BACKGROUND

The few studies to attempt to measure quality of life in people with HIV have relied on measures of treatment satisfaction or health status rather than genuine measures of quality of life. Based on a questionnaire template first developed for people with diabetes, the HIV-DQoL (HIV Dependent Quality of Life) questionnaire provides a QoL measure that recognizes individuals differ in the aspects of life relevant to them, and in the importance each aspect of life has for their QoL, as well as differing in the level of impact HIV has on these aspects of life. This abstract reports initial data analysis using the newly developed HIV-DQoL.

METHOD

Design: Using a survey design 255 participants (UK=138, US=117), recruited via the internet completed the questionnaire individually (via post) or with a researcher (via phone). See Table 1 for details.

Measure: The HIV-DQoL was the template from the ADDQoL for diabetes1 and -DQoLs for other conditions and includes two overview items (general ‘present QoL’ measured using a 7-point Likert scale and ‘HIV-specific QoL’ measured using a 5-point Likert scale) and 26 domain-specific two-part items. Each domain-specific item measures HIV impact and importance for QoL. Twelve items have a not-applicable option (see Figure 1). Impact scores (-3 to +2) are multiplied by importance (3 to 0) to give Weighted Impact (WI) scores. In these ways the HIV-DQoL is sensitive to the fact that any given aspect of life may have different significance to different individuals, and as such is likely to vary impact on QoL, and that the importance of a particular aspect of life may change over time even for the same individual. WI scores are summed and divided by the number of applicable items giving an average weighted impact (AWI) score (-9 greatest negative impact to +3 greatest positive impact). The HIV-DQoLs thereby provides a highly personalised assessment of the impact of HIV on an individual’s QoL.

RESULTS

As shown in Table 1 the mean age of participants in the UK was younger and time since diagnosis less, than for participants in the US. In the UK, 77% of participants were men and 23% women and in the US, 82% of participants were men and 18% women.

Table 1: Participant Details

<table>
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<th>Country</th>
<th>N</th>
<th>Mean SD</th>
<th>Min</th>
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Using the two HIV-DQoL overview items Independent-samples t-tests were conducted to compare general QoL and HIV-specific QoL for UK and US participants. A significant difference was found in scores for general QoL (t(253) = -5.297, p=0.001). As shown in Figure 2, participants in the US reported better general QoL than those in the UK. In regard to the second overview item measuring HIV-specific QoL, although participants in both the UK and US reported that their quality of life would be better if they did not have HIV, no significant difference between countries was found (t(249)= -0.369, p=0.712).

![Figure 1: Example of a HIV-DQoL domain-specific item that includes a non-applicable option. Scoring for demonstration only](image1)

![Figure 2: Comparison of general and HIV-specific QoL for UK and US participants](image2)

CONCLUSIONS

The HIV-DQoL reveals specific areas of QoL most negatively impacted by HIV, including stigma and feelings about the future. Overall the HIV-DQoL shows worse generic QoL and greater negative impact of HIV on the QoL of UK participants vs US participants and highlights potential concerns about the impact on women. By identifying the specific areas of life most negatively impacted by HIV, the HIV-DQoL can identify priority areas of concern and facilitate more targeted efforts to meet the greatest challenges for individuals and populations with HIV.

REFERENCES