Health Problems in Patients Receiving Methadone Maintenance Treatment: A Call for Therapy Action

The issue of prominent infectious diseases among drug-injectors is a noticeable social and economic problem in a country. The epidemic of heroin abuse in Taiwan started to occur two decades ago. But the authorities of public health in Taiwan did not take it as a serious event until the wide spread of HIV infection among the addicts after the high positive rates of hepatitis-C [1] and -B [2] were reported in 1998 and 1999, respectively.

The methadone maintenance program (MMT) was implemented in the year 2006 to curb the outbreak of HIV epidemic national wide. Currently there are around 10,000 patients participating in about 100 MMT clinics in Taiwan. In this issue of the Taiwanese Journal of Psychiatry, Hsu et al. [3] reported that the prevalences of HIV, Hepatitis B, Hepatitis C seropositive statuses among their MMT patients in central Taiwan were 20.2%, 29.2%, and 85.5%, respectively. This study data suggest that the HIV epidemic has been under control after the implementation of harm-reduction programs [4].

The long-term consequence of hepatitis infection would be another disaster in public health because chronic hepatitis associated with hepatitis C virus (HCV) infection can increase the risk for progressive liver diseases, such as fibrosis, cirrhosis, and hepatocellular carcinoma [5]. Currently the treatment of HCV infection with pegylated interferon-α (peg-IFN-α) plus ribavirin (RBV) usually fails due to severe side effects including depression, fatigue, flu-like symptoms, and hemolytic anemia in patients with drug addiction [6]. Also the interaction of HIV and HCV infection is another important issue since chronic HCV infection is independently associated with a 50% increase in mortality among patients with a diagnosis of AIDS [7]. However, since the treatment is covered by health insurance and the response rate is much better than Western reports (80% to 95%) in Taiwan [8], how to engage those infected patients to be treated becomes an important issue in the prevention point of view.

Those data of this study should carry strong message to both clinicians and patients in the MMT. I suggest that it is time for the authorities to implement standard operating procedure (SOP) to treat those infectious MMT patients. Long-term follow-up of those patients both in physical and psychosocial outcome is warranted.

References

3. Hsu YW, Liu JT, Chang TG, Liao YC, Chiu NY:...


