Poster presentation

Health-related quality of life in HIV-infected patients in a private practice in Germany

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Background
With improved treatment options, HIV infection has become a well treatable disease. Nevertheless, chronic disease and toxicities of long-term therapy may impair quality of life (QoL).

Methods
Cross-sectional study (n = 209) using a self-administered 28-item-questionnaire (six scales measuring quality of life, SEL) validated for HIV patients. For statistical analysis non-parametric tests were used. Antiretrovirals used (>10 patients) were: lamivudine/emtricitabine 152, tenofovir 121, abacavir 32, zidovudine 30; NNRTIs: efavirenz 50, nevirapine 28; PIs: lopinavir 31, atazanavir 17, saquinavir 12, darunavir 11.

Summary of results
Mean age 44 years; 89% male. CDC stage (1998) was A 44%, B 32% and C 24%. 80% received ART.

No difference in overall QoL between treated (3.62 ± 0.79) and untreated patients (3.66 ± 0.80) ($p = 0.78$) was observed. All patients rated their physical state better (QoL-P) (3.73 ± 0.85) than their cognitive-emotional (QoL-CE) (3.44 ± 0.86) ($p < 0.001$), regardless of being treated or not. There was no correlation between CD4+-cells and any QoL-domain. Patients in stage CDC A had a better QoL in all domains compared to patients with a history of symptomatic infection CDC B or CDC C ($p < 0.05$).

Patients on NNRTIs reported a better QoL than patients on PIs for QoL-P (3.91 ± 0.79 vs. 3.58 ± 0.87), QoL-CE (3.65 ± 0.83 vs. 3.31 ± 0.89) and overall QoL (3.80 ± 0.81 vs. 3.48 ± 0.84) (all $p < 0.05$). However, a higher proportion of patients with advanced HIV infection were treated with PIs compared to NNRTIs: CDC A 34%/61%, CDC B 59%/42%, and CDC C 56%/40% ($p < 0.05$).

Overall, QoL-score was lower in HIV+ patients (3.63 ± 0.79) than in the healthy reference sample (3.81 ± 0.53) but better than the historic HIV+ sample (3.51 ± 0.62) from mid-1990s. Improved QoL of HIV+ patients with and without current antiretroviral therapy compared to patients from mid-1990s was observed in all QoL domains.

Conclusion
HIV+ patients rate their QoL worse than healthy controls but better than HIV+ individuals from mid-1990s. Compared to HIV-negative individuals, QoL is impaired in the cognitive-emotional domain independent of health status. This suggests that being HIV-infected represents an emotional stress despite improved physical well-being. Effects of different drug classes should be interpreted carefully due to a potential selection bias.