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The Impact of Case Management on Reactivated Chronic Hepatitis B: Beyond Expectations

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INTRODUCTION

Chronic hepatitis B (CHB) is a chronic infectious disease that cannot be completely eradicated and may lead to severe liver complications. Lifelong follow-up is essential for managing patients with CHB. According to the guidelines of the National Health Insurance in Taiwan, case management for CHB patients is recommended to ensure that patients undergo one to two visits a year for monitoring of CHB and screening for liver cirrhosis and hepatocellular carcinoma (HCC). The case management model serves as a method to enhance integrated, coordinated, and continuous care for patients with chronic diseases. However, the impact of this model on the serious hepatic complications in patients with CHB remains unclear.

AIM

This study aimed to determine the effect of **case management** on **serious hepatic complications** and **adherence to antiviral therapy** in patients with reactivation of CHB.

METHOD

- This study employed a descriptive design and chart review methodology.
- A total of 782 consecutive CHB patients, experiencing reactivation and receiving antiviral therapy from January 2013 to June 2022 at a teaching hospital in northern Taiwan, were included.
- Chi-square and logistic regression were used for data analysis.

RESULTS

- *Of the patients, acute liver decompensation, newly diagnosed liver cirrhosis, and newly diagnosed HCC before antiviral therapy were 29%, 20.5%, and 11.9%, respectively. The first-year non-adherence rate to antiviral therapy was 5.9%.*
- *After adjusting age group, HCC, and newly diagnosed liver cirrhosis, case management before antiviral treatment was a negative predictor of acute liver decompensation (odds ratio 3.33, p=0.000) in CHB patients with reactivation.*
- *After adjusting the age group, case management before antiviral treatment was a negative predictor of newly diagnosed liver cirrhosis (odds ratio 11.09, p=0.000).*
- *After adjusting age group and liver cirrhosis, case management before antiviral treatment was a negative predictor of newly diagnosed HCC (odds ratio 7.66, p=0.000).*
- *After adjusting age group, liver decompensation, HCC and liver cirrhosis, case management before antiviral treatment was a negative predictor of one-year mortality after antiviral treatment (odds ratio 3.74, p=0.047).*
- *After adjusting antiviral therapy history, liver decompensation, and HCC, the incidence of the first-year self-interruption of antiviral medication in CHB patients without case management after antiviral treatment was 3.15 times (p=0.007) that of patients with case management.*

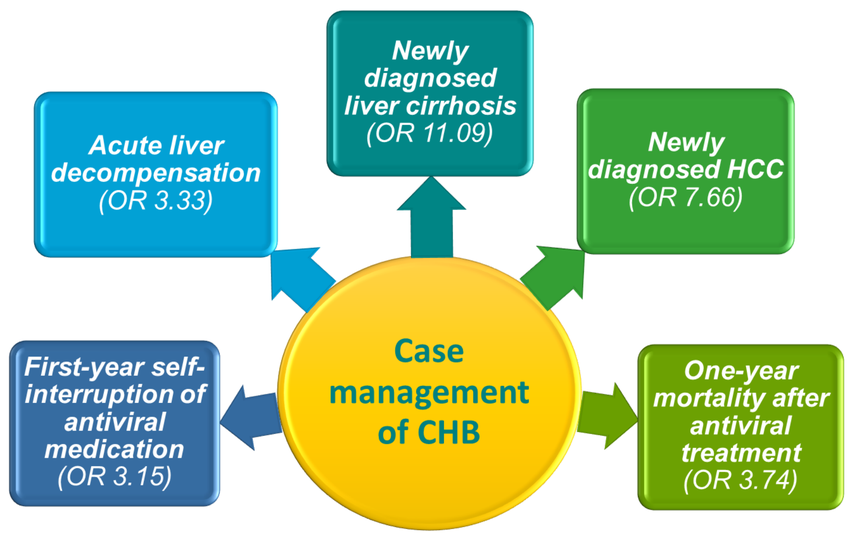

Figure 1. The Impact of case management on reactivated chronic hepatitis B

CONCLUSIONS

- Case management before antiviral treatment in patients experiencing reactivation of CHB **negatively predicts acute liver decompensation**, **newly diagnosed liver cirrhosis**, **newly diagnosed HCC**, and **the one-year mortality rate** after antiviral treatment.
- Case management after antiviral treatment significantly **enhanced compliance** with antiviral therapy in these patients.
- The clinical application of case management model to ensure regular and lifelong follow-up for CHB patients is vital in preventing these severe complications of CHB and enhancing compliance with antiviral treatment.

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