

<b>Name</b>	Maryam Alavi
<b>Title</b>	Barriers to the assessment and treatment of hepatitis C virus infection among people who inject drugs
<b>Supervisors</b>	Professor Gregory Dore, Dr Jason Grebely
<b>Summary</b>	<p>In most developed countries, the majority of new and existing cases of hepatitis C virus (HCV) infection occur among people who inject drugs (PWID). Key objectives of this project are: 1) to evaluate the impact of HCV infection on mortality and reduction in life expectancy; 2) To assess barriers and willingness to receive HCV treatment among PWID; 3) To assess factors associated with HCV assessment and treatment among PWID; 4) To evaluate the impact of treatment for HCV infection on depression and mental health parameters. Compared to the general population, people with HCV infection have higher rates of mortality and considerable reduction in life expectancy. Among people with HCV infection, major causes of death have shifted from drug- to liver-related causes, attributed to suboptimal HCV treatment uptake and the aging cohort effect. Despite the safety of antiviral therapy for PWID and high willingness to receive HCV treatment, clinical and demographic characteristics remain as barriers to HCV assessment and treatment uptake among PWID. In order to lower the future disease burden of HCV, strategies should be focused on educating patients and providers about HCV and HCV treatment and developing culturally appropriate care services that are adapted for the needs of PWID and other marginalised populations.</p>
<b>Publications</b>	<ol style="list-style-type: none"> <li>1- Alavi M, Law MG, Grebely J, Thein HH, Walter S, Amin J, Dore GJ. <b>Lowered life expectancy among people with an HCV notification: a population-based linkage study.</b> <i>Under review (Journal of Hepatology)</i></li> <li>2- Alavi M, Law MG, Grebely J, Thein HH, Walter S, Amin J, Dore GJ. <b>Cause-specific mortality among people with an HCV notification, before and after 2000: a population-based linkage study.</b> <i>Work in progress.</i></li> <li>3- Alavi M, Micallef M, Dunlop AJ, Balcomb AC, Day CA, Treloar C, Bath N, Haber PS, Dore GJ and Grebely J; for the ETHOS Study Group. <b>Evaluation of treatment willingness for hepatitis C virus infection among people who inject drugs in the opioid substitution setting: on behalf of the ETHOS study.</b> <i>Work in progress</i></li> <li>4- Alavi M, Grebely J, Micallef M, Dunlop AJ, Balcomb AC, Day CA, Treloar C, Bath N, Haber PS, Dore GJ; for the ETHOS Study Group. <b>Assessment and treatment of hepatitis C virus infection among people who inject drugs in the opioid substitution setting: the ETHOS study.</b> <i>Accepted (Clinical Infectious Diseases)</i></li> </ol>

	<p>5- Alavi M, Raffa J, Lai C, Deans G, Krajden M, Dore GJ, Tyndall M, Grebely J. <b>Hepatitis C virus treatment uptake in a large community-based cohort of inner city residents in Vancouver, Canada.</b> <i>Under review (Liver International)</i></p> <p>6- Alavi M, Grebely J, Matthews GV, Petoumenos K, Yeung B, Day C, Lloyd AR, Van Beek I, Kaldor JM, Hellard M, Dore GJ and Haber PS on behalf of the ATACHC Study Group. <b>Impact of pegylated interferon alfa-2a treatment on mental health during recent hepatitis C virus infection.</b> <a href="#"><i>J Gastroenterol Hepatol.</i></a> 2012 May;27(5):957-65</p>
<b>Completion Date</b>	2012