

### Introduction

- Medication non-adherence is prevalent across all clinical conditions and causes major medical and economic challenges.
- Chronic hepatitis C (HCV) affects over 71 million people worldwide; according to the World Health Organization (WHO), less than 5% are aware of their status.
- HCV patients in Romania are currently benefiting from two DAA-specific regimens provided by a national public health program, and only in cities with a university hospital.

### Objective

Real-world data on Health-Related Quality of Life (HRQoL) and direct-acting antivirals (DAAs) in chronic hepatitis C virus (HCV) are still scarce. We focused on studying how the latest generation interferon-free treatment can change HRQoL and DAAs adherence in Romanian HCV affected patients..

### Methods

- All patients with chronic HCV who received DAAs treatment (dasabuvir/ombitasvir/paritaprevir/ritonavir, Group 1, or ledipasvir/sofosbuvir, Group 2) at the Gastroenterology Department from University County Hospital of Craiova, Romania, in the period May 2020 – June 2021, were included.
- Adherence was assessed using HCV-AD10, a validated tool on Romanian patients with HCV.
- HRQoL was measured using 15D instrument at baseline and at the end of treatment (EOT).
- Potential factors predicting medication adherence were evaluated with multiple regression analysis. Mann-Whitney U test was used to assess the difference between the treatment groups for HRQoL and adherence.

### Results

A total of 200 patients were included in this study: 28% male, median age 60 years, 100% genotype 3b. The cure rate was 97.5%, most of the patients being treated with dasabuvir/ombitasvir/paritaprevir/ritonavir (62%). The medication adherence in Group 1 was not significantly different from Group 2 (91.05±8.36 vs 90.89±9.3, p-value=0.699). The HRQoL increased after treatment (0.90±0.08 and 0.94±0.07 at baseline and EOT, p<0.0001), a more increase was observed for Group 2 (0.017±0.1 vs 0.08±0.098, p<0.0001).

### Results

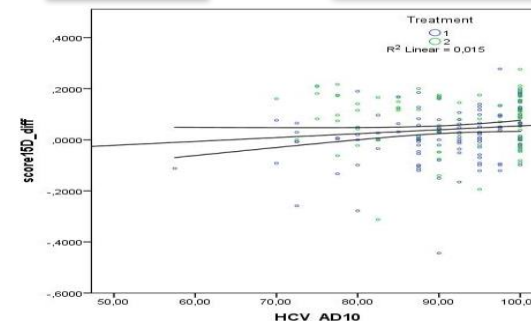


Characteristics	Group 1 (n=124)	Group 2 (n=76)	p-value
Age, years	58.16±11.65	62.01±11.82	0.016
Gender, male	37 (29.8%)	19 (25%)	0.461
Severity	5.03±2.9	5.99±2.97	0.039
SVR, yes	122 (98.4%)	73 (96.1%)	0.306
Score15D_1	0.93±0.07	0.86±0.07	<0.0001
Score15D_2	0.94±0.07	0.94±0.07	0.354
Score15D_diff	0.02±0.1	0.08±0.11	<0.0001
HCV-AD10	91.05±8.36	90.89±9.3	0.699

Table 1. Differences between the two types of HCV treatment

### Discussion

- The HCV patients from Group 2 were significantly older than the HCV patients from Group 1.
- HRQoL was lower, as severity was higher, at baseline for the patients from Group 2.
- No HRQoL differences were observed at the end of the treatment between the two groups of patients.
- No medication adherence difference was observed between the two groups of patients.
- No correlation was underlined between enhancing HRQoL and DAA adherence.



### Conclusion

Our study reveals a significant increase of HRQoL after DAAs treatment also regarding some dimensions (sleeping, excretion, usual activities, mentality, discomfort, depression, distress, vitality, sexual activity). Using HCV-AD10, we were able to find high DAAs adherence with no differences between the type of treatment. Enhancing depression and distress were the only factors that increased medication adherence.

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