



ART improves most domains of HRQoL by both, SF-36 and HATQoL scales

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Introduction

HIV+

- Depression
- Psychological problems
- Social stigma
- Social-economical disparities

Health-related
quality of life
(HRQoL)

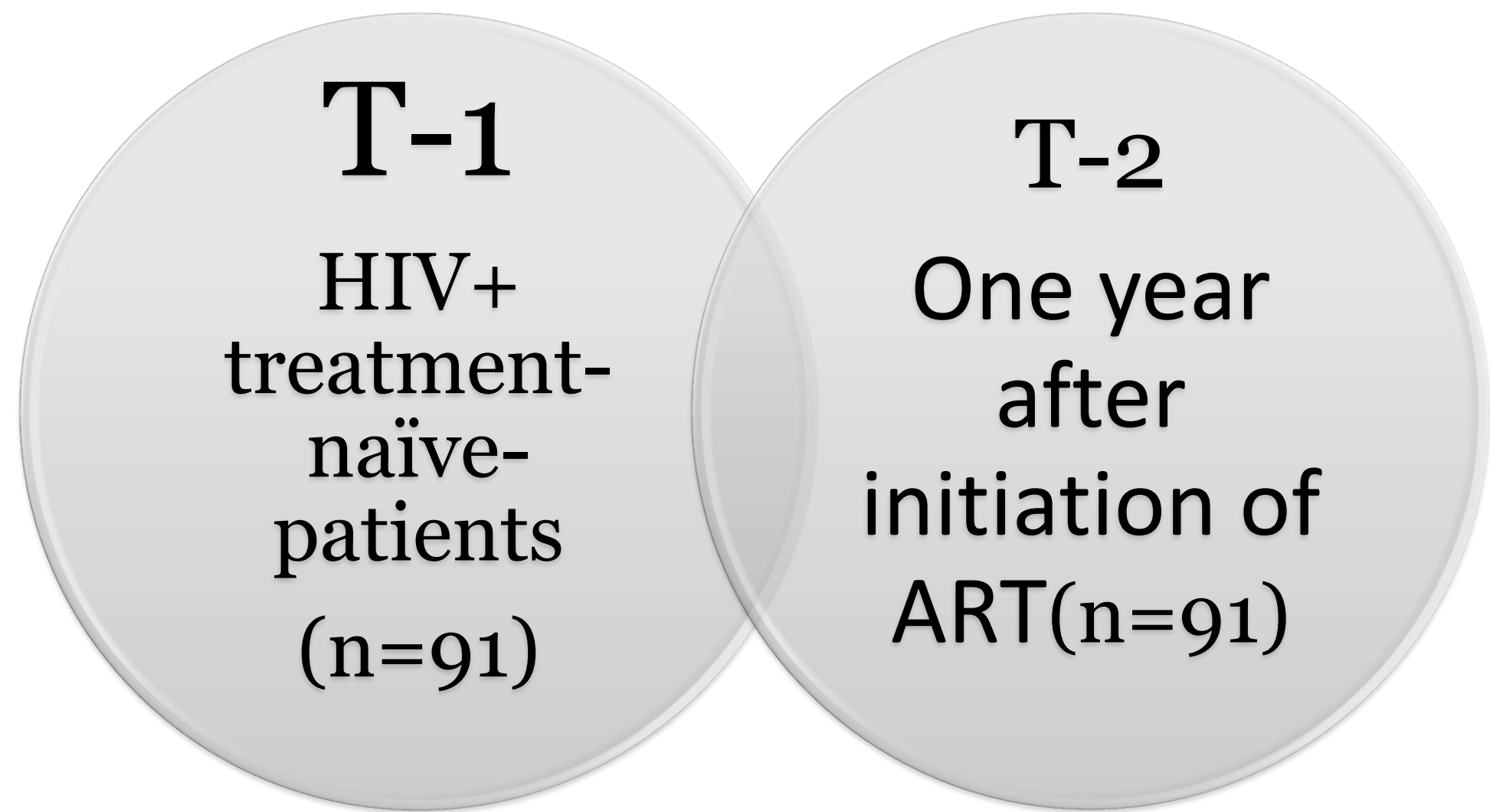
Few longitudinal studies have evaluated the effect of antiretroviral therapy on the quality of life of HIV+ patients

Objective

To evaluate the quality of life in HIV patients before and after one year of antiretroviral therapy (ART)

Methods

Prospective cohort study; N= 91 HIV+ treatment-naïve-patients



36-Item Short-Form
Health Survey (SF-36)
Normalized scores
Quality Metric Health Outcomes TM
(license number QM025905)

HIV/AIDS-Targeted
Quality of Life Instrument
(HAT-QoL)

Assessments:

- Demographics, socioeconomic status, clinical history, HIV-1 RNA plasma viral load and CD4/CD8 cells count
- Dependent t-tests were used to compare differences between levels of HRQoL before and after one year of ART
- Multiple regression technique was used to analyze the relationship between covariables and HRQoL

Results

Table 1. Demographic and clinical characteristics of the 91 HIV+ patients, Salvador, Bahia, 2018

Demographic and clinical characteristics	
Age, mean ± SD	35,33±10,75
Gender N (%)	
Male	71 (78)
Female	20 (22)
Years of education (%)	
< 8 years	19 (20.9)
≥8 years	72 (79.1)
Ethnicity N (%)	
Caucasian	19 (20.9)
Mulatto	55 (60.4)
Black	17 (18.7)
Monthly income* N (%)	
<Minimal wage	41 (45.1)
≥Minimal wage	50 (54.9)
Stable relationship N (%)	
Yes	18 (19.8)
No	73 (80.2)
Comorbidities/Charlson N (%)	
No	67 (73.6)
Mild	24 (18.7)
Moderate	6 (6.6)
Severe	1 (1.1)
Body mass index (kg/m2)	
Underweight < 18.5 kg/m²	7 (7.7)
Normal weight.=18.5 e 25 kg/m²	57 (62.6)
Overweight ≥25 e <30 kg/m²	21 (23.1)
Obesity ≥ 30 kg/m²	6(6.6)

Figure 1- SF-36v2 Physical and Mental Component Summaries

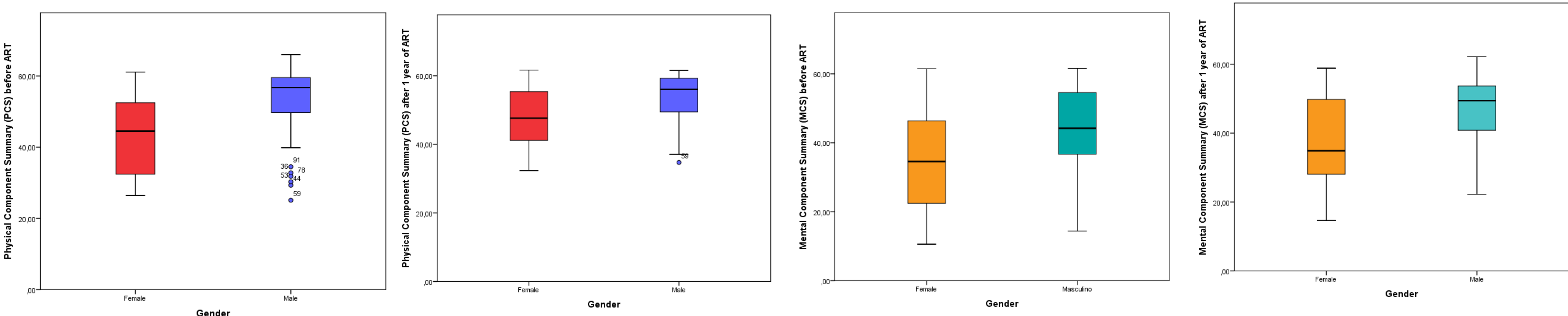


Table 2- SF-36v2 Means and Standard Deviations of Health-Related Quality of Life in 91 HIV+ patients, before and after one year of ART

Health-related Quality life Domains	Before ART	After 1 year of ART	P*
Physical Functioning (PF)	49.29±11.02	51.42±8.87	0.0001
General Health (GH)	47.46±10.58	51.77±10.27	0.0001
Social Functioning (SF)	43.63±11.98	49.90±8.43	0.0001
Mental Health (MH)	43.35±13.40	47.27±12.11	0.0001

Table 3- HAT-QoL Means and Standard Deviations of Health-Related Quality of Life in 91 HIV+ patients, before and after one year of ART

HAT-QoL Domains	Before ART	After 1 year of ART	p
Overall Function	58.79±27.21	71.07±23.21	0,0001
Life Satisfaction	53.09±29.17	68.20±29.04	0,0001
Disclosure worries	28.30±25.95	13.35±21.19	0,0001
Sexual function	59.20±36.89	79.26±33.34	0,0001

Age (P=0.002; P=0.045), sex (P=0.019; P=0.029), and having a stable relationship (P=0.010; P=0.022) were associated with the variation in BP and GH, respectively, in the multiple regression analyses; sex (P=0.001), and having a stable relationship (P=0.040) were good predictors of the Mental Component Summary. Sex (P=0.038) and age (P=0.001) predicted the Physical Component Summary. Physical Function and Overall Function showed the only strong correlation between the two scales domains (r=.73). SF-36 Cronbach's Alpha was 0.77. and HAT-QoL Cronbach's Alpha was 0.90.

Conclusions

Art improved HRQoL scores after one year of use. HATQoL and SF-36 are good tools for evaluation of HRQoL in HIV patients, but they measure different aspects. Use of both scales is recommended for an accurate evaluation of HRQoL in HIV patients.

References

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