Session: P039 Viral hepatitis

Category: 1b. Viral hepatitis (incl antiviral drugs, treatment & susceptibility/resistance, diagnostics & epidemiology)

23 April 2017, 13:30 - 14:30
P0865

Patients diagnosed with HCV: analysis of mortality and its predictors in the population cohort in Navarre (2015-2016)

Alejandra Pérez-García*[1], Aitziber Aguinaga[2], Jorge Díaz-Gonzalez[3], Regina Juanbeltz[4], Jesús Castilla Catalán[5], Carmen Ezpeleta[2]

[1]*Complejo Hospitalario Navarra; Clinical Microbiology*

[2]*Complejo Hospitalario de Navarra; Clinical Microbiology*

[3]*Instituto de Salud Pública de Navarra*

[4]*Ciber Epidemiología Y Salud Pública*

[5]*Instituto de Salud Publica de Navarra-Instituto de Investigación Sanitaria de Navarra (Idisna)-Ciber Epidemiología Y Salud Pública*

Background: People with hepatitis C virus (HCV) infection may have a high mortality due to it, which adds to the mortality from other causes that increases with age. The development of new direct acting antivirals (DAA) has led to an improvement in the prognosis of HCV infection. It is expected that complete HCV elimination will improve the prognosis of liver disease and reduce associated mortality. The aim of this study is to analyze all-cause mortality in people with HCV infection by trying to identify predictors of mortality in a cohort of patients diagnosed with HCV infection in Navarre between 2015 and 2016.

Material/methods: Epidemiological variables (age, sex), microbiological (co-infection with HIV, sustained viral response, spontaneous remission), DAA treatment, liver disease variables (cirrhosis and degree of cirrhosis, hepatocarcinoma) were studied; Diagnosis of decompensated cirrhosis (encephalopathy, portal hypertension, esophageal varices, ascites, hepatorenal syndrome), and liver transplantation. Mortality was analyzed in the years 2014 and 2015 in the cohort of people with HCV

diagnosis in Navarra, Spain. Logistic regression models were used to identify factors associated with mortality.

Results: The cohort included a total of 4143 people year. Mortality of patients with HCV infection in 2014 was 1.7% (87 patients) and 2.2% (108 patients) in 2015. Mortality increased progressively with age with an OR: 40.85 in those over 85 years of age compared to youngers than 45 years (95% CI: 12.59-132.54). Factors that decrease the risk of mortality: women (OR: 0.49; 95% CI: 0.28-0.88), and viral cure either in response to antiviral treatment (OR: 0.14; 95% CI: 0.02-1.05) or Spontaneous remission of viral load (OR: 0.16; 95% CI: 0.02-1.15) and hepatic transplantation (OR: 0.17; 95% CI: 0.03-0.91) On the contrary, in addition to age, decompensated cirrhosis (OR: 8.9; 95% CI: 4.58-17.31) and hepatocarcinoma (OR: 7.45; 95% CI: 2.75-20.23) Are factors associated with increased risk of mortality in patients diagnosed with HCV. By controlling for the remaining factors, mortality implied a decrease in 2015 compared to 2014 (OR = 0.86, 95% CI 0.83-1.39).

Conclusions: Although the aging of the infected population and the progression of infection tend to raise the mortality of patients with hepatitis C, the new treatments open the door to be able to reverse this trend.