



10° CONGRESSO NAZIONALE



Italian Conference on
AIDS and Antiviral Research

Presidenza del Congresso Massimo Andreoni, Roma Andrea Antinori, Roma Carlo Federico Perno, Milano



Poster Discussion

Session/Topic: **Clinical HIV**

N. Title:

PD 7 Health status and Quality of life in people living with HIV (PLWH): results from the ICONA cohort

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Abstract:

Background: As HIV has become a long-term condition, it is important to evaluate the impact of therapies on patients' Quality of Life (QoL) and other Patient-Reported Outcomes (PROs). ICONA is investigating several PROs including QoL (generic and HIV-specific), health status, symptoms, well-being and treatment satisfaction. Here we report preliminary analyses of associations between clinical/demographic variables and health status and QoL in PLWH, enrolled in ICONA.

Methods: The HIV-Dependent QoL (HIVDQoL) and EQ-5D-3L health-status tool were administered consecutively to two groups of ICONA patients from March 2017 to March 2018. Patients enrolled were, newly diagnosed, pre-treatment patients, and those with >6 months of cART. These preliminary analyses focused on the HIVDQoL overview item measuring generic QoL (3='excellent' to -3='extremely bad') and the EQ-5D visual analogue score (EQ-VAS) measuring self-rated health from (100='best imaginable health state' to 0='worst'). Analyses included non-parametric tests of difference and correlational analyses.

Results: The total sample (N=135) included 122 men and 13 women, mean age 43 (SD: 12.25). 107 patients were on cART (NNSTI: N=66, NNRTI: N=23, PI: N=15/r-based regimen), 28 provided data pretreatment. Mode of transmission included: MSM (N=76), heterosexual (N=40) and IDU (N=10). Mean CD4+ was 655/mmc (SD:316) for those on cART and 429/mmc (SD:259) for patients pretreatment. Mean self-reported health (EQ-VAS) was 79 (SD: 14.57) for cART-treated and 78 (SD:18.73) for those pretreatment. Generic QoL (HIVDQoL item 1) mean was 1.21 (SD:1.19) (>'good' QoL) for cART-treated and 0.48 (SD:1.74) (midway between 'neither good nor bad' and 'good') for those pretreatment. EQ-VAS health scores were found to differ by mode of transmission, with MSM reporting better health than IDU (p=0.022) and those reporting heterosexual transmission (p=0.043). However, there was no difference in QoL by mode of transmission. Treatment with cART was associated with better QoL than pretreatment status (p=0.049), with no differences in health ratings. QoL, but not health status, was significantly worse for patients with a CD4 count of <200 than those with a CD4 count of 200-499 (p=0.035) or CD4 count >=500 (p=0.037). Correlational analyses for cART-treated patients, showed age was negatively related to both QoL (-0.312, p=0.001) and health (-0.357, p<0.001).

Conclusion: Although both generic QoL and health status were worse in older (vs younger) people living with HIV, the two outcomes showed different patterns in relation to clinical variables, with cART-treated patients reporting better QoL but no difference in perceived health compared with pretreatment patients. QoL, but not perceived health, was also better in patients with CD4 counts >200. Perceived health, but not QoL, differed with mode of HIV transmission. QoL is not simply a reflection of health status and it is important to measure both outcomes.

This study is supported by a grant from ViiV Healthcare