



# Hepatitis C in Opiate Maintenance

to treat or not to treat ... ?

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# HCV-Infection: a real or virtual problem?

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- HCV-infected individuals mostly are not suffering
  - They are suffering because they know the diagnosis ...
- Natural course of HCV-Infection?
  - Min. 80% will be treated for nothing ...
  - When is the best time for therapy?
- Hope for more successful therapy

2001/2002: Luzern, St. Gallen, Zürich

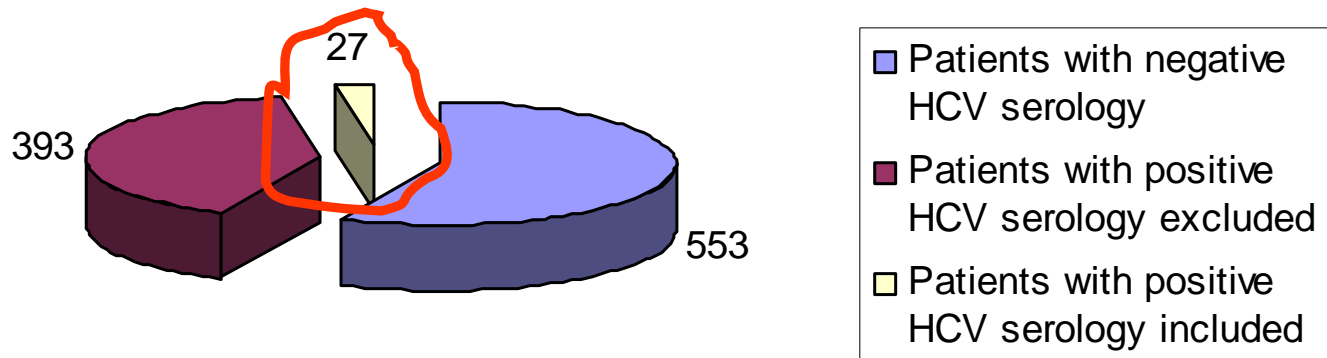
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**An Open-label Randomized Multicenter Trial:  
Interferon-alpha2a + Ribavirin in Patients on Opiate  
Maintenance Treatment**

# HCV Treatment in Methadon Maintenance

□ = 973 / □□□ + 420



→ only a small number could be treated

## Reasons for no treatment:

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- Protocoll exclusions: 80,8%
- Patient refusal: 19,2%

# Reasons for no treatment:

Protocoll exclusions: 80,8%

Normal liver enyzmes	26.8
Poor attendance in opiate treatment program	13.1
HIV-Coinfection	11.7
Undetectable HCV-PCR	10
Psychiatric reasons	7.5
Alcohol consumption > 50 g/d	6.9
Other (incl. HBs antigen positivity)	4.8

80,8%

# Reasons for no treatment:

Patient refusal: 19,2%

Afraid of side effects	5.8
Dislike of blood collection	5.6
Appointments too frequent	3.6
Unconvinced by necessity of treatment	1.9
Dropout from maintenance program	1.8
Receiving antiviral therapy elsewhere	1.3
Other	0.5

# Results

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- Sustained response Genotype 1 or 4: 3/15 **20%**
- Sustained response Genotype 2 or 3: 10/12 **83%**



# Conclusions

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- In a small fraction of HCV-infected Patients in OMT HCV-therapy is feasible, safe and effective
  - Results with the new Pegylated Interferon could be 10-20% better
    - Ongoing study
- The success rate is similar to that achieved in controlled studies that exclude drug users
- Many open questions ...