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HEALTH-RELATED QUALITY OF LIFE OF PEOPLE WITH HIV LIVING IN SPAIN

Background

- Improving the health-related quality of life (HRQoL) of people living with HIV (PLHIV) has been proposed as an additional goal ('the fourth 90') to the testing and treatment target ('90-90-90').
- This study aimed to examine how HRQoL is in PLHIV from Spain, identifying the most impaired facets, and the PLHIV who show the more vulnerable profile. Besides, associations between HRQoL and health-related data were examined.

Methods

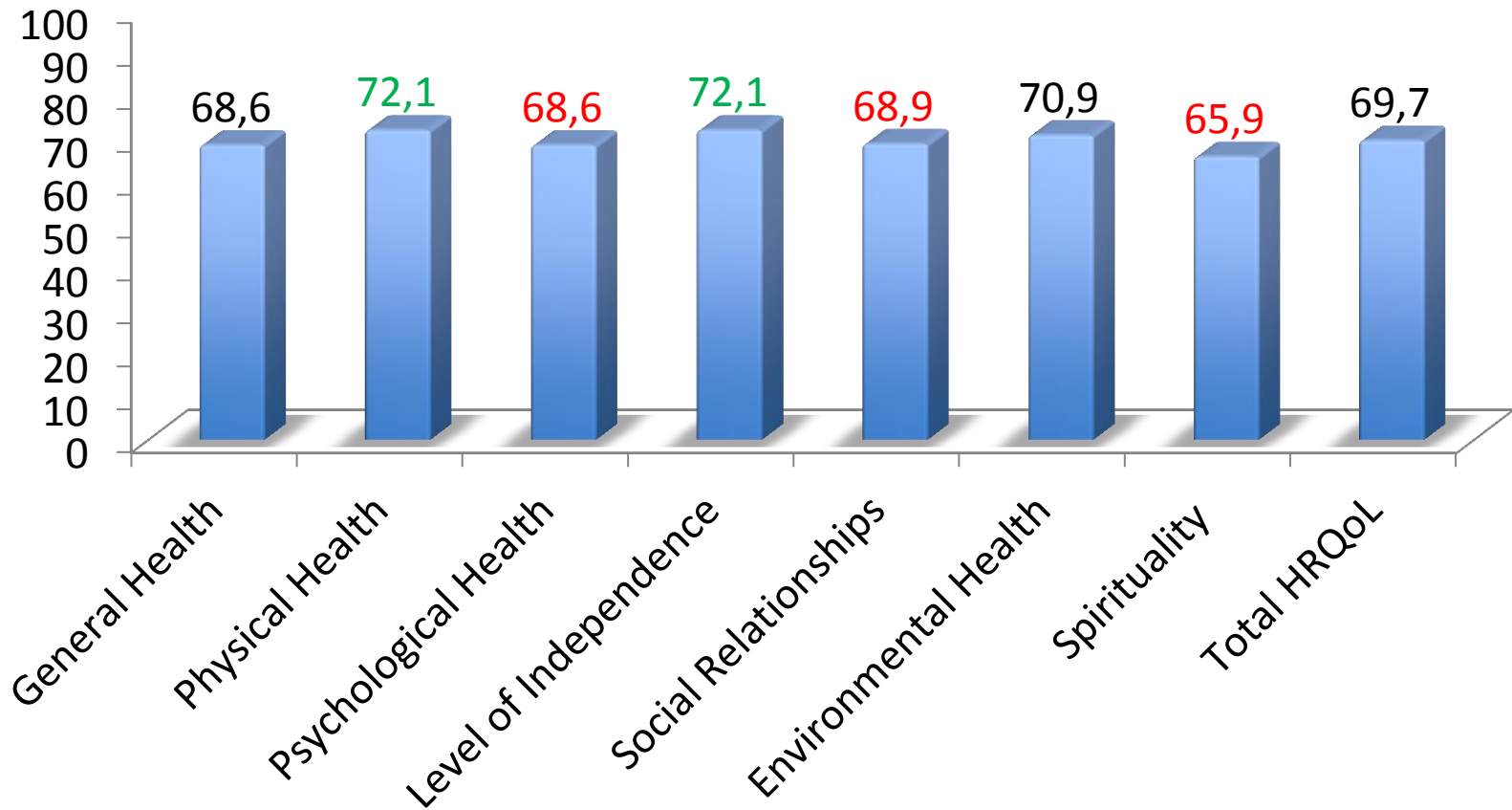
- A total of 1462 PLHIV participated in an observational cross-sectional study conducted between October 2016 and April 2017.
- Data were collected throughout 33 Spanish sites through an online survey.
- HRQoL (WHOQOL-HIV-BREF), treatment adherence (CEAT-VIH), psychological well-being (GHQ-12), self-reported health status questions, and demographics were measured.
- Pearson's correlation, T-test, and one-way variance analysis were used to examine HRQoL differences and associations.

Results: participants

| Sociodemographic and clinical variables | % |
|---|-------------|
| Gender | |
| Males | 79.3 |
| Age, years, mean (M ± SD) | 45.0 ± 10.2 |
| Education level | |
| No studies/Elementary School | 30.1 |
| High School | 33.1 |
| University degree | 30 |
| Work situation | |
| Working (full time) | 44.7 |
| Unemployed | 18.2 |
| Retired/impaired | 16.4 |
| Monthly incomes | |
| None | 13.3 |
| < 1000 € | 37.7 |
| Sexual behavior | |
| Heterosexual | 39.7 |
| Homosexual | 52.8 |
| Bisexual | 4.2 |
| Transmission route | |
| Sexual intercourse | 68.2 |
| Sharing injection materials | 18.6 |
| Unknown | 10.2 |
| Duration of infection, years, mean (M ± SD) | 13.8 ± 9.6 |

Notes. Data in percentages unless otherwise stated. Not all categories of response are displayed in the table.

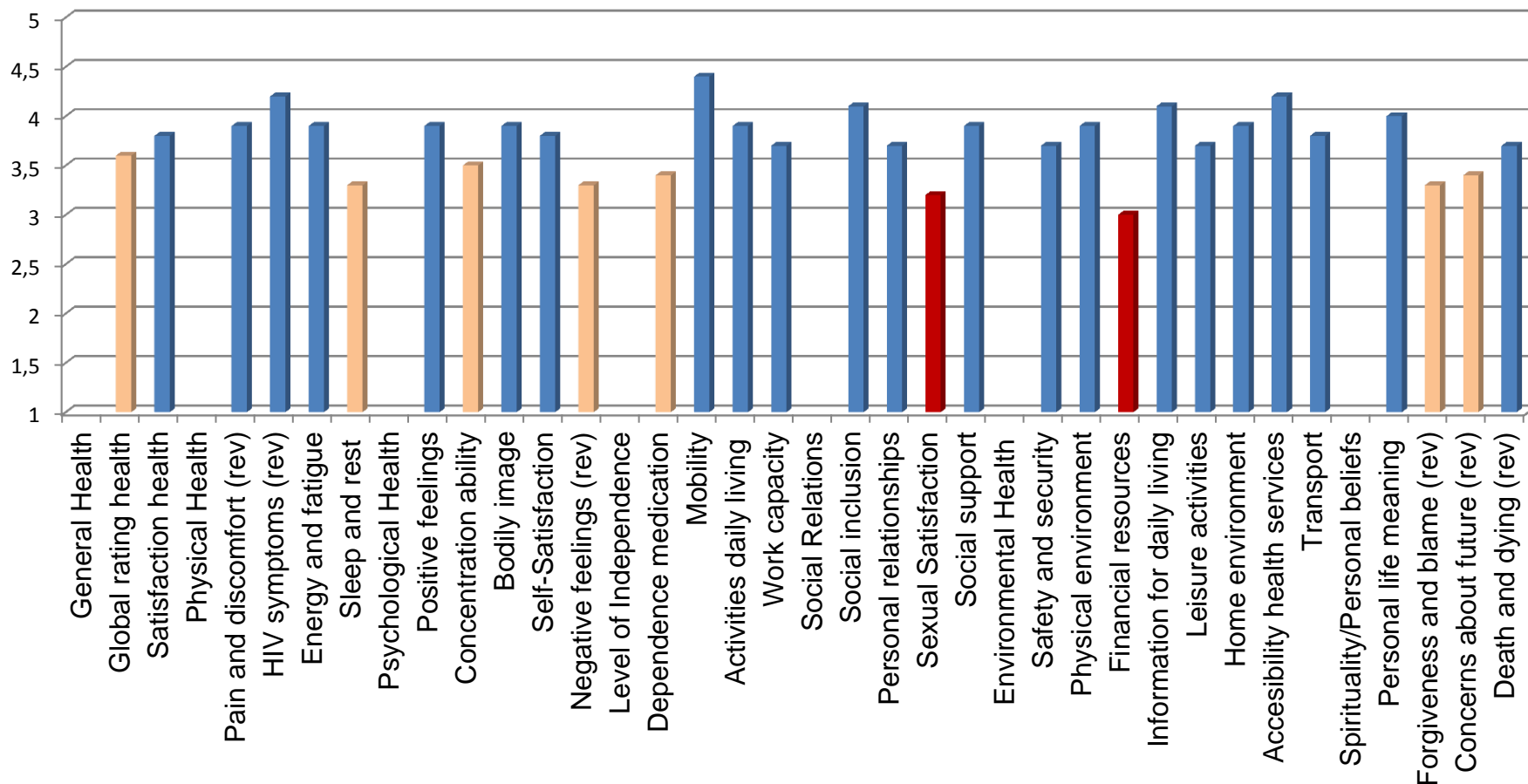
HRQoL dimensions' scores



Across HRQoL domains, the Physical Health and the Level of Independence showed the highest scores while Spiritual, Religion and Personal Beliefs domain presented the lowest score.

HRQoL facets' scores

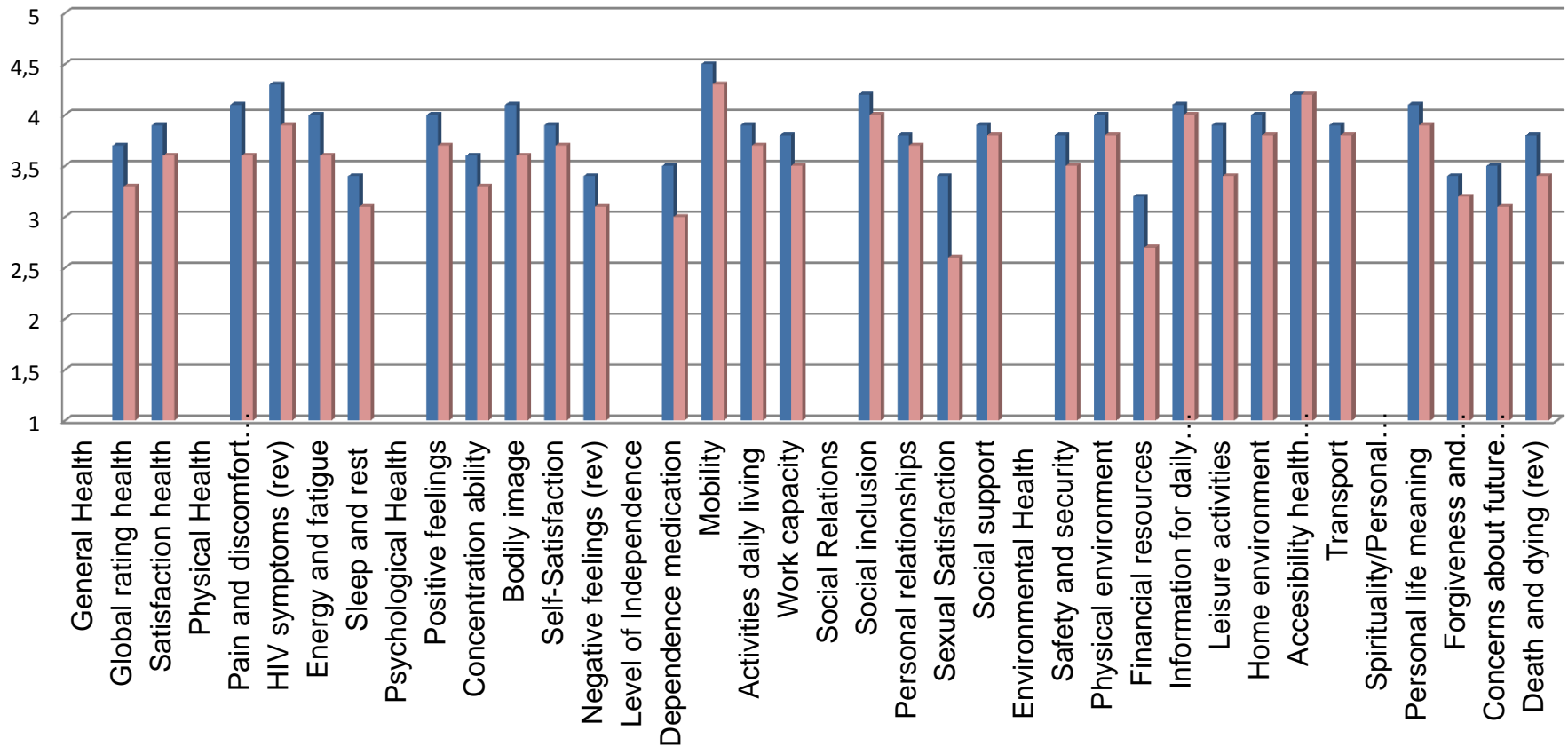
The HRQoL facets showing lower scores were financial resources, sexual satisfaction, sleep and rest, negative feelings, and forgiveness and blame. Although Physical Health was one of the domains with higher scores, the facet related to sleep and rest had one of the lowest facet scores (red and orange columns show the facets with lowest scores).



Gender differences

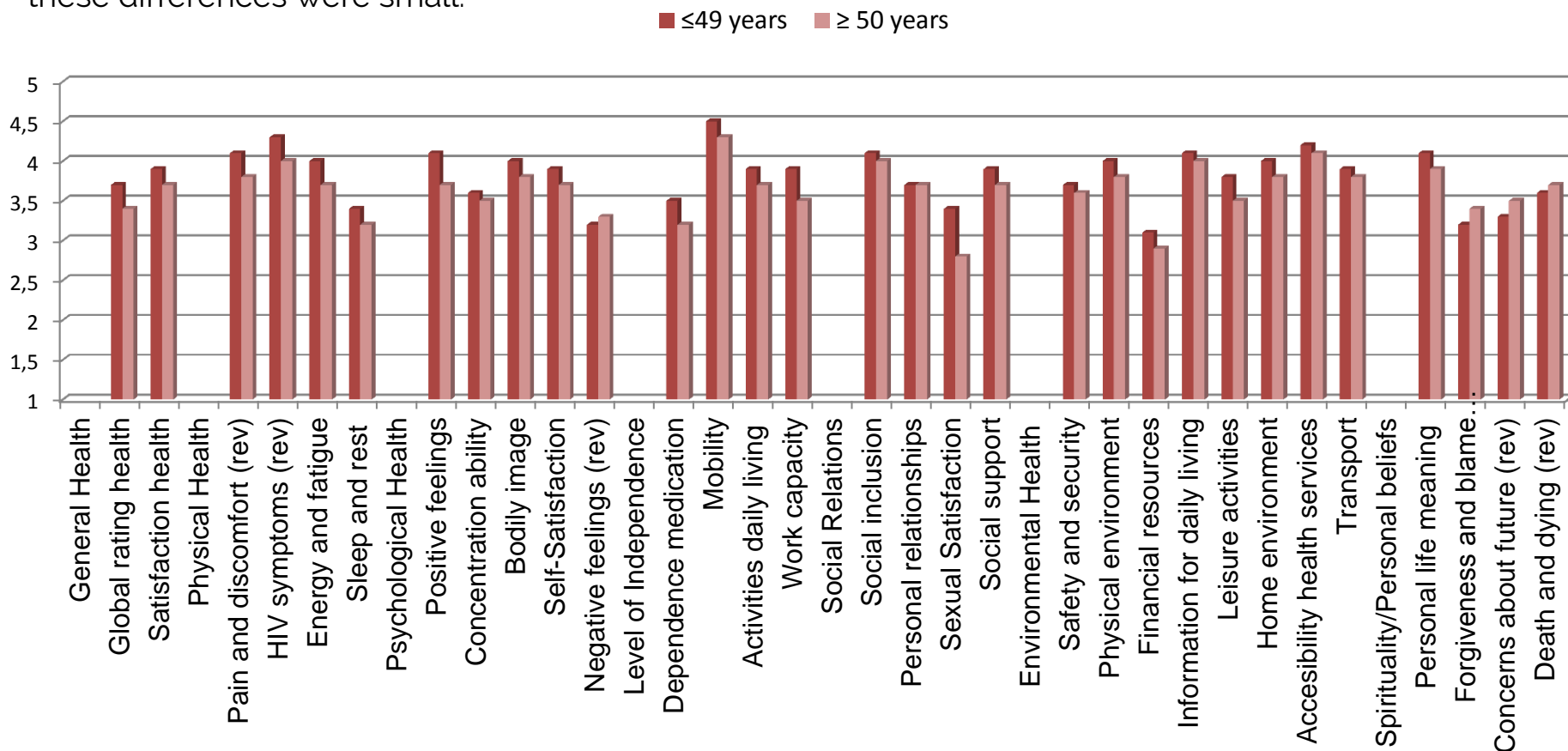
Women presented lower scores ($p < .05$) in most HRQoL facets, except in *personal relationships*, *social support*, *transport and information for daily living*. The highest effect sizes were found in *sexual satisfaction*, *bodily imagen self-acceptance*, *participation in leisure activities*, *pain and discomfort*, and *energy and fatigue*.

■ Men ■ Women



Age differences

PLHIV older than 50 also presented lower scores in several HRQoL facets ($p < .05$). The higher size differences were found in the items measuring *sexual satisfaction* and *work capacity*. Nevertheless, older PLHIV showed higher scores in the three HIV-specific items from spirituality domain (*forgiveness and blame*, *concerns about the future*, *death and dying*) although the effect sizes of these differences were small.



Profile of lowest HRQoL

- In addition to differences found according to gender and age, to be heterosexual ($p < .0001$), to have a low socio-economic ($p < .0001$) and educational status ($p < .0001$), having acquired HIV through injection route ($p < .0001$) and were living more years with HIV ($p < .01$), were related with poorer HRQoL.
- Those with higher CD4+ T cell count showed significant ($p < .05$) higher HRQoL scores in several HRQoL facets: *general health, HIV symptoms, energy and fatigue, positive feelings, dependence on medication, activities of daily living, sexual satisfaction, financial resources, participation in leisure activities, and forgiveness and blame.*
- Positive correlations were found between all the HRQoL dimensions and treatment adherence ($p < .05$) and psychological well-being ($p < .05$).

Conclusion

- Financial resources and sexual satisfaction were the most impaired HRQoL facets. Sociodemographic data revealed that participants were in a precarious financial situation and it could be damaging their HRQoL. Sleep and rest had one of the lowest facet scores across Physical Health domain. Also, HIV-specific existential concerns and negative feelings were among the most affected HRQoL facets.
- This study presents the more recent data about HRQoL in PLHIV from Spain. Long-term survivors, older adults, and women are key populations to pay more attention in research and interventions.