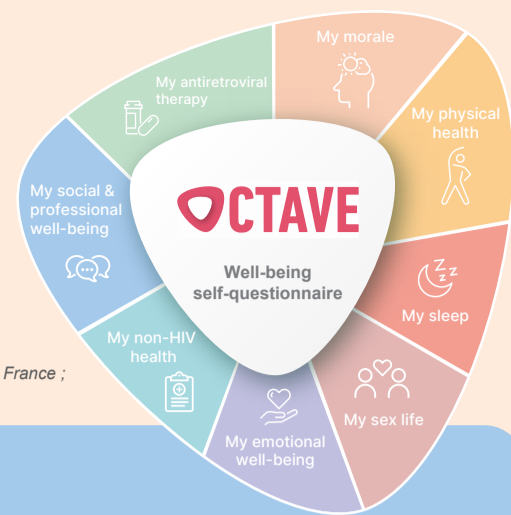


# Identification of quality-of-life alterations in PLWH in routine practice: benefit of the OCTAVE self-administered questionnaire

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## Background & Objectives

- Improving quality of life (QoL) of people living with HIV (PLWH) is a cardinal objective of care.
- Existing QoL questionnaires, designed for clinical research, may not be well suited in daily clinical practice.
- The **first objective** was to develop an easy and practical tool to detect alterations in the QoL of PLWH, suitable for routine follow-up.
- The **second objective** was to assess the effectiveness of this tool in highlighting unidentified alterations in QoL and its consequences in term of monitoring QoL.
- Thus, it was decided to evaluate it, both qualitatively and quantitatively, through a **survey of practices** carried out among a sample of French doctors taking care of PLWH.

## Material & Methods

- OCTAVE** is a **didactic self-administered questionnaire** designed to identify alterations in the QoL of PLWH in routine practice.
- OCTAVE** includes 42 optional questions divided into 8 items: antiretroviral treatment, mental health, physical health, sleep, sexuality, emotional well-being, comorbidities, social & professional life.
- It has been developed between September 2019 and March 2020 by a Scientific Committee of six infectious disease physicians specialized in HIV-caring, and further improved by a committee of eight therapeutic education nurses and a group of eight PLWH, in particular to improve the practical and flexible side of this tool.
- The tool is publicly available in paper version since November 2020 and digital version since September 2021 (<https://octaveautoquestionnaire.fr/>), when it was decided to carry out the practice **survey** among physicians.
- The tool is available in several languages since September 2022.
- Based on demographic and epidemiological representativeness criteria, 244 physicians caring for PLWH were contacted by e-mail in successive waves between September 2021 and April 2022.
- Through a secure website accessible with a unique link generated for each participant, physicians were asked to **administer the OCTAVE questionnaire to 10 of their HIV-infected patients during a follow-up visit**. To be selected PLWH had to be virologically suppressed for at least 6 months. Each participant gave oral consent before the survey. The survey questionnaire was reviewed by the French AIDS Society (SFLS).
- Following each PLWH visit, physicians had to list (on the website) **alterations of QoL** and the possible **specific management proposed** for these alterations.
- At the end of the survey, physicians expressed their overall feelings concerning the use of the tool: change in the way they now conduct their consultations, intention to continue using the questionnaire routinely in the future.

## Results

**Table 1.** Healthcare Professionals (HCPs) baseline characteristics

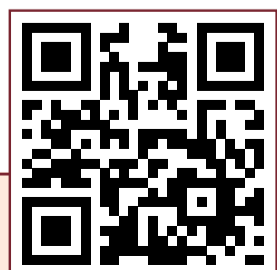
	HCPs (n=39)
<b>Age, years</b>	Median (range) 53 (32-71)
<b>Gender, n (%)</b>	Female 19 (49) Male 20 (51)
<b>Medical specialty, n (%)</b>	Infectious diseases 30 (77) General Practitioner 5 (13) Dermatologist 2 (5) Immunologist 1 (3) Occupational physician 1 (3)
<b>Primary practice institution, n (%)</b>	Hospital center 18 (46) University hospital center 16 (41) Other* 5 (13)
<b>Presence or visit of a TPE specialist in the department, n (%)</b>	Yes 35 (90) No 3 (8) Unknown 1 (3)
<b>Years of practice in PLWH follow-up, n (%)</b>	< 5 years 4 (10) 5-9 years 7 (18) 10-19 years 6 (15) 20 years & more 22 (56)
<b>Number of PLWH followed monthly, n (%)</b>	< 50 9 (23) 50 to 100 16 (41) 100 to 200 8 (21) > 200 6 (15)
<b>Region of practice, n (%)</b>	Île-de-France 22 (56) Nouvelle-Aquitaine 4 (10) Occitanie 3 (8) Hauts-de-France 3 (8) Provence-Alpes-Côte d'Azur 2 (5) Grand Est 2 (5) Auvergne-Rhône-Alpes 1 (3) Overseas territories 2 (5)

\*Other includes: CeGIDD (Free HIV Information, Diagnosis and Testing Center), Army hospital, Therapeutic coordination apartment, TPE, therapeutic patient education

### Acknowledgment

The authors would like to thank the contributors to the development of the tool: the PLWH who participated in the focus group on the tool and the committee of nurses. Finally, the authors would like to thank the physicians who participated in the survey.

**TRY OCTAVE!**

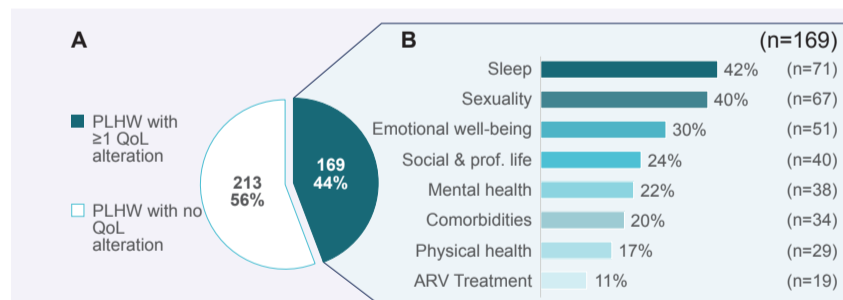


### Participants characteristics

- Thirty-nine out of 244 solicited physicians took part in the survey, mostly infectious disease specialists (77%). 56% of them had more than 20 years' experience in PLWH follow-up. Healthcare professionals (HCPs) characteristics are summarised in **Table 1**.
- A total of 382 PLWH were enrolled and completed OCTAVE. PLWH characteristics are summarised in **Table 2**.

### QoL-related alterations

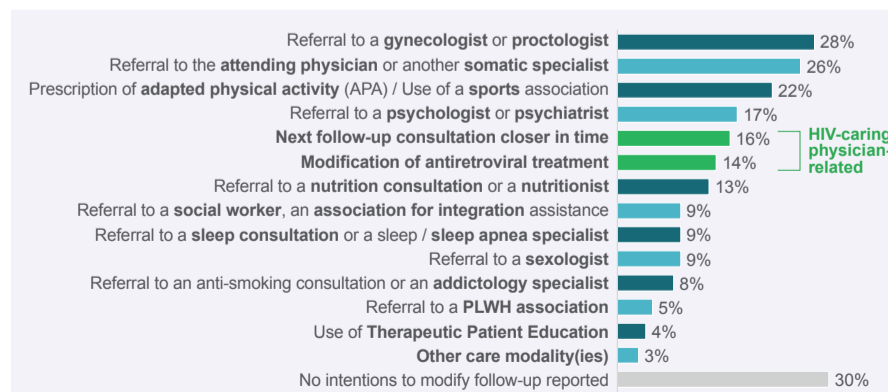
- QoL alterations, of which the physician had no previous knowledge or awareness, were found in 169 (44%) of PLWH who completed the questionnaire.
- Among these 169 PLWH, the mean number of alterations discovered was 2.1 (SD=1.2). Sixty-eight PLWH (40%) had one alteration, 53 (31%) two alterations and 48 (28%), three or more.
- Dimensions and frequency of QoL alterations are presented in **Figure 1**.



**Figure 1.** A. QoL alterations discovered in all PLWH (n=382); B. Dimensions and frequency of QoL alterations discovered following the use of the OCTAVE self-questionnaire in follow-up consultations (n=169).

### QoL-related intentions to modify follow-up

- QoL-related intentions to modify follow-up were reported for 267 (70%) of PLWH. Among these PLWH, the mean number of care intentions was 2.6 (SD=1.6) per PLWH.
- Details of QoL-related care intentions are presented in **Figure 2**.



**Figure 2.** Dimensions and frequency of QoL-related care intentions (n=382)

- Finally, 27 (71%) physicians participating in this survey reported that the **OCTAVE tool had or would change the way they conducted follow-up visits**. Twenty-nine (76%) declared **they would continue to use OCTAVE routinely**.

**Table 2.** PLWH baseline characteristics

	PLWH (n=382)
<b>Age, years</b>	Median (range) 52 (22-86)
<b>Gender, n (%)</b>	Female 116 (30) Male 262 (69) Other* 4 (1)
<b>Mother tongue, n (%)</b>	French 315 (83) Not French 60 (16) Other* 7 (2)
<b>Time since HIV diagnosis, years</b>	Median (range) 15 (1-38)
<b>Route of transmission, n (%)</b>	Heterosexual 184 (48) Homosexual 152 (40) Injection drug use 21 (6) Other routes <sup>§</sup> 11 (3) Other* 13 (3)
<b>Number of ARV treatment lines, n (%)</b>	1 37 (10) 2-5 215 (56) 6 and more 119 (31) Other* 11 (3)
<b>Current ARV treatment, n (%)</b>	Oral STR 319 (84) Oral non STR 55 (14) Long-acting injections 3 (1) Other* 5 (1)
<b>Duration of current ARV treatment, n (%)</b>	1-5 years 285 (75) 6-10 years 38 (10) Over 10 years 53 (14) Other* 6 (2)
<b>Duration of HIV viral load suppression, n (%)</b>	1-5 years 128 (34) 6-10 years 105 (28) Over 10 years 142 (37) Other* 7 (2)
<b>Duration of follow-up by the same physician, n (%)</b>	1-10 years 276 (72) Over 10 years 100 (26) Other* 6 (2)

\*Other includes: unknown, missing data

<sup>§</sup>Other routes include: transfusion, maternal-fetal, hemophilia, thanatopraxis STR, Single Tablet Regimen

## Conclusion

- In this survey, the administration of OCTAVE in follow-up visits revealed QoL-related alterations in 169 (44%) of the PLWH. Alterations were mainly related to sleep disorders (42%), sexuality (40%) and emotional well-being (30%). Interestingly, QoL-related intentions to modify follow-up were reported for 267 (70%) of PLWH.
- The routine use of **OCTAVE, a didactic self-administered 8-items questionnaire, revealed unknown QoL alterations and allowed for positive intentions to modify follow-up to improve PLWH QoL and global care in a real-life setting**.
- These results remain to be confirmed by assessing the impact of these interventions on PLWH satisfaction and QoL improvement.