

Health-related quality of life (QoL) in perinatally HIV-infected and healthy youth

NeuroCoRISpeS and FARO projects

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- **Background and objectives:** Studies investigating health-related quality of life (QoL) in perinatally HIV-infected youth (PHIV+) are scarce. This study aimed to compare QoL of PHIV+ to healthy, sociodemographic-matched controls (HIV-), and to explore associations between sociodemographic variables and QoL.
- **Methods:** Cross-sectional study of PHIV with a non HIV infected control group, matched by work situation (employment, unemployment, studying or NEET- Not in education, employment or training), sex and age ($\pm 3y$). PHIV+ were randomly selected from CoRISpe database (Cohort of the Spanish Paediatric HIV Network) and HIV- were recruited through snowball sampling and using an online questionnaire. QoL was evaluated by self-administered questionnaires (Spanish version of SF-12v2). We determined differences between both groups in SF-12 mean scores in Physical and Mental Health subscales and in the self-perceived health item.

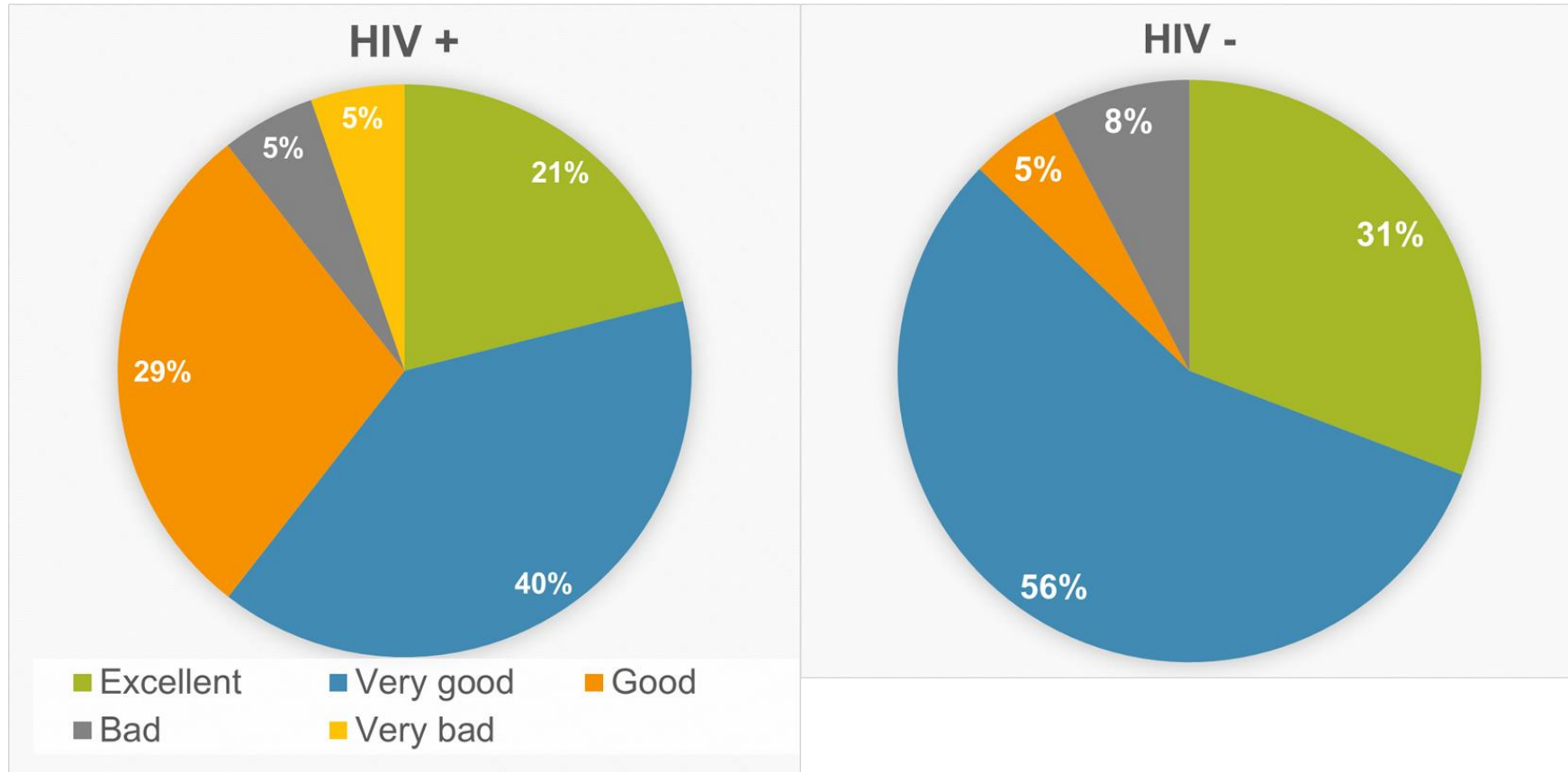
RESULTS

- 39 youth living with HIV/AIDS (18-34 yrs; Mean= 23.36, SD=3.83) and 39 healthy youth (17-34 yrs; Mean= 22.97, SD=3.80) participated in this study.
- There were no differences between both groups in terms of gender (69.2% were female, $p= 1$), country of birth (93.6% were born in Spain, $p=0.64$) and work situation (35.9% were studying, 25.6% working and the rest had no economic activity, $p= .99$).
- HIV-infected youth presented a lower score in SF-12 Physical Health subscale, denoted as the individual's capacity to undertake everyday tasks (Mean= 49.9, SD=7.9) than control group (Mean= 55.2, SD=5.7) ($p=0.001$).
- There were no statistical differences in SF-12 Mental Health subscale ($p=0,156$).
- The proportion of people with an "excellent" or "very good" self-perceived health was higher in the control group (87.2%) when compared to the HIV-infected group (60.6%) ($p=0.04$).
- There were no associations between sociodemographic variables and Qol in PHIV+.

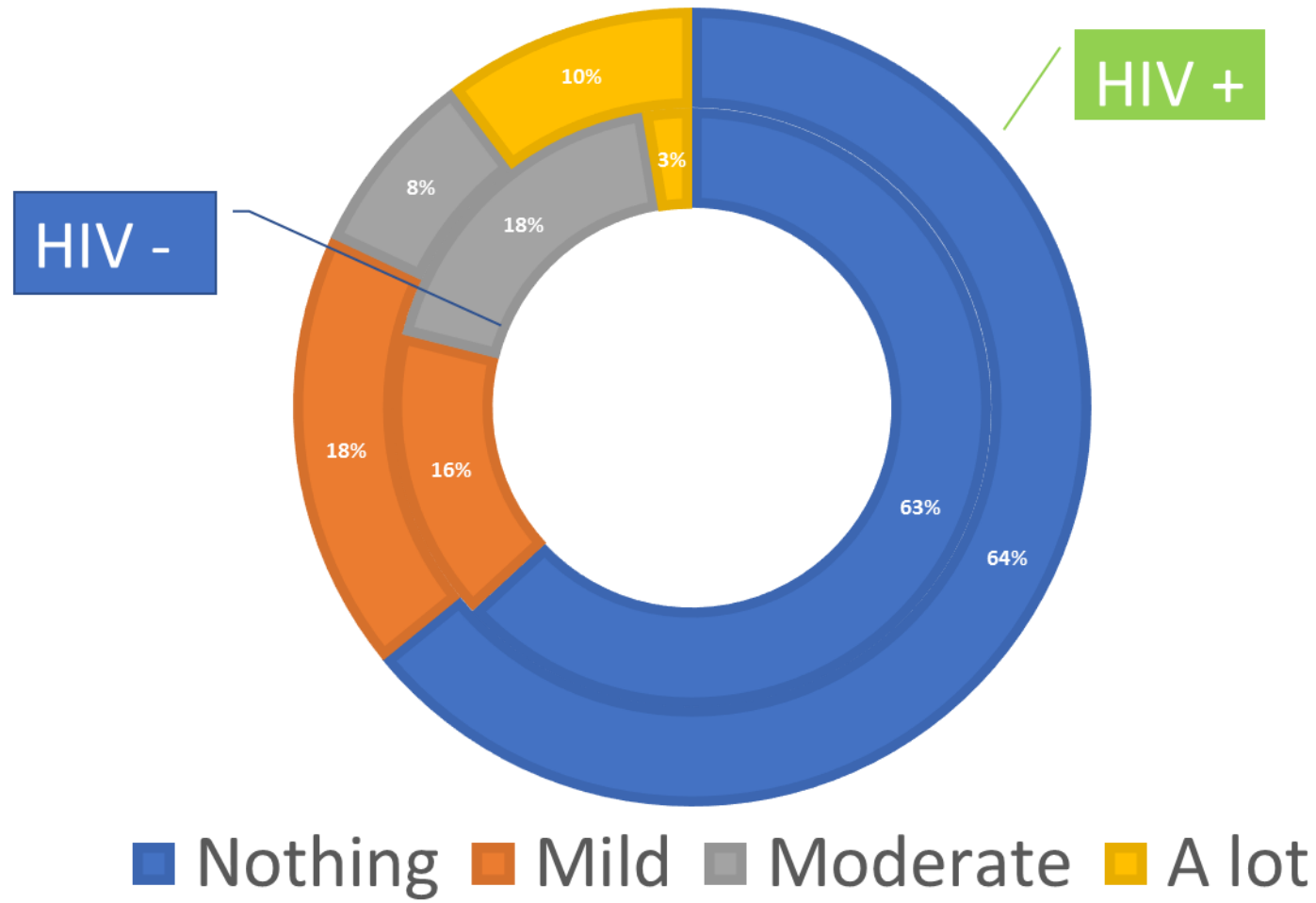
Sociodemographic Characteristics

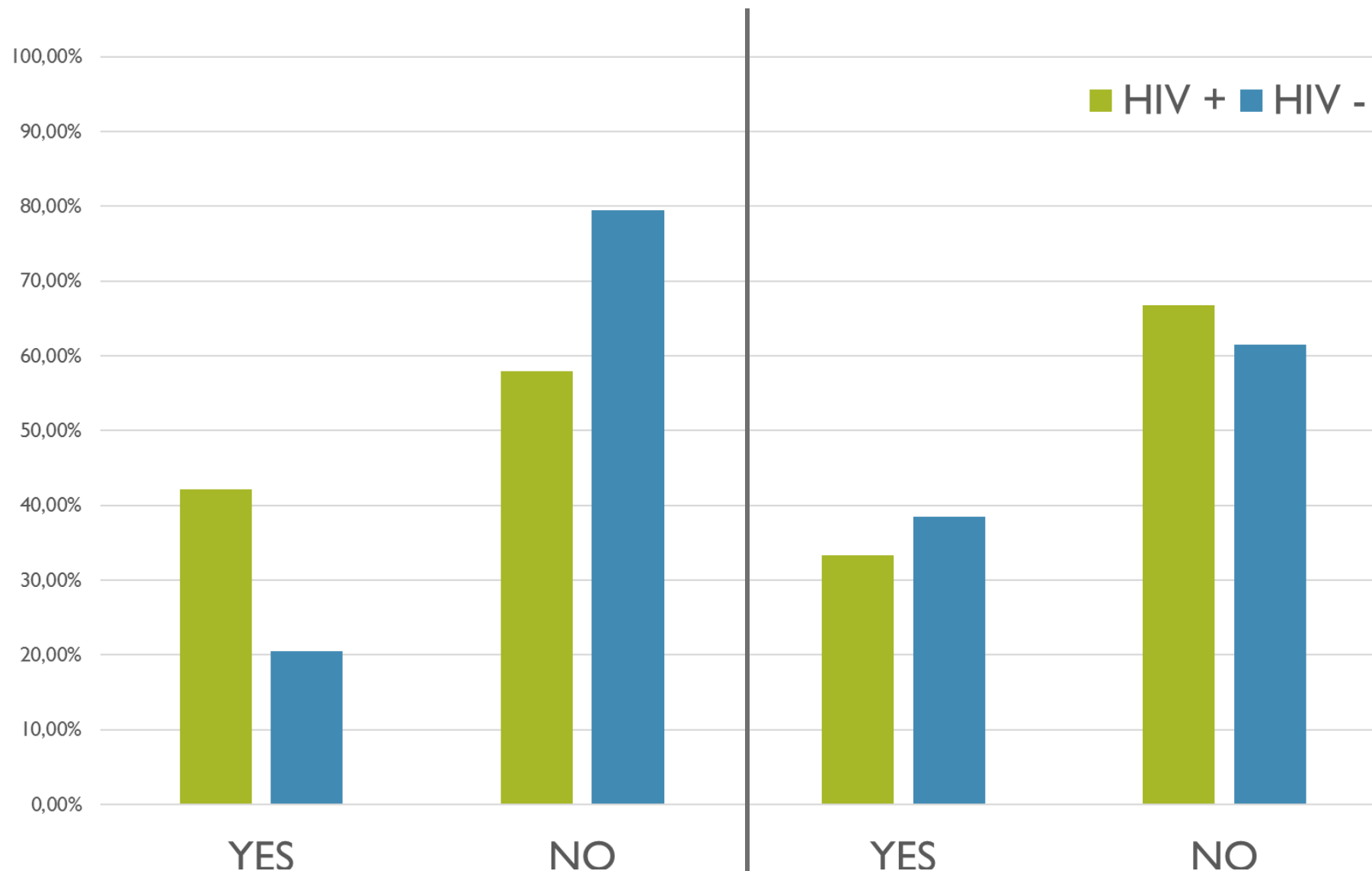
	HIV+	HIV-	p -value
Age (years)	Media 23.36; SD 3.8 (17-34)	Media 22.97; SD 3.8 (18-34)	0.65
Gender			
Male	30.8%	30.8%	-
Female	69.2%	69.2%	
Current work status			
Employment	25.6%	25.6%	-
Unemployment	20.5%	20.5%	
Education-training	35.9%	35.9%	
NEET	17.9%	17.9%	
Country of birth			
Spain	94.9%	92.3%	0.64
Other countries	5.1%	7.7%	

Global Health Perceptions



DIFFICULTIES TO PERFORM DAILY ACTIVITIES DUE TO PAIN:





Role –Physical $p = 0.04$ // Role-Emotional $p = 0.63$
LIMITATIONS ON ROUTINE ACTIVITIES BECAUSE OF PHYSICAL AND EMOTIONAL PROBLEMS

	Mean	SD	Min-Max	p-value
GHP				
HIV+	2.34	1.04	1-5	0.04
HIV-	1.90	0.82	1-4	
PF				
HIV+	49.9	7.9	28.7-61.6	0.001
HIV-	55.2	5.7	41.8-65.3	
MH				
HIV+	46.2	8.5	27.3-60.7	0.15
HIV	42.9	11.6	14.7-58.5	

Abbreviations : GHP- global health perceptions, PF- physical functioning, MH- mental health

CONCLUSIONS

1. There are concerns regarding the QoL that need to be addressed in medical follow-up, in order to preserve QoL of this population.
2. HIV infected youth have lower levels of HRQoL, that means that monitoring of it continue to be an important aspect of health care for HIV-infected youth.
3. It is an important health outcome measure when making treatment decisions, in clinical evaluation of health and when evaluating efficacy, and ongoing adjustment to disease and treatment. Furthermore, it provides a means to identify barriers to sustained adherence, including side effects of treatment, and socio-emotional costs and benefits associated with disease and treatment.
4. Additional studies are needed to investigate the psychosocial impact of various HIV-specific factors potentially harmful for HRQoL, with longitudinal design and a large number of participants.

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