REVIEWING THE USE OF A FIBROSCAN® MACHINE IN BELFAST TRUST ADDICTIONS SERVICE



> INTRODUCTION

Belfast Trust addictions service was among the first in the UK to get their own Fibroscan® machine, in March 2021.

In the two preceding years (2019-2020), only 32% of patients referred by addictions to hepatology for hepatitis C virus (HCV) attended their appointments.



Dr Ben Johnston (CT2 Core Psychiatry Trainee)
Dr Helen Toal (Consultant Psychiatrist)
Dr Joy Watson (Consultant Psychiatrist)

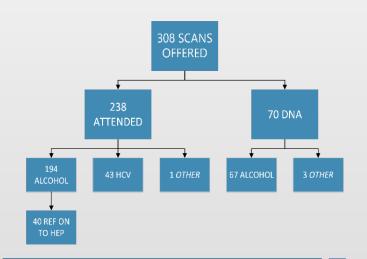
> METHOD

Case records were reviewed for all patients who were offered a Fibroscan® through Belfast Trust Addictions service. This included appointments scheduled in advance as well as scans completed ad hoc (ie when a patient was already in the building and the scan could be facilitated at that time).

The indication was then reviewed, and sorted into three categories as follows:

- 1. Patients with <u>alcohol misuse</u>, for whom a liver stiffness score >8kPa warranted onward referral to hepatology. A score >12kPa indicates likely cirrhosis, and thus would be processed as an urgent referral.
- 2. Patients with confirmed <u>HCV infection</u>, for whom a Fibroscan® helps decide treatment. Liver stiffness is a significant factor (amongst others) in deciding pharmacotherapy. Maviret® is more likely to be chosen in a non-cirrhotic liver (eg <11kPa), while Epclusa® is more often used if cirrhosis is felt to be likely (>11kPa).
- 3. "Other" for example, at consultant discretion following review of liver function tests (LFTs).

> RESULTS



DISCUSSION

Patients under the addictions service are known to access healthcare services poorly while being at increased risk. We have improved our service, facilitating better access to healthcare – benefitting both patient and service.

Crude DNA rates have been vastly improved

What's next? Given the increasing frequency and severity of fatty liver disease (FLD), we are planning to construct a pathway for further investigation and management of FLD in conjunction with the hepatology team and general practitioners. This will be using the controlled attenuation parameter (CAP) score feature of Fibroscan® machines.

A breakdown of numbers can be seen in the flowchart adjacent.

A crude attendance rate of these scans is <u>77%</u> (238/308). It should be noted, however, that 43 of these scans were completed ad hoc, ie without a scheduled appointment. If these are excluded for a fairer attendance representation, the attendance rate becomes <u>74%</u> (195/265).

Of the 194 patients who attended their Fibroscan® appointments for alcohol misuse, 40 had a liver stiffness score >8kPa, and thus were referred on to hepatology.

CONCLUSION

238 patients have undergone Fibroscans®, leading to 43 patients receiving appropriate HCV treatment, and 194 patients undergoing a form of screening for cirrhosis – leading to 40 well indicated hepatology referrals.

While not a direct comparison, 74% attended our Fibroscan® appointments (all indications) compared to 32% attending hepatology appointments in preceding two years (HCV only).



<u>Email</u>: Benjamin.Johnston@belfasttrust.hscni.net <u>Telephone</u>: 028 95040338