

# The knowledge and will of treatment for chronic hepatitis C patients in the era of direct antiviral agents

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## Background

- Previous study showed huge gap between clinical efficacy and community effectiveness of pegylated interferon/ribavirin treatment for chronic hepatitis C (CHC) because of disease awareness, medical accessibility, and treatment barriers.
- Although these treatment barriers may much improve in the era of direct antiviral agents (DAA) treatment, knowledge and willingness still possibly affect the community effectiveness.

## Aim

- This study was conducted to evaluate the knowledge of CHC treatment in patients with CHC after the approval of DAA in Taiwan.
- We also examined whether there was difference in knowledge and perception of CHC treatment between hospital and rural area in Tainan City.

## Material and methods

- A questionnaire was designed for patients with HCV viremia.
- Questions included awareness of CHC, accessibility of a doctor for CHC and knowledge about CHC therapy such as interferon and DAA
- The study was performed during 28-Nov-2016 to 15-Oct-2017.

## Result

- Total 278 patients were enrolled, 46.4% from our hospital and 53.7% from rural community. (Table 1)

Table 1. The demographic and clinical characteristics of the patients

	Hospital (n=129)	Community (n=149)
Age	61.6±11.0	65.6±10.9
Education level		
Illiterate/ Primary school/ Junior high school/ Senior high school/ Higher than College	12/39/18/40/20	41/70/27/8/3

- The awareness of "CHC is a curable disease" was 71.3% in hospital population and 49% in community population.
- In hospital population, 93.8%, 86%, and 4.7% of subjects answered "IFN, DAA, liver-protecting agent are the treatment of CHC", and 5.4% didn't know about CHC therapy. In contrast, 32.9%, 28.2%, and 5.4% of community population answered "IFN, DAA, liver-protecting agent are the treatment of CHC", and 59.1% didn't know about CHC therapy. (Figure 1)

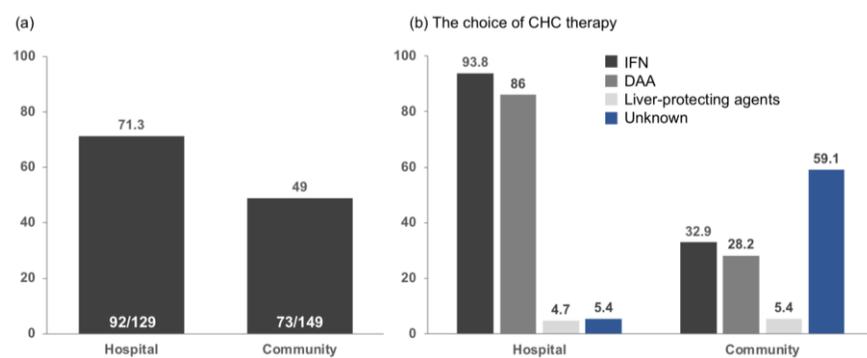


Figure 1: (a) The awareness of "CHC is a curable disease". (b) The choice of CHC therapy.

- In subjects knowing DAA, the percentage of information source was from doctors, nurses, newspaper, television, and friends was shown in figure 2.

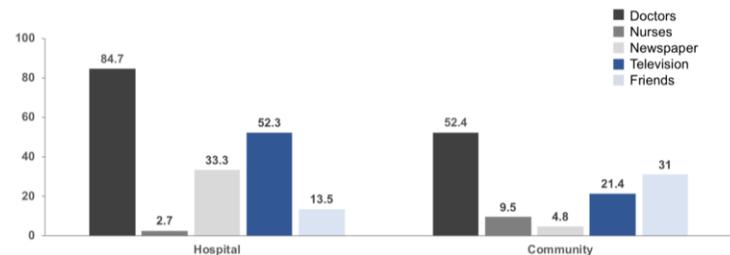


Figure 2. The information source of "knowing DAA"

- In hospital population, 73.9%, 47.4%, 28.8%, 38.7% could answer about adverse effect, efficacy, cost, treatment duration of DAA compared with IFN therapy. In contrast 61.9%, 42.9%, 14.3% and 21.4% of community population could answer the same question. (Figure 3)

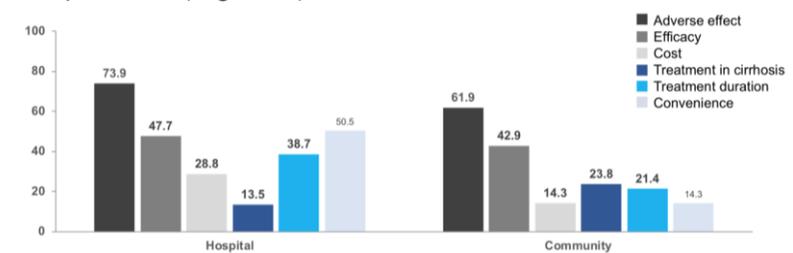


Figure 3. The knowledge of difference between DAA and IFN

- 97.7% of hospital population are aware of CHC infection, 41% receive IFN therapy and 22.5% receive DAA therapy. However, only 66.4% of community population are aware of CHC infection, 40.9% have doctor consultation, 11.4% receive IFN therapy, and 4% receive DAA therapy.
- The most common reason of refusing DAA therapy are unaffordable cost and no insurance reimbursement.

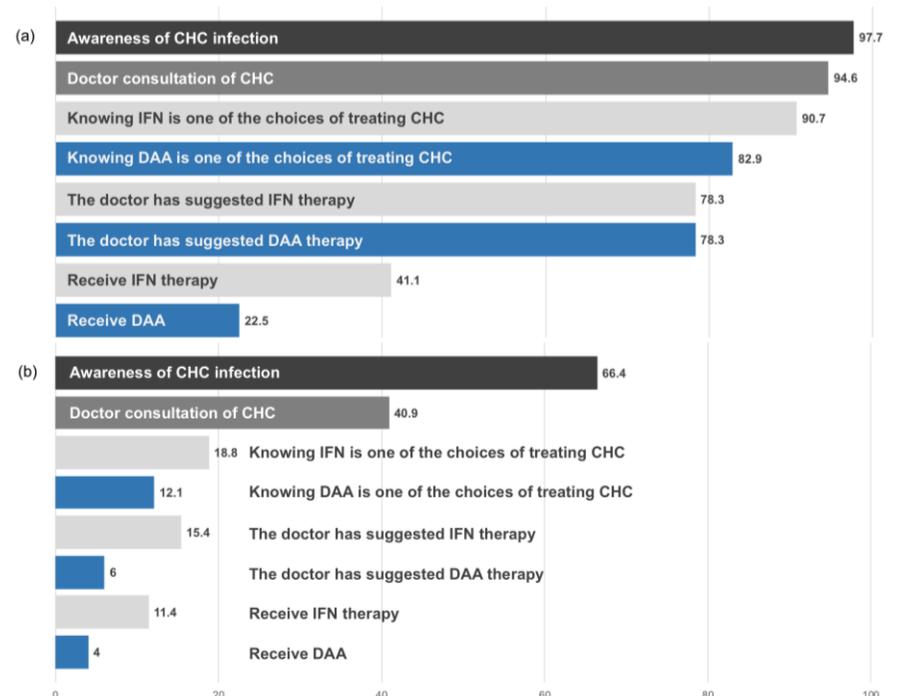


Figure 4. The percentage of awareness, consultation, knowing therapy and receive therapy about CHC in hospital population (a) and community population (b).

## Conclusion

- Disease awareness, medical access, cost and insurance reimbursement are all importance factors including the effectiveness of CHC therapy