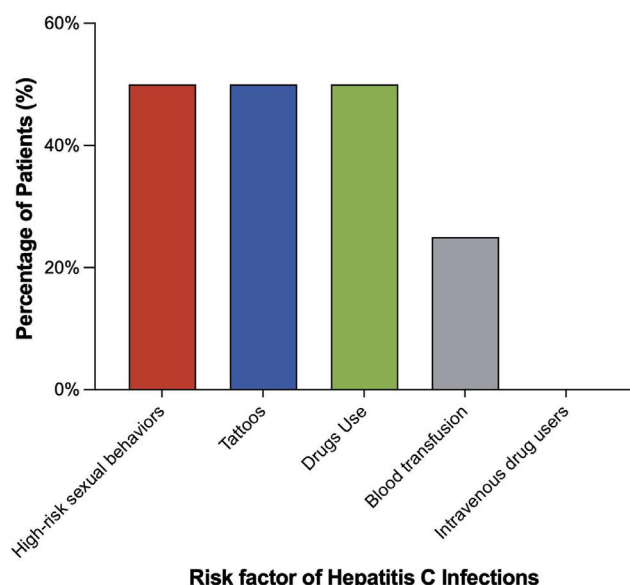


from social services and engaged in informal work. None were coinfecting with HBV or HIV. Only one patient initiated and completed DAA therapy, achieving sustained virologic response. Barriers to treatment included lack of insurance, referral delays, and loss to follow-up. No sociodemographic factors were statistically associated with HCV infection in univariate analysis (e.g., age OR 1.03, $p=0.385$; male sex OR 0.83, $p=0.888$; street vs. shelter OR 1.09, $p=0.942$).

Conclusions: HCV prevalence among PEH in Santiago was low, with risk factors differing from high-prevalence settings. Structural barriers remain the main obstacle to treatment, underscoring the need for targeted interventions within elimination strategies.

Conflict of interest: None

Risk factors associated with hepatitis C infection among people experiencing homelessness in Chile.



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MORTALITY TRENDS AND RISK FACTORS IN ALCOHOL-ASSOCIATED HEPATITIS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction and Objectives: Severe alcohol-associated hepatitis (sAH) is a life-threatening condition with high short-term mortality. Despite therapeutic advances, long-term effectiveness remains limited. We conducted a systematic review and meta-analysis to evaluate mortality trends in sAH over the past five decades.

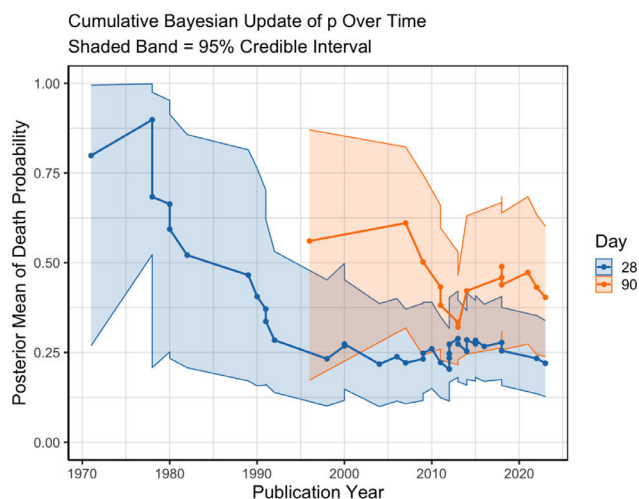
Materials and Methods: We searched PubMed, EMBASE, and Scopus through February 2024 for studies reporting 28-, 60-, and 90-day mortality in sAH. Pooled mortality estimates were calculated using mixed-effects models. Heterogeneity was assessed using the I^2 statistic, with subgroup and meta-regression analyses exploring potential modifiers. Bayesian models estimated the posterior probability distribution of mortality.

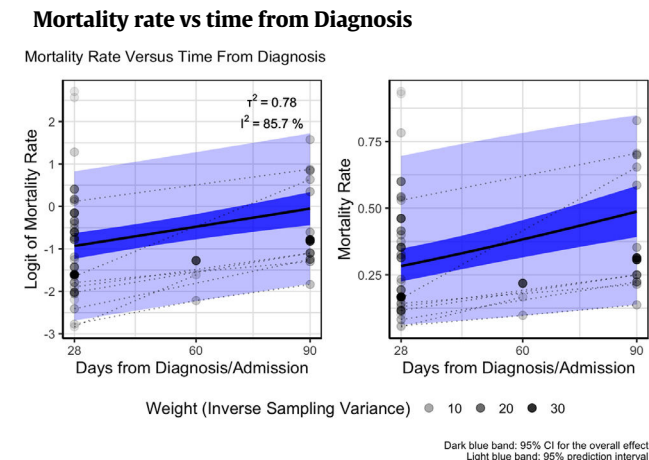
Results: Forty-five studies comprising 5,632 patients were included. Pooled mortality was 28.3% (95% CI: 22.5–34.8%) at 28 days, 38.3% (95% CI: 31.5–45.5%) at 60 days, and 48.7% (95% CI: 39.2–58.3%) at 90 days. Heterogeneity across studies was high ($I^2 > 80\%$). Bayesian models suggested a decline in 28-day mortality from over 50% in the 1970s to approximately 25% after 2000; however, no consistent reduction in overall mortality was observed. Meta-regression showed no significant association with sex, age, mDF, or publication year, but higher MELD scores were linked to increased mortality ($\beta = +0.20$ per point; 95% CI: +0.01 to +0.39; $p=0.037$). The use of corticosteroids, NAC, or G-CSF did not significantly affect mortality.

Conclusions: Despite improved supportive care, short-term mortality in sAH remains high and unchanged over recent decades. These findings underscore the urgent need for effective treatments and support early liver transplant consideration in selected patients.

Conflict of interest: None

Cumulative Bayesian updating of 28? and 90?day mortality.





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LIVER DISEASE BURDEN AND MORTALITY AMONG PEOPLE EXPERIENCING HOMELESSNESS IN CHILE: A RETROSPECTIVE COHORT STUDY

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Introduction and Objectives: People experiencing homelessness (PEH) face disproportionate health risks, yet data on liver disease and its impact in this population remain scarce in Latin America. This study aimed to describe liver-related risk factors, comorbidities, and mortality in PEH in Santiago, Chile.

Materials and Methods: We conducted a retrospective cohort study using registry data from the Salud Calle Foundation between 2010 and 2019. Sociodemographic variables, alcohol use, comorbidities, and mortality were analyzed.

Results: A total of 751 individuals were included (21.1% women; median age 48.1 ± 16.9 years). The median duration of homelessness was 76.3 months. Active alcohol use was reported by 55.7%, with 74.6% classified as heavy drinkers (mean daily intake: 218 g). Comorbidities included hypertension (23.6%), type 2 diabetes (12%), and dyslipidemia (10.5%). Compared to women, men were older (49.2 vs. 44.1 years, p<0.001) and more likely to use alcohol (62.6% vs. 30.4%, p<0.001). Over 10 years, 21.8% died, mainly from infections (31.2%) and decompensated cirrhosis (10.1%). Among those with cirrhosis, 46.8% died on the street or in shelters, with a median age at death of 61 years. Overall survival was 95.7% at 1 year, 88.9% at 3 years, and 85% at 5 years. Older age (sHR 1.05) and male sex (sHR 2.89) were independently associated with mortality in the cohort.

Conclusions: PEH in Chile face substantial liver-related and overall mortality, driven by alcohol use, chronic disease, and poor access to care. Tailored public health interventions addressing substance use and gender-specific needs are urgently needed.

Conflict of interest: None

Kaplan-Meier Curve by sex, showing survival probabilities over time for individuals experiencing homelessness in Chile, disaggregated by male and female groups.

