

INVESTIGATION ON THE OPPORTUNITY IN INITIATING TREATMENT FOR HEPATITIS C VIRUS (HCV) INFECTION AMONG DRUG USERS

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Nowadays drug therapy for hepatitis virus C infection is given to all young patients in order to reduce the risk of chronic infection and hepatocarcinoma. Unfortunately this therapy, based on alpha interferon and ribavirine, is very expensive and induces a lot of adverse reactions. For these reasons drug abusers are generally excluded from these treatments, although today their survival, also in the presence of HIV co-infection, is very long. Therefore, this study was performed to identify the number of subjects with interest in receiving therapy for hepatitis C virus (HCV) infection among HCV-infected drug users in a Drug Dependence Service of Genoa, Italy. HCV-infected and seronegative for human immunodeficiency virus (HIV) were 287; HCV-infected and seropositive for HIV were 79. Their age ranged from 20 to 60 years, but 76% of them aged 30-49 years. With respect to the type of drug abused, 75% were heroin users, 16% were users of more than one drug, and 20% abused of alcohol. The hepatic function was normal in 181 subjects. Conditions that were considered contraindications for HCV treatment in patients with impaired liver function were: psychotic disturbances, severe co-morbidity, alcohol abuse, autoimmune diseases, and limited compliance. Among HCV-infected HIV seronegative subjects, 154 had a severe impairment of hepatic function, but the opportunity in receiving therapy for HCV was judged absent in 26 due to severe co-morbidity, in 28 due to alcohol abuse, and in 79 due to limited compliance; therefore only 21 were considered qualified for HCV therapy. Among HCV-infected HIV-seropositive subjects, 31 had a severe impairment of hepatic function, but the opportunity in receiving therapy for HCV was judged absent in 5 due to severe co-morbidity, in 6 due to alcohol abuse, and in 17 due to limited compliance; therefore only 3 were considered qualified for HCV therapy. These findings indicate that only a modest fraction (24/287) of HCV-positive drug users are qualified for the treatment of HCV infection.