WELL-BEING IN PEOPLE LIVING WITH HIV/AIDS (PLWHA): DATA FROM ICONA COHORT

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BACKGROUND

For individuals with access to antiretroviral therapy (ART) HIV is now recognised as a chronic condition.[1] 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 (PLWHA);

- 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,[2] quality of life,[3] treatment satisfaction, [4] health status [5] and symptoms,[6] at baseline, 6 and 12 months.

MEASURES: The Well-Being Questionnaire, is a well-established generic measure of well-being[7,8] 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.
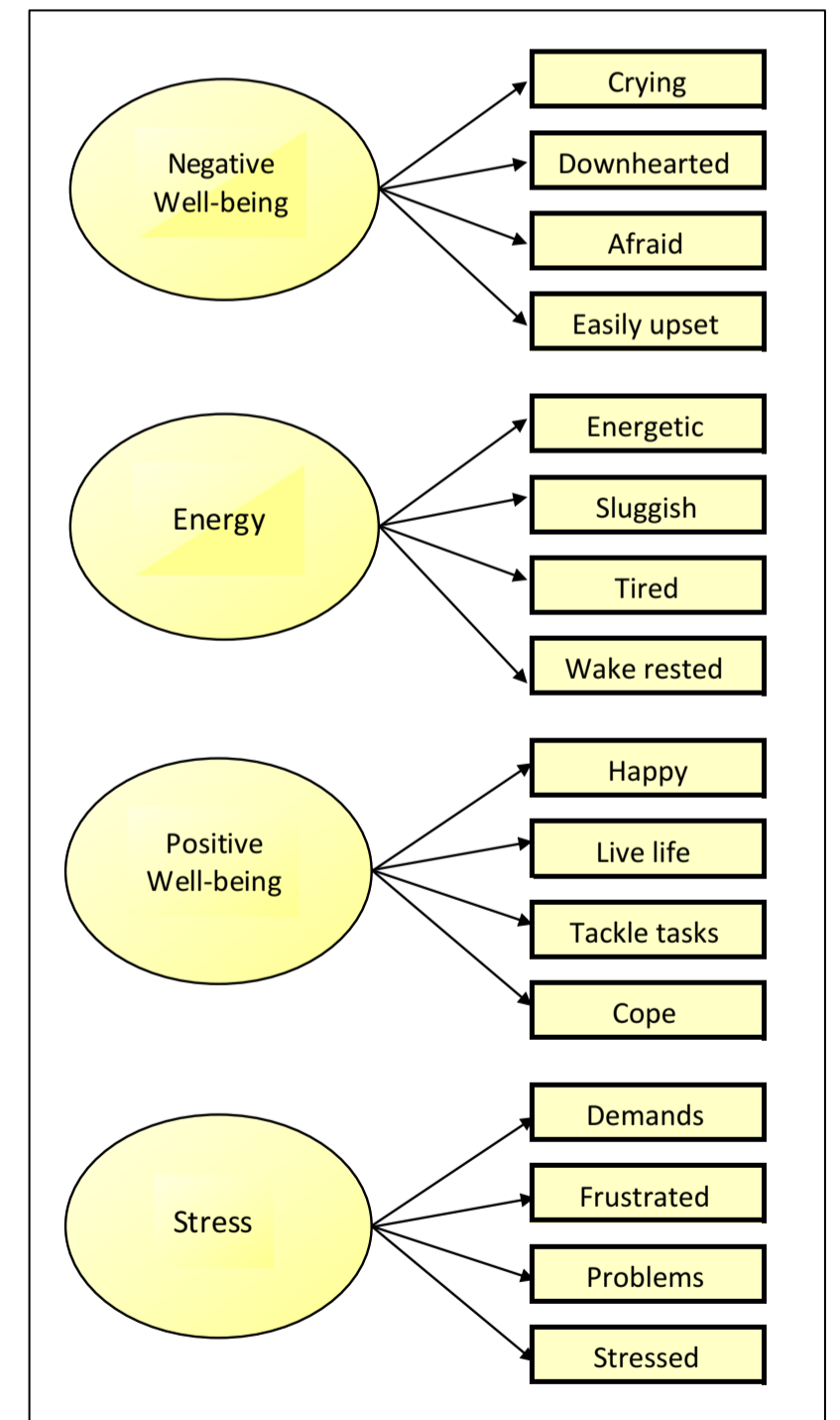

Figure 1: Content and subscale structure of the WBQ-16

RESULTS

STATISTICAL ANALYSIS: Analyses included Independent samples t-tests and Pearson's r correlations. Alpha was set at 0.05.

Table 1 - Patient characteristics according to cART exposure

	on cART	Not on cART
N	246	72
Mean Age: year (SD)	46 (12)	39 (12)
Years since diagnosis Mean (SD)	6.66 (6.7)	0.83 (2.7)
CD4 count: Median	678.00	453.50
HIVRNA: Median	29.00	36408.50

Demographic details: Data from 318 patients included 280 (88%) men and 38 (12%) women; 246 patients on cART (31 women / 215 men) and 72 pre-treatment (7 women / 65 men). Table 1 shows patients on cART were older than patients not yet receiving cART (*p*<0.001) and had a longer time since diagnosis (*p*<0.001). Patients on cART had a higher CD4 count (*p*<0.001) and lower HIVRNA (*p*<0.001). The majority of patients in both groups were male and defined their ethnicity as White. The largest group for mode of HIV transmission was MSM (men who have sex with men).

Influence of cART treatment on levels of well-being: Patients on cART reported significantly lower levels of negative well-being, higher levels of positive well-being and higher levels of overall general wellbeing 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 cofounding 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.

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

Aspect of Well-being	cART Group	N	Mean	Std. Deviation	t	df	p
Negative Well-being	No cART	67	3.48	3.07	3.153	301	0.002
	cART	236	2.31	2.57			
Energy	No cART	66	7.61	2.63	-0.47	298	0.639
	cART	234	7.76	2.37			
Positive Well-being	No cART	70	7.29	3.26	-2.184	312	0.030
	cART	244	8.19	2.99			
Stress	No cART	71	4.87	3.16	1.782	304	0.076
	cART	235	4.16	2.91			
General Well-being	No cART	61	30.77	9.55	-2.274	279	0.024
	cART	220	33.60	8.34			

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.**

- **cART treatment not only improves biomedical markers but is also associated with improved psychological well-being.**

- **PROMS provide patient-centered outcomes for use alongside biomedical markers to support patient care.**

- **Longitudinal follow-up will allow exploration of HIV-specific PROMs as well as well-being and other generic PROMs associated with different cART regimens**

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Access to the W-BQ16 and other questionnaires by Prof. Clare Bradley can be found at www.healthpsychologyresearch.com

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