

# Harm Reduction and Treatment Approaches for Patients with HCV Using Alcohol

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# Presentation Objectives

- Discuss how to talk about alcohol use with patients and connect to resources for treatment or support
- Describe treatment approaches based on a patient's goal of moderating use or abstinence
- Explain efficacy and importance of HCV treatment for patients using alcohol

# Disclosure & Conflict of Interest

- I have no disclosures and no conflict of interests

# Alcohol Use Disorder

How much does this matter?

- Alcohol consumption is associated with 88,000 US deaths each year
- Due to stigma and shame people may not seek treatment from medical community or elsewhere
- Medications are prescribed to less than 9% of patients who are likely to benefit from them

# Alcohol Use Disorder Screening and Diagnosis

- “How many times in the past year have you had 5 (for men) or 4 (for women) or more drinks in a day?” – AUDIT-C
- Family history
- DSM 5 Alcohol Use Disorder
  - Impaired control
  - Social impairment
  - Risky use
  - Physical dependence
- History of severe withdrawals or seizures
- Consider pharmacological treatment with moderate to severe disorder (4 or more symptoms from DSM-V)

# Alcohol Use Disorder

## How much is too much?

- Binge drinking
  - male-5 drinks one occasion
  - Female-4 drinks one occasion
- Heavy alcohol use: Binge drinking on 5 or more days in the past month.



# Alcohol Use Disorder

## Community and Peer Support

- Peer support groups
  - Minnesota Recovery Connection
  - Alcoholics Anonymous
  - Smart Recovery: Cognitive behavioral practices
  - Refuge Recovery: Buddhist-inspired practices and principles
  - Twin Cities Recovery Project. African American specific resources
  - Bridge Club: Specifically focused on women and LGBTQIA + folks
  - Wilder Foundation. Hmong or Karen language specific resources
  - CLUES. Spanish speaking culture specific
  - Alliance Wellness Center. Somali and East African specific
- Mobil Apps
  - In the room (12-step and non-12 step meetings)
  - Sober grid (recovery coach support)

# Medication Treatment Approaches:

## Naltrexone

- Blocks mu-opioid receptor (long acting naloxone)
  - **Decreases impact of positive feedback following alcohol consumption**
- Contraindicated for patients taking opioids and with hepatic impairment
- **Reduces heavy drinking days as well as total drinks on drinking days**
  - Can be used as harm reduction approach
- Side effects include nausea, headache, and dizziness
- Some patients elect to take as needed prior to events with alcohol
- Monitor liver function tests periodically
- Injectable naltrexone can improve adherence



# Medication Treatment Approaches: Acamprosate

- Modulates glutamate neurotransmission and decreases cravings
- Second line treatment if naltrexone contraindicated or not effective
- Contraindicated in severe renal disease
- Effective in maintaining abstinence so recommended for patient's who have already obtained sobriety
- Side effects are diarrhea and fatigue

# Medication Treatment Approaches:

## Disulfiram

- Inhibits aldehyde dehydrogenase
- Causes a disulfiram-ethanol reaction if patient's drink alcohol
  - Flushing, sweating, hypotension, vomiting
- Supervised ingestion leads to better outcomes
- Goal of abstinence
- Use cautiously with cardiovascular disease, hx of psychosis, and cirrhotic hepatitis
- Monitor LFTs
- Side effects headache, fatigue, neuropathy

# Medication Treatment Approaches:

## Gabapentin (Off Label)

- Reduced negative affect symptoms that are common during alcohol withdrawal and for the weeks following cessation.
- Some evidence to support that long term use is associated with less return to use of alcohol
- Short prescriptions and close follow up recommended
  - Common dosages would be 300mg TID or 600mg TID
- Effective for mild withdrawals but not effective for preventing seizures or treating moderate to severe withdrawals

# Heavy Alcohol Use + HCV = Increased Rates of Cirrhosis

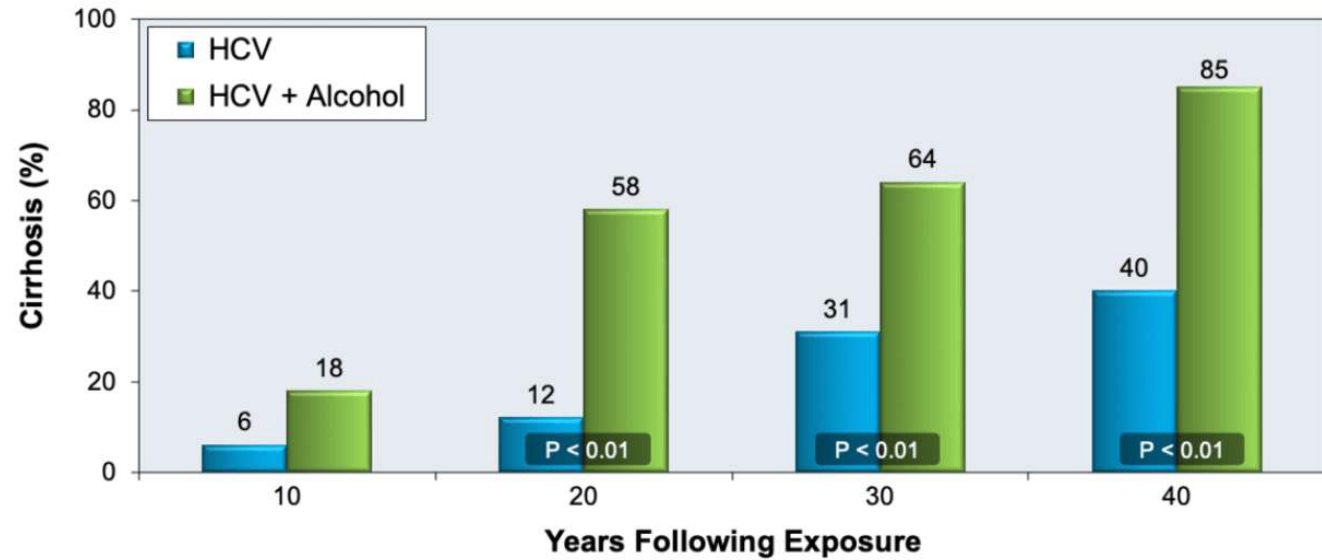


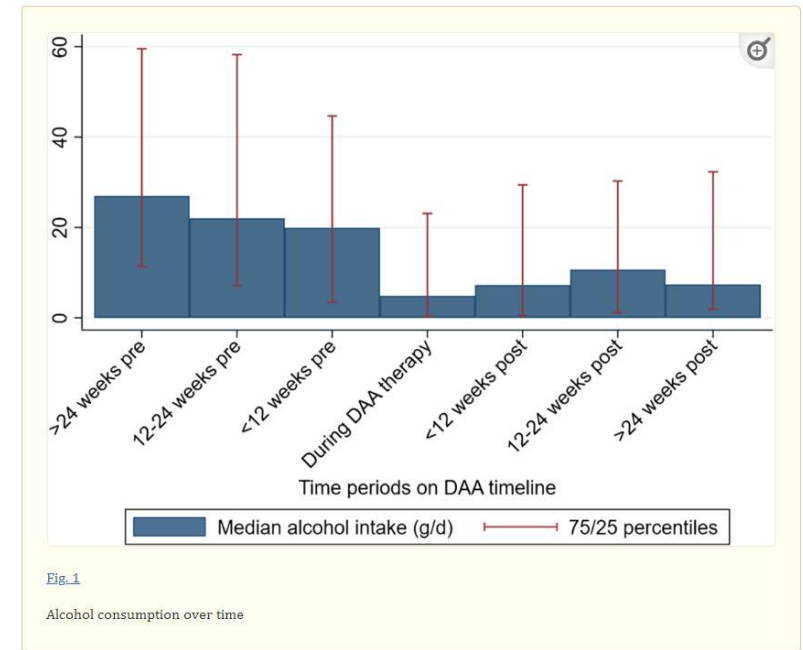
Figure 5. Impact of Alcohol Consumption on HCV Treatment Response

In this study, excessive alcohol consumption was defined as  $\geq 60$  g/day for men and  $\geq 40$  g/day for women.

Source: Wiley TE, McCarthy M, Breidi L, McCarthy M, Layden TJ. Impact of alcohol on the histological and clinical progression of hepatitis C infection. *Hepatology*. 1998;28:805-9.

# SBIRT Can Work!

- SBIRT: Screening, Brief Intervention, and Referral to Treatment
  - Liver providers were given a 2-h training session regarding SBIRT, as well as National Institute of Alcohol Abuse and Alcoholism-developed handouts for SBIRT
- Provider delivered counseling (5-10 min) was correlated with improvement in heavy drinking and abstinence both during and 12 weeks after treatment with DAA therapy



# Alcohol Use and Treatment Success with Direct Acting Antiviral Therapy

- Retrospective cohort study (Cartwright et al.) found that there was no difference in rates of negative HCV PCR 12 weeks after treatment for the following:
  - Abstinent without AUD
  - Abstinent with AUD
  - Lower risk consumption of alcohol
  - Moderate risk consumption of alcohol
  - High risk consumption of alcohol or AUD
- Retrospective chart abstraction (Heiman et al.) found no difference in SVR rates or loss to follow-up between various alcohol use indicators.

**Supports not withholding treatment for patients with alcohol use and not having abstinence requirements**

Cartwright, E. J., Pierret, C., Minassian, C., Esserman, D. A., Tate, J. P., Goetz, M. B., Bhattacharya, D., Fiellin, D. A., Justice, A. C., Lo Re, V., 3rd, & Rentsch, C. T. (2023). Alcohol Use and Sustained Virologic Response to Hepatitis C Virus Direct-Acting Antiviral Therapy. *JAMA network open*, 6(9), e2335715. <https://doi.org/10.1001/jamanetworkopen.2023.35715>

Heiman, E., Alexander, M., Zhang, R., Zheng, Z., & Miller, L. S. (2024). High Hepatitis C Cure Rates Among Patients With Alcohol Use at a Safety-Net Hepatitis C Clinic. *Journal of addiction medicine*, 10.1097/ADM.0000000000001307. Advance online publication.



# Thank you!

Questions?

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