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CONDESA



PREDICTORS OF HEPATITIS C TREATMENT FAILURE IN PEOPLE LIVING WITH HIV

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Background:

Hepatitis C is an inflammation of the liver caused by the hepatitis C virus. The people living with HIV have an increased risk of acquiring hepatitis C virus (HCV), and it has recently been observed that this population group may have an increased risk of virological failure with the use of direct-acting antivirals (DAA) and not achieve a sustained viral response (SVR) [1,2]

Materials and methods:

We conducted a cross-sectional analytical study of people living with HIV, from paired groups, at the Clínica Especializada Condesa at Mexico City, in the period from January 2020 to December 2023. We included people over 18 years old, all of them were people living with HIV (PLWH) and hepatitis C (people with HCV RNA greater than 1000 IU/ml). They received treatment with DAA, specifically Sofosbuvir with Velpatasvir by availability in our care center, the viral HCV RNA was measured at 12 weeks after finishing treatment to determine whether sustained virological response existed or not. Once selected, they were assigned to one of two groups: people with 100% adherence and another group of people with poor adherence. We intended to determine predictors of treatment adherence

Results:

92 people were included: 46 in each group, all of them PLWH and hepatitis C. A statistically significant difference was found in patients with prior HIV treatment failure (31% vs 51%, $p=0.03$) or low-level viraemia (2% vs 4%, $p=0.02$). On the other hand, psychiatric disorders were shown to decrease treatment adherence (17% vs 68%, $p<0.001$) (see Table 1).

Conclusions:

Patients living with HIV infection who have experienced previous treatment failures are likely to show lower adherence to hepatitis C virus infection treatment. Also patients with psychiatric disorders are in risk of lower adherence to treatment of hepatitis C. This information would support us to pay more attention to these population groups to avoid treatment failures and reduce the potential transmission risk of resistant strains of hepatitis C.



References

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2. Gower E, Estes C, Blach S, Razavi-Shearer K, Razavi H. Global epidemiology and genotype distribution of the hepatitis C virus infection. *J Hepatol*. 2014;61(1 Suppl):S45-57.