Hepatitis C Treatment Adherence among People who Inject Drugs: A Grounded Theory

Dr. Maeve Butler, Dr. David Gillanders, Prof. Kevin Power, and Dr. Kirsty Gillings
University of Edinburgh, Department of Clinical Psychology, NHS Tayside Psychological Therapies Service, NHS Forth Valley Clinical Health Psychology Service.

Aim


Method

Design:
• 1:1 semi-structured interviews.
• Inclusion: positive adherence within the ERADICATE HCV drug trial (Interferon based combination therapy).
• +Adherence: pill counts & attendance at weekly clinic appts.

Analysis:
• Social constructivist ontology (Charmaz, 2006).
• Nvivo software used to code & categorise themes.
• 1,000+ codes for 9+ hrs. data.

Results

N=15 injecting drug users who demonstrated pos+ adherence.

• Demographics:
  Gender: 66% male
  Mean age: 31 years (range 28-46)
  Homeless: 26%

• HCV Health Status:
  Achieved functional cure: 93%
  Average treatment duration: 21 weeks

The Grounded Theory

Positive HCV treatment adherence combines three overarching core themes: hope, agency and purpose. These qualities emerged from the resolution of opposing forces. Interacting contexts including: the developmental (good enough care), environmental (a safe space, flexible access, social contact) and interpersonal (connection to values, response-ability) enabled participants to shift between opposing states.

"I don' really associate w' people abou' here, they're all two faced" (Zara)

"I 'ken't (knew) tha' wha'ever they done to us ... it was for a good reason" (Dean)

Regarding HCV dx: "[I felt] absolutely gutted felt disgusted wi'myself felt dirty jus' ashamed 'a myself" (Jack).

“I do my son caught that (HCV) I wouldn’t be able to live wi’ myself so that’s why I’m ... finishin’ it” (Laura)

“They’ve got a buddy ethos ... likes ‘a you come it’s buddy-buddy it’s no’ staff client” (Matt)

"at the hospital I would feel embarrassed an’ ashamed an’ stuff bu’ here [community centre] I didn” (Gemma)

Take Home Message & Recommendations

❖ HCV academics and public health leaders may:
   (i). Develop quantitative hypotheses linking treatment adherence with the relationship with the care provider.
   (ii). Consider, and account for the impact of developmental trauma on the engagement of PWID with healthcare services.
   (iii). Critique the role of information processing [education alone] in treatment adherence among PWID.

❖ HCV treatment providers should:
   (1). Optimise treatment access by basing clinics at specialist community centres for PWID.
   (2). Recognise that treatment adherence is relational i.e. rooted in the consistency and sensitivity of the care provider.
   (3). Protect staff against compassion fatigue & burnout by managing capacity and supporting personal development.

Acknowledgements: With thanks to members of the ERADICATE HCV trial and Cairn Centre staff, Dundee, Scotland. Further information contact: maeve.butler@nhs.net

International Standard Randomised Controlled Trials Registration: http://www.isrctn.com/ISRCTN27564683.