#### **HEPATITIS C AND ADHERENCE**

B. Benítez García, L. González del Valle, E. Capilla Santamaría, T. Perez Robles, A. Herrero Ambrosio Hospital Universitario La Paz, Pharmacy, Madrid, Spain

## **Background**

Good adherence to hepatitis C treatment seems necessary to obtain a successful treatment, increasing sustained virologic response (SVR) rates.

#### Purpose

To assess the adherence to Chronic Hepatitis C treatment.

## Material and methods

The study was descriptive, retrospective and observational. Patients with chronic hepatitis C, who were being treated with peginterferon and ribavirin or monotherapy with peginterferon in 2011, were selected. The following data were collected: age, drug dispensed, duration of treatment, pretreatment, co-infected status (HIV, HBV), hemophilia status, genotype and viral load at the beginning and the end of treatment. Adherence was calculated taking into account the amount of medication dispensed and the dates.

## Results

Of the 113 patients included (102 adults, 11 children) 110 patients were treated with ribavirin and peginterferon. The other three patients were treated with only peginterferon. There were 32 patients with HIV co-infection and three hemophiliacs.

The average adherence of 112 of patients was 103%; one patient had less than 85% adherence. The genotype 1 patients (n=54) had a mean duration treatment time of 35.5 weeks and a mean adherence of 103%. The genotype non-1 patients (n=59) had a mean duration of treatment of 28.3 weeks and 104% adherence. The SVR of patients with genotype 1 and non-1 were 50% and 60% respectively.

# **Conclusions**

There was a high rate of adherence to treatment because it has a definite time course. Adherence was greater than 100% owing to some patients went to pick up the medication before the set date. The method used in this study could be improved with adherence validated questionnaires. Good adherence is necessary to achieve SVR and it is especially important with the new protease inhibitors drugs (boceprevir and telaprevir), due to the complexity of triple therapy, adverse reactions and the high cost. Therefore, hospital pharmacist should collaborate on it with pharmaceutical care consultation specializing in Hepatitis C.