Direct acting antiviral treatment of chronic hepatitis C in Denmark: factors associated with and barriers to treatment initiation - DTU Orbit (25/02/2019)

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Objectives: We describe factors associated with and barriers to initiation of Direct Acting Antiviral (DAA) treatment in patients with chronic hepatitis C, who fulfill national fibrosis treatment guidelines in Denmark. Materials and Methods: In this nationwide cohort study, we included patients with chronic hepatitis C from The Danish Database for Hepatitis B and C (DANHEP) who fulfilled fibrosis treatment criteria. Factors associated with treatment initiation and treatment failure were determined by logistic regression analyses. Medical records were reviewed from patients who fulfilled fibrosis treatment criteria, but did not initiate DAA treatment to determine the cause. Results: In 344 (49%) of 700 patients, who fulfilled treatment criteria, factors associated with DAA treatment initiation were transmission by other routes than injecting drug use odds ratio (OR) 2.13 (CI: 1.38–3.28), previous treatment failure OR 2.58 (CI: 1.84–3.61) and ALT above upper limit of normal OR 1.60 (CI: 1.18–2.17). The most frequent reasons for not starting treatment among 356 (51%) patients were non-adherence to medical appointments (n=107/30%) and ongoing substance use (n=61/17%). Treatment failure with viral relapse occurred in 19 (5.5%) patients, who were more likely to have failed previous treatment OR 4.53 (CI: 1.59–12.91). Conclusions: In this nationwide cohort study, we found non-adherence to medical appointments and active substance use to be major obstacles for DAA treatment initiation. Our findings highlight the need for interventions that can overcome these barriers and increase the number of patients who can initiate and benefit from curative DAA treatment.

General information
State: Published
Organisations: Department of Bio and Health Informatics, Disease Intelligence and Molecular Evolution, University of Copenhagen, Aalborg University, Hospital Lillebaelt, University of Southern Denmark, Aarhus University
Number of pages: 8
Pages: 849-856
Publication date: 2018
Peer-reviewed: Yes

Publication information
Journal: Scandinavian Journal of Gastroenterology
Volume: 53
Issue number: 7
ISSN (Print): 0036-5521
Ratings:
BFI (2019): BFI-level 1
Web of Science (2019): Indexed yes
BFI (2018): BFI-level 1
Web of Science (2018): Indexed yes
BFI (2017): BFI-level 1
Web of Science (2017): Indexed yes
Scopus rating (2017): CiteScore 2.35 SJR 1.226 SNIP 0.91
Web of Science (2017): Impact factor 2.629
Web of Science (2017): Indexed yes
BFI (2016): BFI-level 1
Scopus rating (2016): CiteScore 2.38 SJR 1.108 SNIP 0.918
Web of Science (2016): Impact factor 2.526
BFI (2015): BFI-level 1
Scopus rating (2015): CiteScore 2.19 SJR 0.947 SNIP 0.764
Web of Science (2015): Impact factor 2.199
Web of Science (2015): Indexed yes
BFI (2014): BFI-level 1
Scopus rating (2014): CiteScore 2.44 SJR 1.072 SNIP 0.999
Web of Science (2014): Impact factor 2.361
BFI (2013): BFI-level 1
Scopus rating (2013): CiteScore 2.33 SJR 1.08 SNIP 0.987
Web of Science (2013): Impact factor 2.329
ISI indexed (2013): ISI indexed yes
Web of Science (2013): Indexed yes
BFI (2012): BFI-level 1
Scopus rating (2012): CiteScore 2.23 SJR 1.064 SNIP 1.023
Web of Science (2012): Impact factor 2.156
ISI indexed (2012): ISI indexed yes
Web of Science (2012): Indexed yes
BFI (2011): BFI-level 1
Scopus rating (2011): CiteScore 1.97 SJR 0.922 SNIP 0.916
Web of Science (2011): Impact factor 2.019
ISI indexed (2011): ISI indexed yes
BFI (2010): BFI-level 1
Scopus rating (2010): SJR 0.81 SNIP 0.824
Web of Science (2010): Impact factor 1.966
BFI (2009): BFI-level 1
Scopus rating (2009): SJR 0.874 SNIP 0.823
BFI (2008): BFI-level 1
Scopus rating (2008): SJR 0.915 SNIP 0.882
Scopus rating (2007): SJR 0.846 SNIP 0.92
Scopus rating (2006): SJR 0.829 SNIP 0.905
Scopus rating (2005): SJR 0.916 SNIP 0.958
Scopus rating (2004): SJR 0.886 SNIP 0.932
Scopus rating (2003): SJR 0.864 SNIP 1.009
Web of Science (2003): Indexed yes
Scopus rating (2002): SJR 0.796 SNIP 1.003
Web of Science (2002): Indexed yes
Scopus rating (2001): SJR 0.861 SNIP 0.935
Web of Science (2001): Indexed yes
Scopus rating (2000): SJR 0.819 SNIP 1.051
Scopus rating (1999): SJR 0.795 SNIP 1.097
Original language: English
Keywords: Barriers to treatment, DAA, Direct Acting Antivirals, Factors associated with treatment, HCV, Hepatitis C virus, Liver cancer, Liver disease, Treatment initiation
DOI: 10.1080/00365521.2018.1467963
Source: Scopus
Source-ID: 85046484571
Research output: Research - peer-review ; Journal article – Annual report year: 2018