

RipK3 decreased. Also, the TUNEL assay shows that DHA and DHA +MaR1 promote apoptosis in hepatocytes.

Conclusions: Taken together, these results suggest that DHA +MaR1 improves the parameters of DEN-induced liver fibrosis, activating hepatocyte proliferation and apoptosis and restoring the damaged parenchyma. These results open the possibility of DHA + MaR1 as potential therapeutic agents in fibrosis and other liver pathologies.

Funding: Fondecyt Iniciación 11200258

<https://doi.org/10.1016/j.aohep.2023.100924>

P-23 TEST AND TREAT: PROFILE OF PATIENTS DIAGNOSED WITH HEPATITIS C IN THE PRISON SYSTEM OF PORTO ALEGRE, BRAZIL

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Introduction and Objectives: Hepatitis caused by the C virus (HCV) is a public health problem whose greatest challenge is access to diagnosis and treatment. The population deprived of liberty is considered a priority for approaches involving the disease. This study aimed to identify the prevalence of HCV among patients tested in prisons in Porto Alegre, Brazil and describe the diagnosed profile of the patients.

Materials and Methods: A cross-sectional study with a quantitative approach. Through the "test and treat" project, rapid testing for HCV and the treatment of diagnosed cases were carried out, providing specific pharmacotherapy, without face-to-face specialist medical consult, within 30 days in 5 prisons in Porto Alegre.

Results: 1272 tests were performed with a prevalence of 2.04% of HCV (table 1).

The "test and treat" also welcomed patients diagnosed at the entrance door of prisons providing treatment for the disease, totaling 44 patients diagnosed in these prisons. With the exception of 3 patients with non-reactive viral load, 24.4% of patients have already completed treatment, 36.6% of patients are currently undergoing treatment, 22% are awaiting test results or a change of antiretroviral regimen for HIV and 17.1 % went free from prison. As for the profile of patients, 81.8% are male. The age group with the highest prevalence of patients is 41 to 50 years old (33.3%). Regarding race/color, 41.9% of patients are black and 58.1% are white. Regarding drug use, 50% of patients reported using or had used injectable, inhaled substances and/or crack. The patient's APRI score was 0.6 (FO-F1) and FIB-4 was 1.28 (FO-F1).

Conclusions: This is an innovative action for the Population Deprived of Liberty, as it is the first time that patients with HCV have been treated in municipal prisons because of the particularities of the prison system.

Funding: This work was supported by an unrestricted grant provided by Gilead Sciences Brazil.

Table 1

Prison	total	Tests		Reagents			
		HCV/HBV	%performed	HCV+	% HCV reagents	HBV+	%HBV reagents
Presidio Feminino Madre Pelletier	315	314	99,7%	8	2,55%	3	0,96%
Instituto Psiquiátrico Forense Doutor Mauricio Cardoso	156	156	100,0%	2	1,28%	2	1,28%
IPF - Alta Progressiva	29	0	0,0%	0	0,00%	0	0,00%
Penitenciária Estadual de Porto Alegre	610	282	46,2%	12	4,26%	0	0,00%
Cadeia Pública de Porto Alegre	2651	487	18,4%	4	0,82%	1	0,21%
Instituto Penal Irmão Miguel Dario	130	33	25,4%	0	0,00%	0	0,00%
TOTAL	3891	1272	32,7	26	2,04%	6	0,47%

<https://doi.org/10.1016/j.aohep.2023.100925>

P- 24 RISK OF MULTIPLE DRUG INTERACTIONS POTENTIALLY LINKED TO SAFETY IN PATIENTS RECEIVING PANGENOTYPIC DIRECT-ACTING ANTIVIRALS FOR THE TREATMENT OF HEPATITIS C

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Introduction and Objectives: Previous studies have evaluated the risk of drug-drug interactions (DDI) in HCV patients receiving pangenotypic direct-acting antivirals (pDAA). This study aimed to describe the prevalence of the risk of potential multiple DDI (multi-DDI) and its clinical impact in patients treated with pDAAs.

Materials and Methods: A retrospective observational study from a Spanish database of 1.8 million inhabitants, including patients treated with Sofosbuvir/Velpatasvir [SOF/VEL] or Glecaprevir/Pibrentasvir [GLE/PIB] (2017- 2020). Demographics, comorbidities, comediations, and DDIs were evaluated. The severity and impact of the DDIs were evaluated using the University of Liverpool tool. Additionally, the ICD-9 coding system was used to identify the presence of suspected adverse drug reactions (SADR) during the treatment. An indirect indicator of effectiveness was evaluated (requirement of a new DAA in the six months after the end of the pDAA).

Results: 1620 patients were included; 730 with SOF/VEL (median age: 55 y; 62% men; 37.8% F3/4) and 890 with GLE/PIB (53 y; 60% men; 28% F3/4). The most prescribed drugs were neurological (35.8%), digestive (24.1%) and cardiovascular (14.2%). 77.5% of patients received ≥ 2 comediations. The number of patients receiving ≥ 2 comediations at risk of multi-DDI with pDAAs was 123 (9.8%, 123/1256), 52 with SOF/VEL and 71 with GLE/PIB. Patients showing increased risk in comedication as a DDI outcome were 31% (22) with GLE/PIB and 11% (6) with SOF/VEL (p <0.001). The risk of decrease in pDAA with GLE/PIB was 32% (23) and with SOF/VEL 46% (24) (p=NS).