



**UKE Paper of the Month August 2013**

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**Psychoeducation improves hepatitis C virus treatment during opioid substitution therapy: a controlled, prospective multicenter trial**

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**ABSTRACT:** *BACKGROUND:* People who inject drugs (PWID) have a high prevalence of hepatitis C virus (HCV) infection. However, PWID are considered "difficult to treat," requiring a specifically adapted treatment setting, including psychosocial support. *METHODS:* In this prospective, German trial, the impact of psychoeducation (PE) on retention and sustained virologic response (SVR) during HCV therapy among PWID was evaluated. We included 198 patients in opiate substitution therapy, who fulfilled indications for antiviral treatment. All patients received pegylated interferon alfa-2a and ribavirin therapy. Patients in the intervention group (n = 82) received manualized PE sessions. *RESULTS:* In patients with HCV genotype 1 or 4 (GT 1/4), PE was associated with increased treatment completion (76% vs 55%, P = .038), whereas PE had no such effect among GT 2/3 patients, who showed fewer dropouts and higher SVR rates. Among GT 1/4 patients, a minimum of 5 PE sessions was associated with increased SVR (71% vs 48%, P = .037). Multivariate regression analyses confirmed the impact of PE in GT 1/4 and revealed further predictors for retention and SVR, such as preexisting mental distress and adverse events. *CONCLUSIONS:* In patients with a higher risk of dropout due to GT 1/4 or mental distress, PE was shown to improve retention and SVR. PE is an effective supportive intervention for HCV therapy among PWID. Clinical Trials Registration. NCT00844272.

*STATEMENT: For the first time we could show that a psychosocial intervention improves viral outcome in antiviral HCV treatment in opioid dependent patients. Drug using patients are still perceived as difficult to treat, psychoeducation may increase treatment access in this patient group highly affected by chronic hepatitis C virus infection. A good example of interdisciplinary co-operation between psychiatry, addiction & infectious diseases medicine.*

**BACKGROUND:** This work was performed at the Centre for Interdisciplinary Addiction Research, a research centre of Hamburg University constituted by 4 UKE Institutes and Departments and 3 Social Science Institutes. The study was conducted by a team headed by Jens Reimer, who holds a professorship at UKE since 2011. It is part of the Dr. rer. medic. thesis of Bernd Schulte. Co-operating partners were, amongst others, at the University Hospital Essen Guido Gerken, director of the Dept. of Gastroenterology and Hepatology, and Norbert Scherbaum, director of the Department for Addiction Medicine. The study was funded by an unrestricted educational grant of Roche Germany.