• Estimated EOT Estimated SVR

• Sustained Virologic Response Rates

• SVR rate was 64% in patients undergoing opioid maintenance therapy (n = 255) and 59% in patients not receiving maintenance therapy (n = 333 patients on opioid maintenance therapy).

• SVR occurred more frequently in G2 or G3 patients than in G1 patients (P< 0.0001)

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