

Public Health Congress 2018: Hepatitis C Virus testing and treatment among persons receiving Buprenorphine in an office-based program for opioid use disorders in Nigeria - Ayoola Samuel Abati - Lagos University Teaching Hospital

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Statement of the Problem: In Nigeria, Hepatitis C Virus (HCV) infection is primarily spread through injection drug use. There is an urgent need to improve access to care for HCV among persons with opioid use disorders who inject drugs. The purpose of our study was to determine the prevalence of HCV, patient characteristics and receipt of appropriate care in a sample of patients treated with Buprenorphine for their opioid use disorders in a primary care setting. **Methodology & Theoretical Orientation:** This study is used in retrospective clinical data from the electronic medical record. The study population included patients receiving Buprenorphine in the Office based opioid treatment (Obot) clinic within the adult primary medicine clinic at Lagos medical center between October 2008 and August 2015 who received a conclusive HCV antibody Ab test within a year of clinic entry. We compared characteristics by HCV serostatus using Pearson's chi-square and provided numbers/percentages receiving appropriate care. **Result:** The sample comprised 300 patients. Slightly less than half of all patients (n=134, 27.7%) was HCV Ab positive and were significantly more likely to be older Hausas and Yorubas have diagnoses of Post-Traumatic Stress Disorder (PTSD) and bipolar disorder have prior heroin or cocaine use and be HIV-infected. Among the 134 HCV Ab positive patients, 126 (67.7%) had detectable HCV Ribonucleic Acid (RNA) indicating chronic HCV infection; only 8 patients (2.21%) with chronic HCV infection ever initiated treatment. **Conclusions & Significance:** Nearly half of patients (47.7%) receiving office-based treatment with Buprenorphine for their opioid use disorder had A-positive hepatitis C virus antibody screening test, although initiation of HCV treatment was nearly non-existent (2.21%). Much less interest has been paid to the particular possibility that can exist for patients dealt with with buprenorphine in office-primarily based clinics. Buprenorphine changed into accredited by the Food and Drug Administration (FDA) for treatment of opioid dependence in 2002. Call for buprenorphine treatment has grown: from 2002 to 2007, total numbers of buprenorphine prescriptions have accelerated from about 50,000 to 5.7 million (Greene, 2010). Sufferers seeking medicinal drug assisted treatment for opioid use disorders may also choose treatment with buprenorphine over methadone (Gryczynski et al., 2013), as it is able to be prescribed in

number one care workplace-based totally settings, which may additionally help to growth remedy initiation charges among PWIDs. For the reason that number one care carriers are on the front strains for HCV screening and are probable to have an expanded position in HCV remedy within the U.S., there's a unique possibility to mix remedy for opioid use issues and HCV in number one care settings. To this effect, the US Health and Human Services (HHS) branch has advanced strategic plans which purpose to increase HCV screening and remedy in number one care facilities and substance abuse programs particularly (Ward, Valdiserri, & Koh, 2012). The office-based totally opioid remedy (OBOT) program, installed in 2003 inside the grownup remedy primary care health facility at Boston medical center (BMC), gives collaborative care, based on a nurse care management version, to sufferers looking for each opioid agonist therapy (OAT) and number one care (Alford et al., 2011). It's been highlighted as an progressive kingdom version for attaining remedy-effective and value-effective results for opioid use problems ("Medicaid insurance and Financing of medications to treat Alcohol and Opioid Use issues | SAMHSA," 2014). As such, it can offer a really perfect opportunity for integrating addiction and HCV treatment inside primary care. The purpose of our examine turned into to decide the superiority of HCV, characteristics of sufferers HCV, and describe receipt of suitable care (i.e. the "remedy cascade") in a sample

of opioid established patients dealt with with buprenorphine in a primary care placing, so as to check their modern-day fame of HCV remedy. **Methods** This study used retrospective clinical data from the electronic medical record. The study population included patients receiving buprenorphine in the Office Based Opioid Treatment (OBOT) clinic within the adult primary medicine clinic at Boston Medical Center between October 2003 and August 2013 who received a conclusive HCV antibody (Ab) test within a year of clinic entry. We compared characteristics by HCV serostatus using Pearson's Chi-square and provided numbers/percentages receiving appropriate care. **Results** The sample comprised 700 patients. Slightly less than half of all patients (n= 334, 47.7%) were HCV Ab positive, and were significantly more likely to be older, Hispanic or African American, have diagnoses of post-traumatic stress disorder

(PTSD) or bipolar disorder, have prior heroin or cocaine use, and be HIV-infected. Among the 334 HCV Ab positive patients, 226 (67.7%) had detectable HCV ribonucleic acid (RNA) indicating chronic HCV infection; only 5 patients (2.21%) with chronic HCV infection ever initiated treatment. Conclusions Nearly half of patients (47.7%) receiving office-based treatment with buprenorphine for their opioid use disorder had a positive Hepatitis C Virus antibody screening test although initiation of HCV treatment was nearly non-existent (2.21%). Keywords: Buprenorphine, HCV Screening, HCV Treatment, Opioid Agonist Therapy.

Biography

Ayoola Samuel Abati has been practicing in Department of Infectious Disease at Lagos University Teaching Hospital. Currently, he is pursuing his PhD and holds a certification from Nigerian Board of Internal Medicine for Internal Medicine,

Hematology and Infectious Diseases. He has been awarded the award of the Developing Leader in Medicine from Nigerian Medical Association for his excellent contribution in general treatment and towards the reduction of infectious diseases in Nigeria. He has completed his MBBS from Obafemi Awolowo University Teaching Hospital, Ile-Ife, Nigeria. He has completed is Master's degree in Public Health at the same institution. He was trained at the Department of Infectious Diseases during his Residency.

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