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How to better improve the treatment and outcomes of HCV in psychiatric patients: review of a Belgian monocentric psychiatric center

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Abstract

Introduction: Hepatitis C (HCV) is one of the major worldwide infections with 58 million infected persons in the world. HCV can lead to chronic liver disease, cirrhosis, and cancer. These past few years, clinical progress allowed a curative rate of 95% of the patients. There are still populations in which, treating the disease is more difficult, especially psychiatric patients, when substance abuse, psychiatric disorders are important risks factors for getting HCV. With the WHO organization establishing goals for clinical management and treatment of HCV, it is important to target where the difficulties lie in getting a better treatment program for those populations.

Aim: Try to highlight the challenges of treating a certain group of patients compare to the general population.

Method: This is a cross sectional monocentric study. 79 patients from a mental facility were included between 2012 and 2022. Inclusion criteria were: >18 years old, an active viral HCV infection.

Results: 34.7% of patients with a positive PCR were treated with a significant difference between the closed psychiatric unit and the open one (66.5 vs 22.6%, $p<.05$). There was an 82.4% eradication rate (Sustained Viral Response at 3 months). There were significantly more schizophrenic disorders in the closed unit and significantly more alcohol abuse in the open one.

Conclusion: Treatment of HCV in a psychiatric population is feasible with eradication rate equivalent at those in the general population. Patients with more severe mental illness are better treated in the configuration of a closed psychiatric unit. (*Acta gastroenterol. belg.*, 2024, 87, 223-228).

Keywords: hepatitis C, Sustained Viral Response, psychiatric disease, psychiatric center.

Introduction

Hepatitis C (HCV) is one of the world's leading infectious diseases, with 58 million people infected worldwide and 1.5 million new infections per year. HCV can lead to chronic liver disease, cirrhosis and cancer. Thanks to the development of diagnostics and therapeutic management and following the appearance of new molecules with direct pangenotypic action, viral eradication is now possible in 95% of patients.

The World Health Organization (WHO) (1) has set a target of complete eradication of HCV worldwide, which if achieved would prevent the deaths of 1.5 million people. In view of this objective, it is important to ask whether there are certain populations in our medicalized society where achieving it would be a challenge. We know that in certain patient groups, overall medical

care is more difficult, due to their social, medical and economic specificity.

In this group, we focused specifically on PWIDS (Patients Who Inject Drugs). These patients are at greater risk of infection with the hepatitis C virus, and their social and economic situation poses a challenge in terms of treatment. (5,6,8,11-13,15,16,19,20,22-25).

For this reason, the primary aim of our study is to evaluate HCV eradication in a specific population of drug-addicted institutionalized patients, and also to highlight the links between treatment difficulties and psychiatric illnesses, and to suggest ideas to improve the management of these patients.

Methodology

Institution

The Centre Régional de soins psychiatriques Les Marronniers is a public psychiatric hospital.

It has 3 sectors: the Secure Psychiatric Hospital (HPS) with 389 beds, the specialized hospital center (CHS) with 256 beds, and the outpatient sector (ambulatory consultations, mobile teams and residential sector).

At the HPS, forensic patients have an average length of stay of 10 years, and are hospitalized in a secure medical environment.

At the CHS, patients have stays ranging from 14 days to 40 days, depending on the unit and the patient's therapeutic project, and are hospitalized in an open, unrestricted setting.

Within the CRP Les Marronniers, a somatic polyclinic is organized, bringing together all somatic specialties and basic medical-technical equipment (radiology, ultrasound, diagnostic digestive endoscopy, dentistry, respiratory function test, electroencephalogram).

At somatic level, patients are followed up by general practitioners who visit the units (prevention and continuity

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Recognition of dynamic facial expressions
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Recognition of dynamic facial expressions of emotions in forensic inpatients who have committed sexual offenses: a signal detection analysis

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Emotion recognition is central in prosocial interaction, enabling the inference of mental and affective states. Individuals who have committed sexual offenses are known to exhibit socio-affective deficits, one of the four dynamic risk assessment dimensions found in the literature. Few research focused on emotion recognition. The available literature, exclusively on individuals in prison who have committed sexual offenses, showed contrasting results. Some found a global (across all emotions) or specific (e.g., anger, fear) deficit in emotion recognition. In contrast, others found no difference between individuals in prison who have committed sexual offenses and those who have committed non-sexual offenses. In addition, no such study has been undertaken among forensic inpatients who exhibit socio-affective deficits. This study aims to investigate the recognition of dynamic facial expressions of emotion in 112 male participants divided into three groups: forensic inpatients who have committed sexual offenses ($n = 37$), forensic inpatients who have committed non-sexual offenses ($n = 25$), and community members ($n = 50$), using the Signal Detection Theory indices: sensitivity (d') and response bias (c). In addition, measures related to reaction time, emotion labeling reflection time, task easiness, and easiness reflection time were also collected. Non-parametric analyses (Kruskal-Wallis' H , followed by Mann-Whitney's U with Dunn-Bonferroni correction) highlighted that the two forensic inpatient groups exhibited emotion recognition deficits when compared to community members. Forensic inpatients who have committed sexual offenses were more conservative in selecting the surprise label than community members. They also took significantly more time to react to stimuli and to select an emotional label. Despite emotion recognition deficits, the two forensic inpatient groups reported more stimuli easiness than community members.

KEYWORDS

Emotions, facial expressions of emotion, sexual offending, Forensic inpatient, Signal detection theory

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IATSO

www.iatsou.org



International Association for the
Treatment of Sexual Offenders

***Welcome to our next IATSO Conference in Poznan, Poland!
August 25th to August 28th, 2025***



**Merci et à très vite pour notre
prochaine newsletter !**