

Evaluation of alcohol use behavior among patients cured in Georgia's HCV elimination program (preliminary results)

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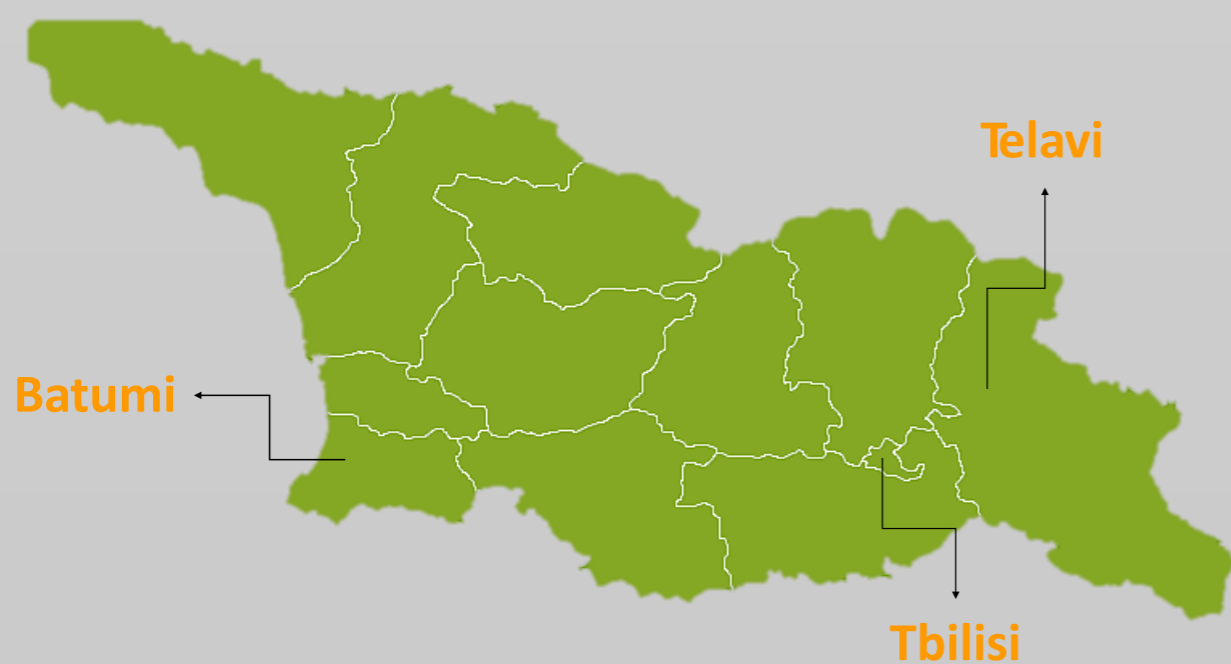
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Background

- Alcohol is one of the major risk factors of liver disease. Taking alcohol exacerbates liver damage among patients with chronic hepatitis C. East European region is one of the excessive alcohol drinking regions in the world. Georgia is a wine producing country. Vineyard ownership and producing homemade wine is very common, particularly in eastern Georgia with one of the highest rates of wine consumption. There are no data on the role of alcohol on liver inflammation and fibrosis progression among HCV patients in Georgia. Understanding the role of drinking behavior on liver health after achieving sustained viral response (SVR) is extremely important to plan and implement targeted intervention among HCV patients after cure to prevent progression of liver fibrosis level.

Methods

- The study was conducted in three cities of Georgia (Tbilisi, Batumi and Telavi). One clinic participating in the HCV elimination program was selected in each city. The survey tool with 28 questions was developed. Patients achieving SVR were invited to participate by a research assistant. Among those willing to participate informed consent was obtained.
- Face-to-face interviews were conducted by trained interviewers. The separate room was used for the interviews.
- FIB-4 score (the score calculated using ALT, AST, and complete blood count) or liver elastography (Fibroscan echosens) was used to assess the follow-up liver fibrosis level.



Conclusion

- Drinking alcohol is common in Georgia and a high proportion of people in the HCV treatment program consume alcohol. Abstaining from alcohol is advantageous to improvement in fibrosis, even after SVR has been achieved. However, majority of HCV patients do not drink alcohol during treatment, but resume drinking after achieving SVR. The findings present an opportunity to focus messaging and education for patients during DAA treatment to improve outcomes even after completion of treatment.

Research Objectives

- Conduct survey of patients achieving SVR on alcohol use behavior
- Evaluation of association of alcohol use with liver fibrosis level
- Comparison of behavioral changes after achieving SVR (for the sub-sample of patients at clinic Neolab, where baseline drinking information is available)
- Comparison of drinking behavior in the capital, Eastern and Western Georgia

Results

- As of December 2020, 256 patients were enrolled in the study. Of those, 11.1% were ≤ 35 years old, 81.7% were male, 69.8% were married, 38.9% had university degree, and 61.5% were employed. Majority of participants (93.7%) report ever using alcohol in their lifetime, and 10.3% consider themselves heavy drinkers. Nearly all (94.1%) participants knew that heavy alcohol consumption can accelerate development of liver fibrosis, and 97.5% abstained from alcohol during treatment. Among those, 75.7% resumed drinking after achieving SVR. More than half (52.1%) of the patients felt moderate alcohol intake is normal for those with low fibrosis scores; 12.8% of patients thought drinking is unacceptable among people with HCV infection.
- In bivariate analysis, patients who abstained from alcohol after achieving SVR were 4 times more likely to have improvement in liver fibrosis compared to those who resumed drinking (29.5% vs 7.4%, respectively; $P < .02$).

Alcohol use during and after treatment

