

ABSTRACT:

Background: VHC is a widespread serious chronic infectious disease. Most of the patients affected by the disease consist of IDUs. Treatment of VHC is now **perceived as** an important preventive element for the spread of the disease in IDUs population. Adherence to treatment is absolutely crucial for the successful completion of treatment. Adherence to treatment is often questioned by clinicians who treat VHC in patients using addictive substances.

Objectives: To compare the efficacy of treatment of VHC in patients with a history of drug in patients without a history of drug, to compare treatment adherence among patients without a drug history and patients with drug history, to map out the factors affecting adherence to treatment and to find a place in the therapeutic team for expertise of addictologist.

Material and Methods: Data from documentation of 258 patients that were treated in 2006-2015 for viral hepatitis C at the Department of Infectious Diseases at the University Hospital Brno have been processed with using the statistical and analytical methods and in compliance with ethical rules retrospectively. Adherence to treatment (defined as the completion or early termination of treatment due to non-compliance with the treatment regime by the patient) and the effectiveness of treatment, as measured by Sustained Virology Responsibility SVR (defined as decrease in HCV RNA below the limit of detection 24 weeks after completion of therapy) have been evaluated.

Results: The significant difference during treatment of VHC was observed in treatment adherence when a group of patients with no history of drug use a loss of contact (i.e. Patients did not come to the doctor prescribed monitoring and treatment was prematurely terminated) was observed in 4 patients out of 138 (2.9%), while in the group with drug history it was 29 cases out of 120 patients (24.2%). 33.3% of patients in the group of patients without a history of drug achieved SVR and 36.7% of patients in the group of patients with a history of drug achieved SVR. The average length of treatment was 8.5 months in the group without drugs, and in the group with a history of drug it was 5.8 months. SVR rate in both groups of patients, despite the high non-adherence of drug users, is comparable. This is partly due to the fact that drug users are on average 10 years younger, they are in better health condition, including lower rates of liver parenchyma infliction and due the predominant genotype 3, which has higher SVR and shorter treatment duration than genotype 1 which prevailed in the group of non-users of drugs.

Conclusions: The treatment success measured by SVR parameter was in the files without drug history and drug history comparable. However, the group of patients with a history of drug, despite the initial criteria set out in therapy, showed a high rate of dropping out of treatment. This shows a higher incidence of barriers to treatment and supports the need for a multidisciplinary approach in the treatment of VHC, including addictological care.

Key words: viral hepatitis C - treatment - injecting drug users - adherence - Addictologist