

Assessment of adherence barriers to oral HCV treatment in ambulatory setting

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Introduction and Aim

- The hepatitis C virus (HCV) represents a major public health threat and the World Health Organization (WHO) has set targets to eradicate HCV by the year 2030 [1].
- Although new oral treatments are available, rendering the disease curable, around 58 million people are infected worldwide with chronic HCV [2].
- Barriers to HCV treatment are still present at the level of patients, providers, and systems [3].
- Before treatment initiation, barriers should be identified to achieve optimal adherence to oral HCV treatment.

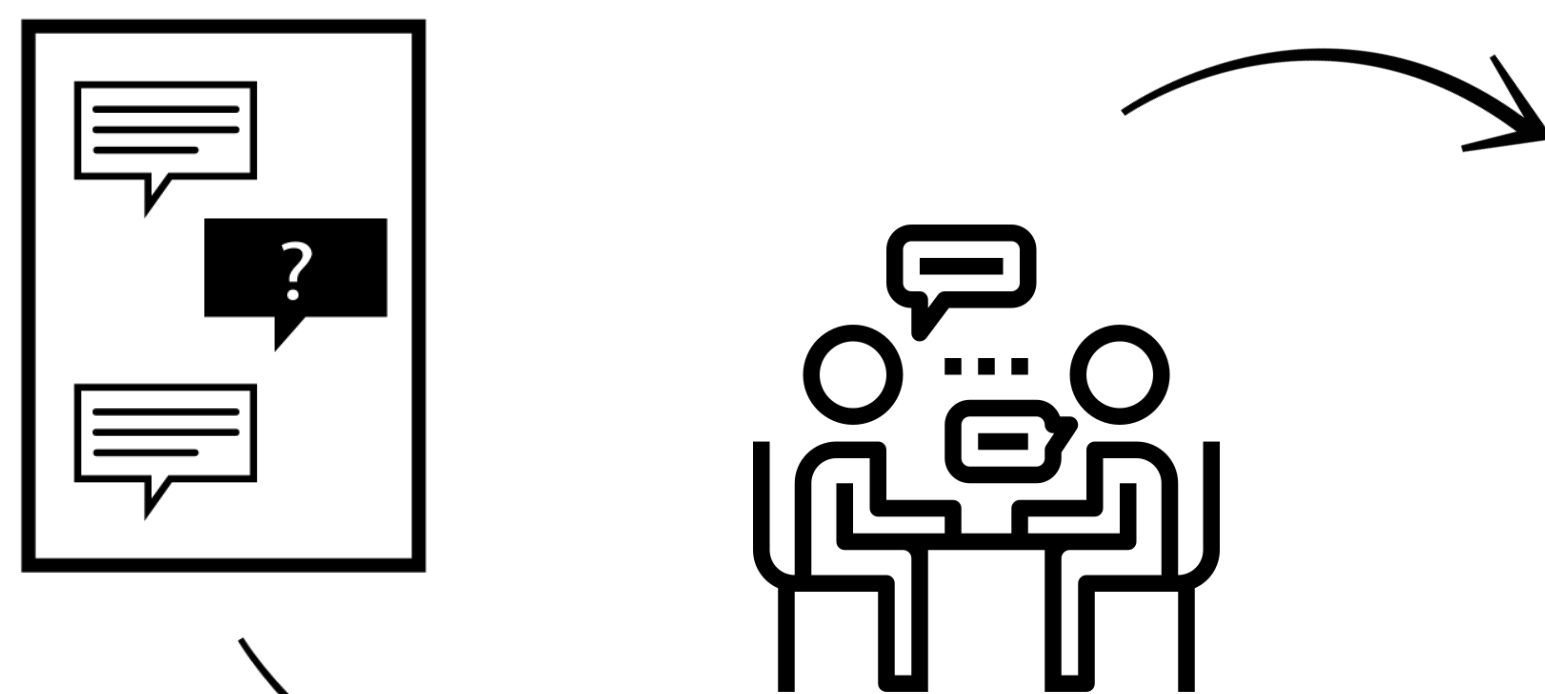
⇒ **We aimed at identifying barriers to the initiation of oral HCV treatment in ambulatory patients**

Methods

- Development of a comprehensive interview guide with items from the literature and the framework on patients' lived experience with medicines (PLEM) [4] focusing on oral HCV treatment.
- Performance of in-depth semi-structured interviews with ambulatory patients of the University Psychiatric Clinics in Basel (Switzerland) who underwent oral HCV treatment. Incentive of CHF 75.- cash was given per patient.
- Recording, transcription, and coding of interviews with a deductive approach for thematic analysis.
- Creation of a checklist to guide counselling in clinical practice.

Results

Interview guide with 30 items within 4 topics (personal difficulties and barriers to treatment, personal motivation, knowledge about the disease and its treatment, received information about HCV medicines)



Interviews with 7 individuals
(48.4±7.6 years old; 6 men)
between 07/2021 – 1/2022

"I really had to overcome myself to swallow the pills"
(male, 53 years)

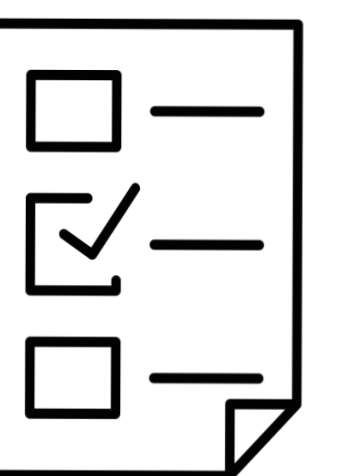
Table: Compiled barriers that might be present before initiation of oral HCV treatment, with 5 themes and 13 specific situations at the level of patients, providers, and systems.

Themes	Situation
Lack of information regarding...	treatment options
	side effects
	how to pose the diagnosis
	reimbursement
Negative attitude towards medication and health care system regarding...	false expectations on treatment
	doubts about the success of the treatment
	lack of priority of treatment
	lack of motivation
Physical difficulty	lack of trust in health care providers (physician, pharmacist, institution)
Insufficient social environment	swallowing difficulty
	fear of stigmatisation
Lifestyle	lack of social support (e.g. institution, family, friends)
	alcohol consumption, concomitant use of legal or illegal substances

"Biopsy ... was biggest barrier why I did not start the first therapy"
(male, 50 years)

"I had the disease... but I always tried to push it away"
(male, 53 years)

"If I had not had the support from the institute, it would have been a barrier"
(female, 43 years)



Checklist of barriers

References

- [1] WHO. Combating hepatitis B and C to reach elimination by 2030. 2016. www.apps.who.int/iris/handle/10665/206453 (accessed on 18.10.22).
- [2] WHO. Hepatitis C – Key facts. 2022. www.who.int/news-room/fact-sheets/detail/hepatitis-c (accessed on 18.10.22).
- [3] Trooskin SB et al. We Must Do Better: Addressing HCV Treatment Barriers in Persons Who Inject Drugs in the United States. *J Infect Dis.* 2020;222(Suppl 9):S773
- [4] Mohammed MA et al. Medication-related burden and patients' lived experience with medicine: a systematic review and metasynthesis of qualitative studies. *BMJ Open.* 2016;6(2):e010035
- All icons are retrieved from Noun Project www.thenounproject.com

Discussion and Outlook

- Recruiting female volunteers was difficult, however no gender specific topic could be identified.
- The barriers might only be valid in healthcare systems comparable to Switzerland.
- We will now test if HCV treatment initiation can be optimized when healthcare providers assess barriers with our checklist.



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