

Poster presentation

Long-term satisfaction and benefits on quality of life in HIV-infected people after reparatory treatment with Aquamid® for facial Lipoatrophy

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from Ninth International Congress on Drug Therapy in HIV Infection
Glasgow, UK. 9–13 November 2008

Published: 10 November 2008

Journal of the International AIDS Society 2008, 11(Suppl 1):P114 doi:10.1186/1758-2652-11-S1-P114This abstract is available from: <http://www.jiasociety.org/content/11/S1/P114>

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Background

HIV-associated facial lipoatrophy (HAFL) is known to produce disturbances on quality of life (QOL) and emotional status in people living with HIV. Reparatory treatment with facial infiltrations has been proposed as a safe and effective strategy [1], although long-term psychological benefits remain unknown [2].

Methods

We assessed the satisfaction (SAT) and QOL in a group of 145 patients who received facial infiltrations with Aquamid® to repair their HAFL at least 3 years before. SAT was evaluated by self-reported visual-analogue scales (adapted to: non-satisfied; mildly satisfied; satisfied; very satisfied), and QOL by the assessment of the perceived limitation in the following areas: work, family, social and sexual partner (Likert scales: 0: no limitation; 1: low; 2: moderate; 3: high). Adherence to antiretroviral treatment was also evaluated (0–100%). Frequencies, cross-tables and t-tests were performed.

Summary of results

Baseline demographic and clinical data were as follow: mean age: 47.2 (\pm 7.04) years; gender: 82.8% men; mean years since HIV diagnosis: 15.8 (\pm 4.1); mean years since first antiretroviral treatment: 9.2 (\pm 4.9). Severe HAFL was present in 61.8% of participants. Long-term data were collected at a mean time of 4.18 (\pm 0.35) years after infiltra-

tions. The most common adverse events included nodules (14.6%) and indurations (6.3%). Only one patient presented a local infection in the infiltrated area. The majority of participants (88.9%) were satisfied or very satisfied with the results of the intervention; in patients with adverse events, this was reported in the 80.5% of subjects. With respect to limitations in different QOL areas, means of scores decreased significantly in most patients compared with rates before the intervention: work: 1.66 vs. 0.86 ($p < 0.001$); family: 2.05 vs. 0.67 ($p < 0.001$); social: 1.38 vs. 1.05 ($p = 0.116$); sexual partner: 1.88 vs. 0.69 ($p < 0.001$). Levels of adherence were substantially high: 100% in 94.4% of the total sample; a similar percentage was seen in the group of patients reporting adverse events: 100% in 97.6% subjects.

Conclusion

Long-term psychological benefits may be reached with facial reconstruction in HIV-infected people with HAFL. High levels of SAT and a good QOL were observed at least 4 years after the intervention.

References

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