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Quality of life of HIV-infected individuals in a community-based antiretroviral programme

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Purpose of the study

The impact of HAART on health-related quality of life (HRQoL) has been widely researched in the developed world, however, there is limited data coming out of the developing world and, in particular, sub-Saharan Africa, where the vast majority of HIV-infected individuals live. This study examined HRQoL among HIV-positive individuals initiating HAART at the Hannan Crusaid Treatment Centre in Gugulethu, Cape Town, and explored the impact of HAART-related drug toxicities on HRQoL.

Methods

HRQoL was assessed using a standardised questionnaire, the Medical Outcomes Survey Short Form 36 (MOS SF36). Physical health summary (PHS) scores and mental health summary (MHS) scores were compared pre-HAART and at regular intervals during the first 48 weeks of HAART. The impact of drug toxicities on HRQoL was described and assessed both in unadjusted bivariate and adjusted multivariate analyses.

Summary of results

This study reported a significant increase in HRQoL during the first 48 weeks on HAART with the bulk of this increase occurring during the first 16 weeks. Although there was a general improvement in HRQoL on HAART, 23% of participants reported a decline in PHS score, and 34% a decline in MHS score. Average drops in median PHS and MHS scores were 8.4 units (SD 9.31) and 9.9 units (SD 11.4), respectively. Eleven (4%) participants reported drug toxicity. Most toxicities (63%) occurred

between weeks 32 and 48, and 73% were related to stavudine. Participants who experienced drug toxicity reported lower PHS scores than participants without a drug toxicity at all time points. However, only 27% (three) of participants with drug toxicity reported a decline in HRQoL between pre-HAART and week 48. Drug toxicities had little impact on MHS scores.

Conclusion

This study confirmed the HRQoL benefits of HAART in a community ARV clinic in South Africa. While the majority of patients experienced a significant improvement in HRQoL on HAART, up to a third of patients reported declines in HRQoL. HAART-related drug toxicities (including those secondary to the use of stavudine) did not have a significant negative impact on HRQoL during the first 48 weeks of HAART supporting the ongoing use of stavudine in the national ARV roll-out programme.