

Transitioning to an In-house Patient-centered Integrated Care Model for Hepatitis C Treatment in a Psychiatric Teaching Hospital: A Case Report

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ABSTRACT

Hepatitis C virus (HCV) infection is highly prevalent among people with substance use disorders. Although all-oral direct-acting antiviral agents are now available, complex referral procedures may still interrupt treatment. This case report describes how a psychiatric teaching hospital improved access to HCV care through in-house multidisciplinary collaboration. The patient was a 51-year-old woman receiving methadone maintenance treatment at the hospital's substance use disorder clinic. Routine screening showed anti-HCV positivity. Further testing confirmed positive HCV RNA, with a viral load of 3,579,223 IU/mL and genotype 6 infection, leading to a diagnosis of chronic hepatitis C. She was treatment-naive, had no evidence of cirrhosis, and no clinically significant drug-drug interaction was identified between methadone and glecaprevir/pibrentasvir. She therefore received an 8-week course of glecaprevir/pibrentasvir at our hospital. During treatment, she was followed jointly by a case manager and the methadone clinic team. She completed the treatment course without obvious adverse effects or withdrawal symptoms and achieved clinical cure. In-house integrated care may reduce referral loss and improve access to HCV treatment for high-risk populations. This model may serve as a feasible approach for promoting HCV micro-elimination.

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Key words: Hepatitis C, Psychiatric Teaching Hospital, Substance Use Disorder, Case Management, Direct-acting Antivirals (DAAs), Integrated Care

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轉型至以病人為中心之精神專科教學醫院 C型肝炎院內整合照護模式：個案報告

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摘要

C型肝炎於藥癮族群中盛行率較高，雖已有全口服直接抗病毒藥物，仍常因轉診程序複雜而治療中斷。本文描述精神專科教學醫院透過院內跨科協作，提升C肝治療可及性。個案為51歲女性，於該院藥癮門診接受美沙冬替代治療。例行篩檢發現anti-HCV陽性，經進一步確認為HCV RNA陽性，病毒量為3,579,223IU/mL，基因型第六型，診斷為慢性C型肝炎。個案為初次治療、無肝硬化，且美沙冬與glecaprevir/pibrentasvir無臨床顯著交互作用，遂於該院接受8週glecaprevir/pibrentasvir治療。治療期間由個案管理師與美沙冬門診團隊共同追蹤，個案順利完成療程，未出現明顯副作用或戒斷症狀，完成臨床治癒目標。院內整合照護可降低轉診流失，提升高風險族群C肝治療可及性，作為推動C肝微消除之可行模式。(精神健康與社區精神醫學期刊 2026;2(1):33-40)

關鍵詞：C型肝炎、精神專科教學醫院、藥癮、個案管理、直接抗病毒藥物、整合照護

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