

Poster presentation

KAPITAL2: a study of treatment satisfaction reported by patients on lopinavir/r anchored regimens and physicians who provide HIV care

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Purpose of the study

LPV/r-based HAART is a common treatment regimen for HIV-1 disease. We conducted a large observational study of patients currently taking LPV/r-based therapy (LPV/r T) in an attempt to describe patient satisfaction or lack thereof with LPV/r T. We concurrently conducted a physician survey to describe physician impressions of their patients' satisfaction.

Methods

Patients self-administered three questionnaires (qst.) at one visit: modified HIVTSQ treatment satisfaction qst.1; EuroQoL quality of life (QoL) qst.2; and the 5-item qst. further probing QoL, adherence, daily activity, tolerability and satisfaction with treatment. Physicians independently completed the 5-item qst. It was a multicenter cross-sectional observational study throughout Spain (participants size/center limited to reduce regional/center bias). Patients were required to be taking a LPV/r (tablets) based therapy for >1 month. Dataset analysed as a whole, and both by naïve- vs. ARV-experienced, and by duration of LPV/r T (Cohort CH1: 1–3 months; CH2: >3 months <2 years and CH3: >2 years).

Summary of results

1,109 patients and 97 doctors participated. Patient mean age 42.6 years; 27.4% female, and 31.5% were naïve prior to LPV/r T. Patients by duration of exposure ; CH1: 315, CH2: 394, CH3: 400. Mean HIVTSQ scores (over 100) per dimension were: general/clinical satisfaction, 83.0 ± 15.4 ;

lifestyle, 75.2 ± 16.5 ; and overall satisfaction, 79.5 ± 14.0 . Mean EuroQoL score (over 10) was 7.40 ± 1.64 . For the 5-item qst. patient reporting was, 90.9% no-very little impact on QoL, 80.7% considered LPV/r T well-very well tolerated, 89.4% were well-very well compliant, 88.8% had no-very few difficulties on daily activities, and 82.7% high-very high satisfaction on LPV/r T. Corresponding physicians' answers were 86.7%, 85.4%, 87.0%, 88.9% and 79.0%, respectively (high concordance with patient's findings in reporting of satisfaction was shown). Findings from the HIVTSQ did not show significant satisfaction differences between previously ARV-naïve vs. -experienced patients. Total satisfaction scores were greater with time on LPV/r T ($CH3 > 2 > 1$, $p < 0.001$).

Conclusion

Overall, reported patient satisfaction level with LPV/r T was high. Not surprisingly, patients with the longest exposure duration reported the highest levels of satisfaction. Additional patient satisfaction studies conducted among patients on differing anchor antiretrovirals would provide further context, comparison, and interpretation for these LPV/r treatment satisfaction findings.

References

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