

## HCV Treatment Challenges for Unique Populations: The Incarcerated and Those With Mental Co-Morbidities

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## THE UNTOLD STORY: THE UNCOUNTED, THE UNDER-TREATED INMATES

- Prevalence of HCV populations in correctional facilities
- Protocols to limit institutions liabilities and maximize HCV treatments for those needing treatment

## Prevalence of hepatitis C virus in USA prison population

(from Review article in Liver International Journal 2011)

Reference	Year Published	Location	Study design	Number of Subjects	Number of HCV positive (%)
Fox et al. (6)	2005	California	Cross sectional	467	160 (34.3)
Solomon et al. (7)	2004	Maryland	Cross sectional	3661	1089 (29.7)
Macalino et al. (8)	2004	Rhode Island	Prospective cohort	4264	983 (23.1)
Baillargeon et al. (9)	2003	Texas	Cross sectional	2144	593 (27.7)
Ruiz et al. (10)	1999	California	Cross sectional	4513	1859 (41.2)
Spaulding et al. (11)	1999	Colorado	Cross sectional	1224	367 (30.0)
Vlahov et al. (12)	1993	Maryland	Prospective cohort	265	100 (38.0)
HCV, hepatitis C virus.				Liver International (2011) 1091	

## “Guesstimates”

- No uniform screening policy within states or nationally for accurate #'s
- “Don’t know/ Don’t own”
- Can’t afford to treat with limited medical budgets of DOC (departments of correction)
- Public Health issues with “revolving doors” of correctional institutions (high recidivism rates) - but who’s budget will cover the cost of treatment?

## LIABILITY ISSUES

- Teratogenic side effects of HCV medications: females or males
  - Need for release 6 months after completing HCV treatment
- Consistency of protocols system wide
- Availability of specialty medical care for HCV treatment monitoring

## PROTOCOL FOR HCV TREATMENT IN DOC IN LOUISIANA

- TIME UNTIL RELEASE:
  - 24 MONTHS/ OR 6 MONTHS POST TX
- URGENCY TO TREAT
  - LIVER BIOPSY SHOWING MILD OR WORSE FIBROSIS (METAVIR STAGE 2 OR >)
  - ENZYMES >3X ULN
  - PLATELETS < LLN
  - NON-HEPATITIC MANIFESTATIONS OF LIVER DIS
- NO MEDICAL OR MENTAL CONTRAINDICATIONS TO HCV TX

## UNIQUE CHALLENGES FOR HCV TREATMENT IN CORRECTIONAL FACILITIES

- Security issues effecting medication:
  - Side effect management
  - Varying pill distribution schedules within institution
- Dietary limitations available to inmates
- Work assignment due to treatment side effects

## BENEFITS OF TREATMENT FOR HCV IN CORRECTIONAL SETTING

- Increased Compliance
- Close Monitoring
- “Window of Opportunity”
- Period of Stability
- Access to Health Care

### IMPROVED COMPLIANCE: Benefits of tx “behind bars”

- “Captive audience” - documented dosages
- Challenge: inflexibility of pill call schedules
- Lab monitoring (usually!) consistent:
  - May take longer to get viral loads back
  - Know where to find patient if results are low!
- Closely track side effects: control of when inmates comes back to clinic
- On-site health care staff that know the inmates: mood changes

### “Window of Opportunity” to Treat

- Lack (hopefully) of access to alcohol/drugs if addiction is part of their history
- Period of stability in inmates life: regular meals, exercise, housing
- Access to health care

### MANAGING HCV TREATMENT for PATIENTS WITH MENTAL HEALTH COMORBIDITIES

- The red flags of mental health issues for HCV treatment
- Limitations of mental health resources

### RED FLAGS

- Multiple psychotropic agents used in past
- No consistent mental health care provider
- Qualifies for limited public health mental health services
- Self report of “always being anxious and depressed”, but NO prior mental health assessments/services
- Currently on highly addictive agents for pain/anxiety by provider they don't see consistently

## Mental health Resource Issues

- Need for pre-treatment assessments: the undiagnosed "self-medicators"
- Limited access due to number of providers
- Cost of medications and co-pays/fees for sessions with mental health providers
- Social acceptance of mental health services
- Toleration of the mood swings or exacerbations of pre-existing mental health problems due to side effects of HCV medications.

## The Estimated Prevalence of Mental Disorders Among State Prison Inmates:

- An estimated 2 percent to 4 percent have schizophrenia or another psychotic disorder.
- Between 13 percent and less than 19 percent have major depression.
- Between 2 percent and less than 5 percent have bipolar disorder.
- Between 8 percent and less than 14 percent have dysthymia.
- Between 22 percent and 30 percent have an anxiety disorder.
- Between 6 percent and 12 percent have post-traumatic stress disorder.

Unless otherwise noted, statistics relating to inmate health status taken from National Commission on Correctional Health Care report titled *Health Status of Soon to be Released Inmates*, Published March 2002.

## CHALLENGES/OPPORTUNITIES FOR HCV TX

- INCARCERATED POPULATIONS DO WELL ON TREATMENT:
  - COMPLIANCE
  - OPPORTUNITY TO CLEAR VIRUS
  - REDUCE SPREAD OF INFECTIOUS DISEASE
- PUBLIC HEALTH ISSUE:
  - HOW TO PAY FOR THE
  - IS IT GOING TO COST US MORE TO KEEP WAITING?
- FUTURE TX OPTIONS:
  - FEWER SIDE EFFECTS
  - FEWER CONTRAS FOR THOSE WITH MENTAL HEALTH ISSUES OR MEDICAL CONTRAS TO CURRENT REGIMENS

## QUESTIONS? COMMENTS?

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## HCV Prevalence In Prison

- Est. 1.3 -1.4 million releasees infected with hepatitis C in 1996
- Est. 29 -32 % of est. 4.5 million people infected with HCV in United States served time in a correctional facility in 1996
- 17.0 -18.6 % prevalence range of HCV among inmates is nine to 10 times higher than the est. HCV prevalence in the nation's population as a whole.