

**DI-027** 

# Quality of life in older HIV-infected patients with antiretroviral therapy



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## Background

Advances in antiretroviral therapy has resulted in more potent and safe drugs, with higher success rates due to improved adherence and better control of the HIV-infection. Efforts to improve the control of HIV-infection should be reflected in increased quality of life.

## **Objectives**

Analyze the health-related quality of life (HRQL) of HIV-infected patients older than 50 years in antiretroviral therapy.

#### **Materials and Methods**

Cross sectional study. We included patients on antiretroviral therapy with more than 50 years. Study variables were collected at interview, in the clinical history and pharmacy records. Variables were: sex, age, CD4 count, viral load, antiretroviral therapy, adherence, comorbidities and quality of life. The HRQL was assessed through the "Medical Outcomes Study HIV Health Survey" (MOS-HIV) questionnaire. The adherence was estimated using the SMAQ questionnaire.

### Results

The study included 70 patients, 81% were men, average age of 57 years old. Most of them presented CD4>500 cells/mm³ and undetectable viral load. The most prescribed antiretroviral were darunavir and tenofovir and 50% of patients were adherent.

The most frequent comorbidities were: metabolic syndrome (36%), hypertension (30%) and hypercholesterolemia (37%).

Study patients characteristics				
Characteristics	n=70			
Male (%)	81			
Age (years) [mean]	57			
CD4 cell count >500 cells/mm³ (%)	65.22			
Viral load <50copies/ml (%)	87.14			
Hypercholesterolemia (%)	37.14			
Metabolic syndrome (%)	35.71			
Hypertension (%)	30			
Diabetes mellitus (%)	11.43			
Recreational drugs (%)	15.71			
Smoking (%)	45.71			

Concerning quality of life, social functioning obtained the highest score (mean 86) and general health perception the lowest score (mean 48).

The average dimensions of HRQL in patients older than 60 years were higher than in patients with 50-59 years, except in the physical functioning dimension, and the difference was significant in the dimensions pain, energy and health distress. Lower scores were observed in patients using protease inhibitor (PI), with a significant difference in the dimensions general health perception (p=0.024) and pain (p=0.01).

MOS-HIV dimensions and domains scores									
Dimensions	Mean (Standard deviation)	Aged 50-59 years old	Aged +60 years old	P value	Non-PI	PI	P value		
General health perceptions	48.11 (24.28)	47.41 (24.74)	50.63 (23.97)	0.372	59.44 (15.90)	44.46 (25.58)	<u>0.024</u>		
Physical functioning	74.78 (23.69)	75.00 (25.24)	73.96 (18.06)	0.448	80.00 (13.15)	72.92 (26.41)	0.142		
Role functioning	78.57 (38.89)	77.78 (40.03)	81.25 (37.20)	0.411	83.33 (35.36)	76.96 (40.57)	0.329		
Pain	70.76 (23.88)	65.93 (23.69)	88.89 (14.55)	<u>0.001</u>	83.34 (15.93)	66.27 (24.84)	<u>0.010</u>		
Social functioning	86.32 (24.65)	86.00 (26.34)	87.50 (18.32)	0.427	90.00 (17.00)	85.00 (27.01)	0.253		
Mental health	66.27 (19.95)	65.24 (19.45)	70.00 (22.63)	0.299	70.00 (14.51)	64.89 (21.69)	0.209		
Energy	63.95 (22.75)	60.50 (23.32)	76.88 (15.57)	<u>0.015</u>	72.00 (15.13)	61.07 (24.51)	0.056		
Health distress	76.58 (25.31)	73.17 (26.44)	89.38 (15.91)	<u>0.020</u>	86.00 (17.45)	73.21 (27.05)	0.051		
Cognitive functioning	74.32 (20.72)	73.45 (22.40)	77.50 (13.63)	0.266	80.56 (9.17)	72.32 (23.03)	0.066		
Quality of life	62.16 (13.97)	62.07 (14.36)	62.50 (13.36)	0.469	63.89 (13.18)	61.61 (14.41)	0.333		
Health transition	55.41 (16.81)	54.31 (16.46)	59.38 (18.60)	0.250	58.33 (17.68)	54.46 (16.74)	0.286		
Domains									
Physical health summary	48.38 (10.92)	47.53 (11.83)	51.45 (6.28)	0.111	50.86 (7.13)	47.58 (11.88)	0.163		
Mental health summary	48.09 (11.00)	47.19 (11.63)	51.34 (8.12)	0.133	51.49 (7.30)	46.99 (11.85)	0.094		

## Conclusions

The general perception of health was the dimension with the worst score and the social function the best. Patients over 60 years have a better perceived quality of life than patients with 50-59 years. The use of protease inhibitors was associated with worse quality of life.