Poster 394

Diagnosis and Management of Chronic Hepatitis B in Asian-American Patients Among Primary Care Physicians in the United States

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BACKGROUND

- Chronic hepatitis B (CHB) is a serious disease with potentially fatal consequences, such as from hepatocellular carcinoma (HCC) and cirrhosis, if left untreated[1]
- In the United States, approximately 2 million people are estimated to be chronically infected with the hepatitis B virus[1]
- CHB is more prevalent among Asian-Pacific Islanders (APIs), compared to the general population in the United States. Prevalence is estimated at 8.9% among foreign-born APIs, 1.4% among US-born APIs compared to 0.42% among non-Asians[1]
- The majority (62%) of CHB diagnoses are made by primary care physicians (PCPs); however, the majority of CHB treatment (82%) is initiated by hepatologists and gastroenterologists[2]
- Therefore, it is important to assess the level of CHB knowledge among PCPs and their role in CHB screening and disease management

OBJECTIVES

- The primary objective of this study is to assess the role of primary care physicians in CHB treatment by identifying their:
  - level of CHB knowledge
  - CHB patient load and management decisions
  - barriers and predictors of CHB diagnosis, treatment, and referral

METHODOLOGY

Participation criteria:

- Primary care physicians (internal medicine, general practitioner, family practitioner)
- See a minimum of 200+ patients per month
- Have at least 5 CHB patients in their practice
- Have practiced medicine at least 5 years
- Practice full-time

Geographic coverage within the United States:

- New York/Northern New Jersey/Long Island
- Los Angeles/Riverside/ Orange County
- San Francisco/Oakland/ San Jose
- Chicago/Gary/Kenosha
- Houston/Galveston/Brazoria
- Washington, DC/Baltimore
- Seattle/Tacoma/Bremerton
- Honolulu

Questionnaire

- A 35-minute structured questionnaire was directed to primary care physicians in relation to CHB.
- The survey was conducted online between October to December 2008

RESULTS

Table 1: Sample Distribution

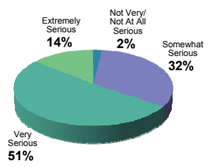
	(N = 393)
Specialty:	
▪ Internal medicine	220
▪ PCPs/family practitioners	173
Ethnicity	
▪ Asian physicians	154
▪ Non-Asian physicians	239
Region	
▪ New York/Northern New Jersey/Long Island	112
▪ Los Angeles/Riverside/ Orange County	69
▪ San Francisco/Oakland/ San Jose	35
▪ Chicago/Gary/Kenosha	70
▪ Houston/Galveston/Brazoria	40
▪ Washington, DC/Baltimore	36
▪ Honolulu	18
▪ Seattle/Tacoma/Bremerton	13

RESULTS (cont'd)

Attitudes Toward CHB

Figure 1: CHB Seriousness

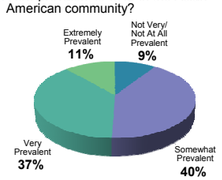
Q. How serious is chronic hepatitis B?



% of respondents
N = 393

Figure 2: CHB Prevalence

Q. How prevalent is CHB in the Asian-American community?



% of respondents
N = 393

- Most primary care physicians considered CHB to be a serious disease that was prevalent in the Asian-American community

CHB Screening

Table 2: CHB Screening of Asian Patients

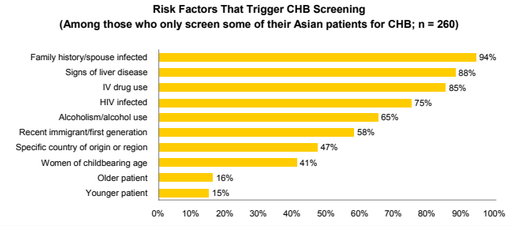
Q. Which of the following best describes your behavior with respect to screening for CHB?

	Total (N = 393)
I screen all of my new Asian patients for chronic hepatitis B, regardless of risk factors or symptoms	33%
I screen some of my new Asian patients for chronic hepatitis B, depending on risk factors	67%

- Universal CHB screening of Asian patients was not practiced by the majority of primary care physicians

Figure 3: Risk Factors That Trigger CHB Screening

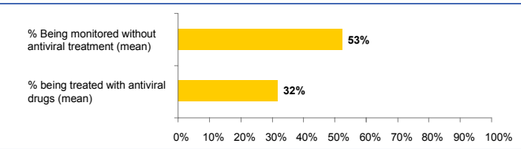
Q. Which of the following risk factors or symptoms do you look for when deciding whether to screen an Asian patient for chronic hepatitis B?



- Family history, signs of liver disease, and IV drug use were the main triggers to screen for CHB

CHB Management

Figure 4: Proportion of CHB Patients Being Monitored vs. Treated

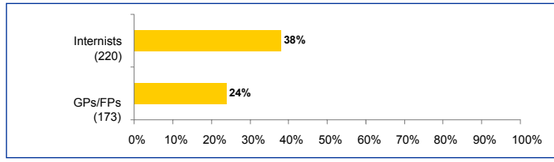


- On average, these PCPs monitored about half of their CHB patients without treating and treated about one-third with antiviral drugs

RESULTS (cont'd)

CHB Management (cont'd)

Figure 5: Proportion of CHB Patients Treated with Antiviral Drugs by Type of Physician



- Internists treated a higher proportion of patients than general practitioners

CHB Monitoring

Table 3: Monitoring Frequency

Q. Among the CHB patients who you are just monitoring (not treating with antiviral drugs), how often do you recommend that they come in for checkups?

	Total (N = 393)
PCP-recommended frequency of checkups	
Over 4 times a year	8%
3-4 times a year	50%
2 times a year	36%
Once a year or less	5%
Mean times per year	3.2

Table 4: Patient Compliance with Monitoring

Q. Among the CHB patients who you are just monitoring, what percent would you say are generally compliant in coming to see you for check ups when you recommend it?

Proportion of monitor-only patients who come to checkups as recommended (N = 393)	
Less than 25%	6%
25-49%	23%
50-74%	39%
75% or more	30%
Mean	*61%*

- PCPs usually recommend that their CHB patients who are only being monitored come in for checkups roughly three times per year. Over one-third (39%) of monitor-only CHB patients do not come in for check-ups as often as recommended

Table 5. Frequency of Testing for Monitored Patients

Q. Among the CHB patients whom you are just monitoring, how often do you typically test them to determine whether treatment might be indicated?

	Total (N = 393)
PCP frequency of testing to determine if treatment is indicated	
Every time they visit	28%
Every other visit	42%
Less often	16%
It depends	14%

Table 6. Reasons for Not Testing a Patient at Every Visit

Q. What keeps you from testing them every time they visit?

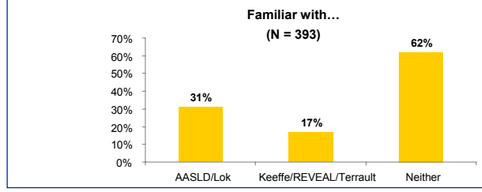
Main barriers to testing patient every visit (among those who do not test at every visit; n = 280)	
Cost of tests	37%
Not necessary if stable	30%
Patient resistance	20%
Do as often as recommended	10%
Insurance Coverage	8%
Depends on reason for visit	7%

- PCPs typically test patients who are being monitored without treatment every other visit. The cost of the tests, physician considerations, and patient resistance are the main reasons for not conducting tests at every visit

Awareness of Treatment Guidelines

Figure 6. Familiarity with Treatment Guidelines

Q. Which of the following CHB treatment guidelines are you familiar with? Check all that apply

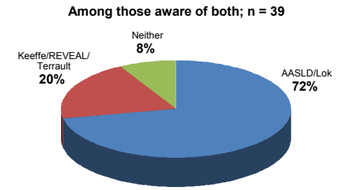


RESULTS (cont'd)

Awareness of Treatment Guidelines (cont'd)

Figure 7. Most Frequently Used Treatment Guidelines

Q. Which CHB treatment guideline do you generally rely on or use most often?

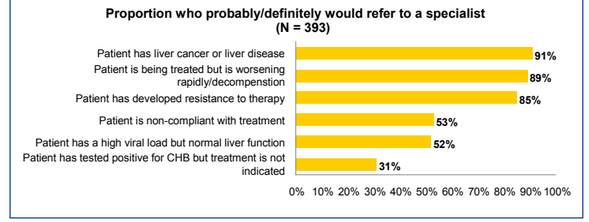


- The majority of PCPs are not familiar with either of the current major CHB treatment guidelines. AASLD/Lok is considered the standard among PCPs who are familiar with both treatment guidelines

Reasons for Referring Patients to Specialist

Figure 8. Reasons for Referring Patients to a Specialist

Q. How likely are you to refer a CHB patient to another physician under each of the following conditions: definitely yes, probably yes, may or may not, probably not, definitely not



- PCPs are most likely to refer if the patient is in the advanced stages of the disease, is worsening rapidly, or has become resistant to therapy. They usually keep CHB patients who only require monitoring

SUMMARY

- Among the survey respondents, most primary care physicians (PCPs) consider CHB to be a serious disease
- Despite awareness of the high prevalence of CHB among Asian-Americans, universal CHB screening of Asian-American patients is not practiced by the majority of responding physicians
- The majority of CHB patients under respondent care are monitored without treatment. In general, there is low awareness of, and familiarity with, either of the current major CHB treatment guidelines

CONCLUSION

- More education among PCPs is needed regarding CHB disease progression and treatment

REFERENCES

1. Cohen J, Evans AA, London WT, et al. Underestimation of chronic hepatitis B virus infection in the United States of America. *Journal of Viral Hepatitis*. 2007;15:12-13.
2. Synovate Monitor. Q1 2009.

DISCLOSURE

Nimit Upadhyaya, Daniel Salinas-Garcia, Robert Chang, Carol Davis, and Hong Tang are employees of Bristol-Myers Squibb

AASLD, The Liver Meeting in Boston, MA, October 30 – November 3, 2009