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Published in:
Journal of Hepatology

DOI:
[10.1016/S0168-8278\(18\)30579-8](https://doi.org/10.1016/S0168-8278(18)30579-8)

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
2018

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Weersink, R., Katja, T., & Borgsteede, S. (2018). Drug utilization in patients with liver cirrhosis in ambulatory care. *Journal of Hepatology*, 68(s1), s183. [https://doi.org/10.1016/S0168-8278\(18\)30579-8](https://doi.org/10.1016/S0168-8278(18)30579-8)

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THU-125

Increasing access to treatment for hepatitis C by vulnerable, high risk patients through community pharmacy: The SuperDOT-C study in Scotland

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Background and Aims: New care pathways for Hepatitis C (HCV) are required to increase access to treatment among people prescribed opioid substitution therapy (OST). Existing pathways are often poorly utilised by this vulnerable group because of barriers to care including issues with stigma and health literacy and complexity of service design. This is despite OST patients having regular contact with a pharmacist. Highly effective direct-acting antiviral therapy (DAAs) for HCV have a much smaller burden of treatment than interferon-based regimes, require less monitoring and have improved adherence, making a community pharmacy treatment pathway potentially viable. The SuperDOT-C trial compares an established standard of care pathway (conventional care), with a community pharmacy-led pathway utilising directly observed therapy.

Method: Fifty-five community pharmacies have been recruited from the Tayside, Grampian and Glasgow regions of Scotland, and have been randomised to either provide HCV treatment on site (pharmacy-led arm), or refer patients to the conventional care pathway. At the beginning of the study, pharmacists and support staff were trained to provide dried blood spot testing for HCV to OST recipients and to evaluate laboratory test results to determine suitability for treatment within the community pharmacy. Individuals suitable for treatment either receive therapy within their pharmacy or are referred to the conventional care pathway.

Results: To date, 280 HCV positive patients have been consented into the two SuperDOT-C treatment arms and 113 have initiated therapy. No problems have been encountered with the testing or assessment of patients for treatment. Pharmacy staff report that the opportunity to offer testing and treatment for HCV has enhanced the relationship with patients.

Conclusion: The SuperDOT-C study has shown initial promise, in terms of the ability of pharmacy staff to recruit OST patients and encourage them to initiate treatment. The study is scheduled to complete recruitment by the end of 2018.

THU-126

Drug utilization in patients with liver cirrhosis in ambulatory care

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Background and Aims: Patients with liver cirrhosis are at risk to develop adverse events because of altered pharmacokinetics and pharmacodynamics. Some drugs have known safety risks in patients with cirrhosis, such as NSAIDs and benzodiazepines. There is not much known about drug use in these patients in ambulatory care, where drug use might be more risky because of less monitoring. Therefore, we aim to explore which drugs patients with liver cirrhosis use in ambulatory care.

Method: In this retrospective longitudinal cohort study, data from an out-patient pharmacy database were combined with hospitalization data (PHARMO Database Network). Patients with a clinical diagnosis of cirrhosis (ICD-9 code 571.2 or 571.5) between January 1998 and December 2015 were included in the study. The index date was the first day of discharge from hospital with the diagnosis of cirrhosis. Data on drug dispensations were analyzed during the total follow-up of a patient.

Results: In total 5,618 patients (59% males) were included with a mean age at the index date of 60.7 ± 12.5 years. Patients were followed for a median of 3 years (interquartile range (IQR) 3) after the index date. In 179 patients (3.2%) follow-up ended because of a liver transplantation. During the total follow-up, 102,297 drugs were prescribed. General practitioners prescribed 61.5% of these drugs, specialists 36.4% and the prescriber was unknown in 2.2%. Patients used a median of 6.8 unique drugs per person per year (IQR 8.4). Drugs for acid related disorders (mainly proton pump inhibitors) were the most frequently used therapeutic group (70.9% of patients) followed by diuretics (63.5%) and antibacterials for systemic use (61.9%). For individual drugs, spironolactone (48.7%), furosemide (44.0%) and pantoprazole (34.9%) were used most often. Temazepam (23.2%), diclofenac (22.2%) and paracetamol (21.3%) were the most frequently used drugs for non-liver related co-morbidities. Looking at the group of benzodiazepines and NSAIDs; they were used by respectively 46.2% and 37.1% of patients during the total follow-up.

Conclusion: Patients with cirrhosis frequently use drugs in ambulatory care. A substantial proportion of patients used drugs with known safety risks in cirrhosis, such as NSAIDs and benzodiazepines. Attention is needed for both specialists and general practitioners when prescribing drugs to these fragile patients to prevent adverse events.

THU-127

Long-term effectiveness of Sofosbuvir-based hepatitis C regimens in Central and West Africa (ANRS 12342)

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Background and Aims: Chronic hepatitis C (CHC) is a global public health problem with long-term consequences including the development of liver cirrhosis and hepatocellular carcinoma (HCC). The short-term effectiveness of Direct Anti-Viral Agents (DAA) has been assessed for the first time in the setting of sub-Saharan Africa within the multicenter, non-randomized, open-label ANRS 12311 TAC trial.