

CHRONIC HEPATITIS B AND C PATIENT MANAGEMENT AND TREATMENT RESTRICTIONS - CURRENT PRACTICE IN SIX EUROPEAN COUNTRIES



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Background

Literature describing and comparing referral and patient management for chronic HBV/HCV is very limited. Single European country studies suggest that a significant proportion of positive patients do not receive appropriate specialist care. As part of a European study (HEPscreen) into best practice in screening and care for HBV/HCV among migrant populations, we studied current practice in specialist secondary care in six European countries (the UK, Germany, the Netherlands, Italy, Hungary and Spain).

Methods

A survey was developed using the content of clinical practice guidelines identified by a systematic literature search. Experts representing the views of specialists involved in the treatment of chronic HBV/HCV patients were identified and invited by email to complete the survey online. The survey was available in six languages and could be completed between July and September 2012.

Response rate

27% (64/235). Most were gastroenterologists/hepatologists or infectious disease specialists involved in the care of chronic HBV/HCV patients on a weekly basis.

Results Part 1 - Referral Practices

How common is it for specialists to receive patients from:

➤ **GPs** - It was very common for the majority of specialists to receive patients from GPs in all countries except Italy and Spain, where half indicated that this was not routine practice. Almost no-one reported rarely or never receiving patients from GPs.

➤ **Midwives/Antenatal Care Providers** - It was very common in the UK (78%) to receive patients from these services, while in the Netherlands 59% indicated this to be variable or not routinely. However, 44% in Italy, 50% in Spain, along with the majority in Germany (56%) and Hungary (50%), reported this to be rare or never.

➤ **IDU clinics/services** - This was very common for the majority of specialists in the UK and Spain. In contrast, 56% in Germany indicated rarely or never and 60% in Hungary, reported that this was not routine practice.

Results Part 2 – Treatment option restrictions

Most respondents in all countries but Italy reported that PEG IFN α can be prescribed without restriction for both chronic HBV and HCV. No one reported that Entecavir and/or Tenofovir cannot be prescribed for chronic HBV (Table 1). Restrictions were more common for the new protease inhibitors for HCV, especially in Hungary (Table 2).

Table 1 - Limitations in the use of treatment for chronic HBV/HzCV

Entecavir and/or Tenofovir	UK (n=9)	DE (n=7)	NL (n=22)	HU (n=10)	IT (n=9)	ES (n=4)
No Limitations	89%	71%	96%	60%	67%	100%
Some limitations	0%	14%	5%	20%	33%	0%
Unsure	11%	14%	0%	20%	0%	0%

Table 2. Limitations in the use of treatment for chronic HCV

HCV: Boceprevir and/or Telaprevir	UK (n=9)	DE (n=7)	NL (n=22)	HU (n=10)	IT (n=9)	ES (n=4)
No Limitations	44%	71%	73%	0%	0%	0%
Some limitations	44%	14%	27%	0%	67%	100%
Complete limitation/cannot be prescribed	0%	0%	0%	70%	33%	0%
Unsure	11%	14%	0%	30%	0%	0%

Restrictions reported were based on clinical indications such as viral load, genotype and contra-indications (e.g. cirrhosis) as well as restriction to certain hospitals, duration and resistance to other drugs.

Results Part 3 – Treatment restrictions: Patient groups

The tables in this box describe treatment restrictions for three patients groups:

➤ **Undocumented migrants** - Treatment was significantly or completely restricted in all countries except Italy and, to a lesser extent, Germany. Opinion was divided in the Netherlands and uncertainty is high in Hungary.

Restrictions on treatment? Undocumented migrants	UK (n=9)	DE (n=7)	NL (n=22)	HU (n=10)	IT (n=9)	ES (n=4)
No/Some	11%	29%	42%	10%	78%	25%
Significant/Complete	67%	43%	50%	60%	11%	75%
Unsure	22%	29%	9%	30%	11%	0%

➤ **Asylum Seekers** - Significant or complete restrictions were indicated by the majority of respondents in Hungary and Spain. Interestingly, a large proportion of professionals reported uncertainty for this question.

Restrictions on treatment? Asylum Seekers	UK (n=9)	DE (n=7)	NL (n=22)	HU (n=10)	IT (n=9)	ES (n=4)
No/Some	56%	71%	77%	0%	78%	25%
Significant/Complete	22%	14%	18%	50%	11%	50%
Unsure	22%	14%	9%	50%	11%	25%

➤ **Injecting drug users** - Few restrictions were reported by the majority of respondents in Germany, the Netherlands and Italy. In Hungary and Spain half of the respondents indicated that treatment is significantly or completely restricted.

Restrictions on treatment? Asylum Seekers	UK (n=9)	DE (n=7)	NL (n=22)	HU (n=10)	IT (n=9)	ES (n=4)
No/Some	56%	71%	77%	0%	78%	25%
Significant/Complete	22%	14%	18%	50%	11%	50%
Unsure	22%	14%	9%	50%	11%	25%

Discussion and Conclusions

Caution should be taken in interpretation as health care system context may explain some of the observed differences between countries.

Referral from primary to secondary care

- Our data suggest that, other than from GPs, current referral practice differs within and between countries.

- Antenatal screening programmes for HBV are in place in all countries, yet in 4 of the 6 countries about half of the specialists report they rarely or never receive patients from Midwives/Antenatal Care Providers.

- Not receiving patients from antenatal care could indicate more complex referral mechanism via other health service(s). However, it could also indicate that referral to specialist care for and treatment of women testing positive is not adequate.

- Few specialists in some countries receive patients from services for injecting drug users. This could be related to the lack of screening programmes for IDUs or to ineffective referral mechanisms from these services.

Treatment restrictions

- For HBV treatment the options recommended in the EASL guidelines are generally available. Reported restrictions in the use of treatment for chronic HBV were mostly clinical indicators included in the guidelines.

- For the treatment of HCV the availability of the newest drugs varies considerably. It is of concern that in Hungary, neither of the two latest HCV drugs are available to specialists.

- Although drug use is no contraindication for treatment according to the EASL guidelines, in some countries treatment of IDUs is significant or completely restricted.

- The opinion of professionals regarding treatment restrictions for undocumented migrants and asylum seekers is not always in agreement within each country. This suggests that a lack of clarity about entitlements for these patients exists.

- Access to treatment is an important ethical consideration in the planning and implementation of screening. Migrants are an important risk group and restricted entitlement to treatment among migrant groups could be one explanation of limited existence of migrant screening programmes.

