BACKGROUND

For individuals with access to antiretroviral therapy (ART) HIV is now recognised as a chronic condition. As such, there is a strong case for evaluating the impact of ART on broader aspects of patients’ lives, including psychological and emotional well-being. Here we investigate well-being in the observational cohort setting of ICONA (Italian Cohort Naïve Antiretroviral [Foundation Study]) using data collected at baseline.

AIMS

• To evaluate aspects of well-being using one of a selection of PROMs suitable for people living with HIV/AIDS (PLWA);

• To examine differences associated with exposure to cART

STUDY DESIGN AND METHODS

STUDY: ICONA is a multi-centre prospective observational study of HIV-1 positive individuals.

DESIGN: Patients self-completed questionnaires measuring well-being, quality of life, treatment satisfaction, health status and symptoms, at baseline, 6 and 12 months.

MEASURES: The Well-Being Questionnaire, is a well-established generic measure of well-being. The 16-item version (W-BQ16) has four subscales (Figure 1): Negative Well-being (e.g. depressed mood and anxiety), Energy (e.g. tired, dull), Positive Well-being (e.g. happiness, coping) and Stress (e.g. demands, obstacles). An overall General Well-being score can also be obtained. Respondents answer on a 4-point scale ranging from ‘All the time’ (scored as 3) to ‘Not at all’ (scored as 0). The higher the score the higher the levels of Energy, Stress and Negative/Positive Well-being.

RESULTS

Table 2 - Aspects of well-being and difference according to cART exposure

<table>
<thead>
<tr>
<th>Aspect of Well-being</th>
<th>cART Group</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>t</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative Well-being</td>
<td>No cART</td>
<td>67</td>
<td>3.58</td>
<td>1.67</td>
<td>1.32</td>
<td>250</td>
<td>0.15</td>
</tr>
<tr>
<td>Energy</td>
<td>No cART</td>
<td>66</td>
<td>7.61</td>
<td>2.63</td>
<td>-0.79</td>
<td>298</td>
<td>0.43</td>
</tr>
<tr>
<td>Positive Well-being</td>
<td>No cART</td>
<td>70</td>
<td>7.29</td>
<td>3.62</td>
<td>-0.92</td>
<td>312</td>
<td>0.35</td>
</tr>
<tr>
<td>Stress</td>
<td>No cART</td>
<td>71</td>
<td>4.87</td>
<td>3.40</td>
<td>-1.46</td>
<td>306</td>
<td>0.07</td>
</tr>
</tbody>
</table>

CONCLUSIONS

• Patients currently on cART reported significantly lower levels of negative well-being, higher levels of positive well-being and higher levels of overall general well-being than patients’ pre-treatment (Table 2). Mean scores for energy and stress reflected this trend but were not significantly different.

• Exploring age and years since diagnosis as potential confounding covariates: No significant relationship (p>0.05) was found between age and years since diagnosis and negative well-being, energy, positive well-being, stress and general well-being.

References

2. Romani et al. (2010). Confirming the psychometric properties of the 16-item Well-Being Questionnaire (W-BQ16) with people living with HIV in the UK and USA. Quality of Life Research; 19(8):1303-1310.

Acknowledgments – Icona Foundation Study Group

Contact Information

Funding

ICONA Foundation is supported by grants from BMG, Glaxo Sciences, Janssen, MSD & ViiV Healthcare. This study is supported by a grant from ViiV Healthcare. J.R. is receiving a research grant from ViiV Healthcare (GSK) & CR & CE.