

Dr Richard Harding

King's College London

Dr Richard Harding

King's College London

COMPETING INTEREST OF FINANCIAL VALUE \geq £1,000:	
Speaker Name	Statement
Dr. Richard Harding <small>Richard Harding</small>	None
Date	October 2014



More than pills: what do people living with HIV need to live a long and healthy life?

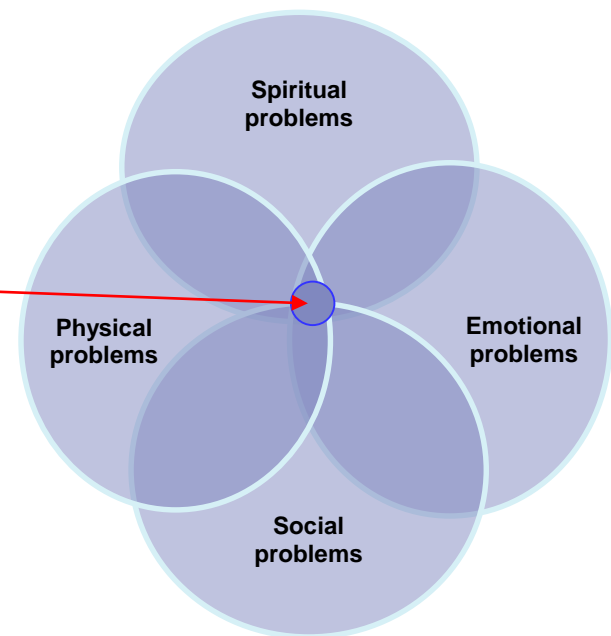
Health-Related Quality of Life

Dr Richard Harding
Faculty of Life Sciences and Medicine
King's College London

Conceptual approaches: 'health' & 'quality of life'

- *“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”* WHO 1948
- *“HRQOL is an assessment of how the individual's well-being may be affected over time by a disease, disability or disorder”* CDC
- Patient-oriented care:

*“From the life of the virus
to the life of the host”*



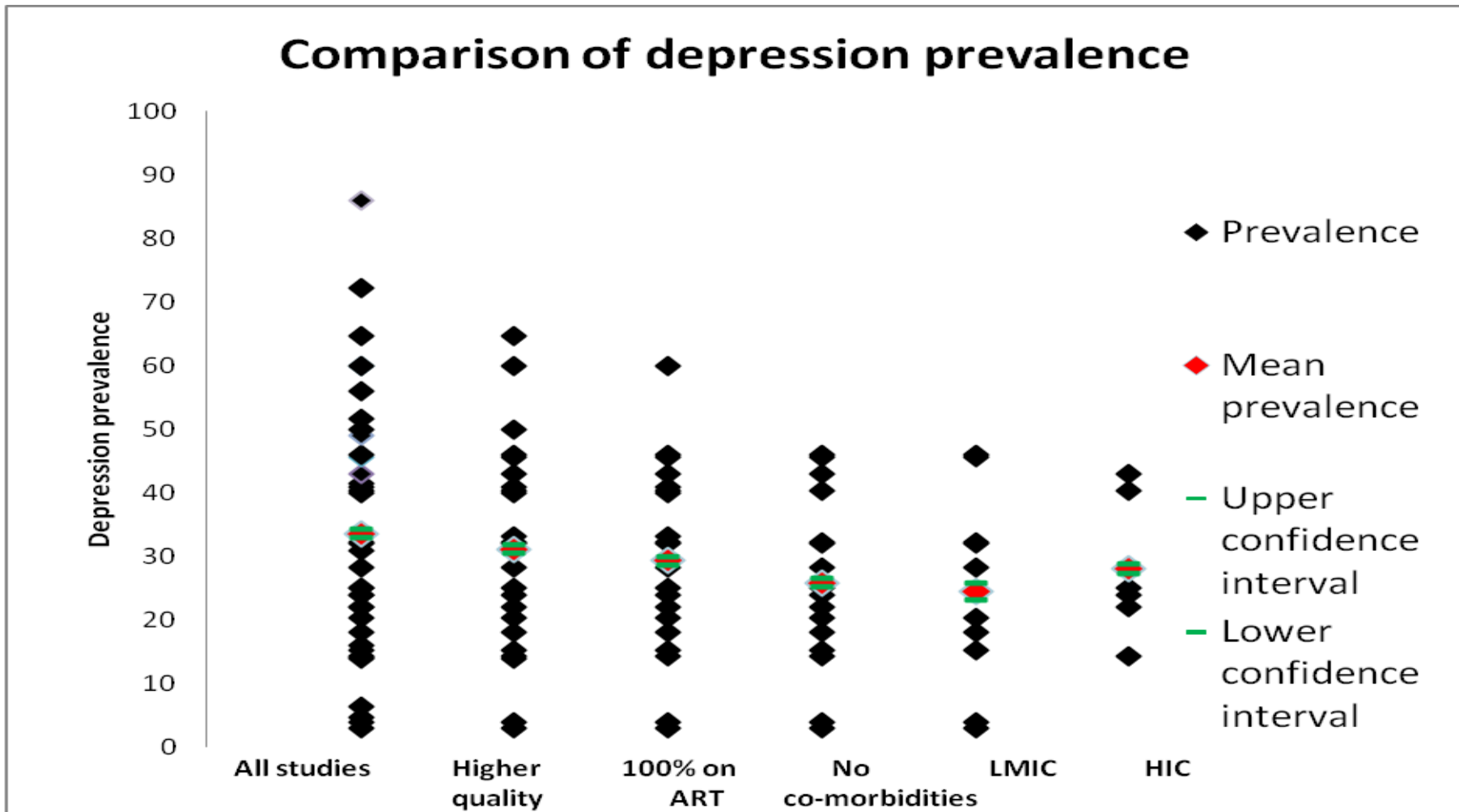
Needs & problems following HIV diagnosis

Country	N	Time since diagnosis	Problem	Prevalence	Group
Tanzania	996	2 months	Depressive symptoms	43%	Pregnant women
India	138	2 weeks	Fatigue	96%	No exclusion
USA	174	1-3 weeks	Anxiety disorder	17%	Aged 13-24
India	51	4-6 weeks	Death wish	20%	Heterosexual
E Africa	438	2 weeks	Sharing feelings	32%	Heterosexual

Simms, Higginson, Harding J Pain Symptom Manage 2012

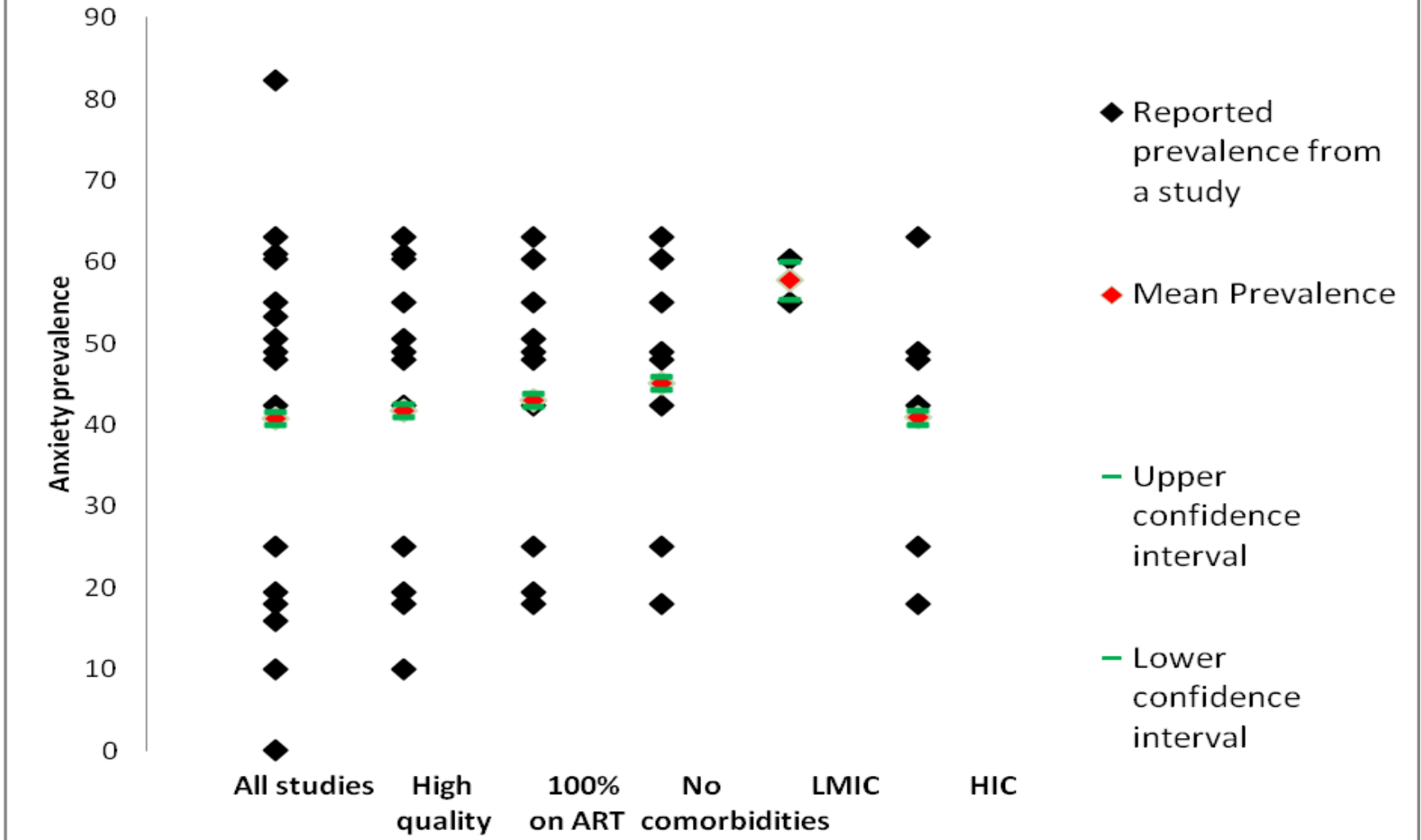
Systematic review: psychosocial symptoms among HIV positive patients on ART

Comparison of depression prevalence



Lowther, Higginson & Harding, Int J Nursing Studies 2014

Comparison of anxiety prevalence



Comparison of anxiety prevalence with other populations with chronic illness

Population	Anxiety prevalence
HIV positive patients on ART (this review)	45%
Patients with diabetes	14%[1]
Patients with cancer	15%-23%[1]
Patients with heart disease	10%-50%[1]

1. Clarke, D.M. and K.C. Currie, *Depression, anxiety and their relationship with chronic diseases: a review of the epidemiology, risk and treatment evidence*. Med J Aust, 2009. 190(7 Suppl): p. S54-60

Quality of Life EUROQol 5-D n=778

	N	%
Quality of life A – Mobility		
1: I have no problems walking about	538	71.9
2: I have some problems walking about	207	27.7
3: I am confined to bed	3	0.4
Quality of life B – Self-care		
1: I have no problems with self-care	608	81.3
2: I have some problems with self care	136	18.2
3: I am unable to wash or dress myself	4	0.5
Quality of life C – Usual activities		
1: I have no problems performing my usual activities	464	62.5
2: I have some problems with performing usual activities	257	34.6
3: I am unable to perform my usual activities	21	2.8

Results 3: Quality of Life EUROQoL 5-D

	N	%
Quality of Life D- Pain/discomfort		
1: I have no pain or discomfort	413	55.7
2: I have moderate pain or discomfort	287	38.7
3: I have extreme pain or discomfort	42	5.7
Quality of Life E- Anxiety/ Depression		
1: I am not anxious or depressed	312	41.9
2: I am moderately anxious or depressed	355	47.7
3: I am extremely anxious or depressed	78	10.5

EUROQoI VAS n=778

Scale 0-100	N	%
	Quality of life F – General health	
0-25	21	2.8
26-50	181	24.4
51-75	239	32.2
76-100	300	40.5

EUROQoL: Multivariable analysis, what is associated with VAS score?

- EUROQOL dimensions:
 - Mobility (95% CI) -4.25 (-8.25, -.24) for some problems compared to no problems, $p = .038^*$,
 - Usual activities B (95% CI) -6.97 (-10.54, 3.41) and -12.24 (-20.85, -3.63) for some problems and unable to perform compared to no problems, $p < 0.001^{***}$
 - Pain/discomfort B (95% CI) -4.18 (-7.24, -1.11) and -10.32 (-16.67, 3.96) for moderate and extreme compared to no problems, $p < 0.001^{***}$
 - Anxiety/depression B (95% CI) -8.08 (-10.90, -5.26) and -13.16 (-18.32, -8.01) for moderate and extreme compared to no problems, $p < 0.001^{***}$
- Treatment optimism
 - B (95% CI) 4.83 (1.77, 7.89) for optimistic compared to not optimistic, $p = .008^{**}$
- Sexual partner
 - having a sexual partner B (95% CI) 3.58 (.42, 6.74) $p = .035^*$
- **NOT SIG**
 - Self care, employment, Education, UK born, age, relationship, gender/sexuality, ethnicity, sexual risk, STI, disclosure, ART, CD4, viral load
- Variance 45% explained

“Positive futures”: what is needed to achieve quality of life?

- Key themes to open ended question:
 - Better clinical care/medications
 - “More understanding from the HIV doctors. i.e. side effects and mental illness”*
 - “Improved clinical services/mental health”*
 - Maintain general health
 - “More energy!” “Illness=worse depression” “positive outlook”*
 - Personal skills
 - “I need to rebuild my confidence and self esteem” “need to find a way mental structure to move forward in every area of life”*

Harding & Molloy AIDS Care 2007

Study 1: UK 10 most prevalent (physical) n=778

Symptom	7 day prev	Level of distress (% whole sample)				
		<i>Not at all</i>	<i>Little bit</i>	<i>Some-what</i>	<i>Quite a bit</i>	<i>Very much</i>
Lack energy	70.8%	10.8%	19.8%	12.3%	12.1%	10.8%
Drowsy/ tired	67.5%	10.7%	19.8%	9.8%	12.3%	10%
Difficulty sleeping	61.8%	13.5%	10.9%	9.5%	12.1%	10.9%
Difficulty concentrating	60.7%	16.6%	15.2%	10.3%	9.1%	5.5%
Diarrhoea	53.6%	17.6%	12.6%	7.5%	7.5%	5.4%
Sexual activity	53.5%	15.7%	8.1%	6.6%	7.1%	12.2%
Pain	53.2%	18.0%	12.0%	5.9%	8.6%	5.4%

Study 1: UK 10 most prevalent (psychological)

	7 day period prev	Intensity			
		<i>Rarely</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>Constantly</i>
Worried	69.9%	8.4%	25.4%	21.5%	9.1%
Sad	66.3%	11.8%	26.9%	16.7%	6.2%
Feeling irritable	56.6%	10.4%	22.4%	16.3%	4.2%

Harding et al BMJ STI 2010

Adult HIV symptom datasets

London
n=778
outpatients

Argentina
n=200
outpatients

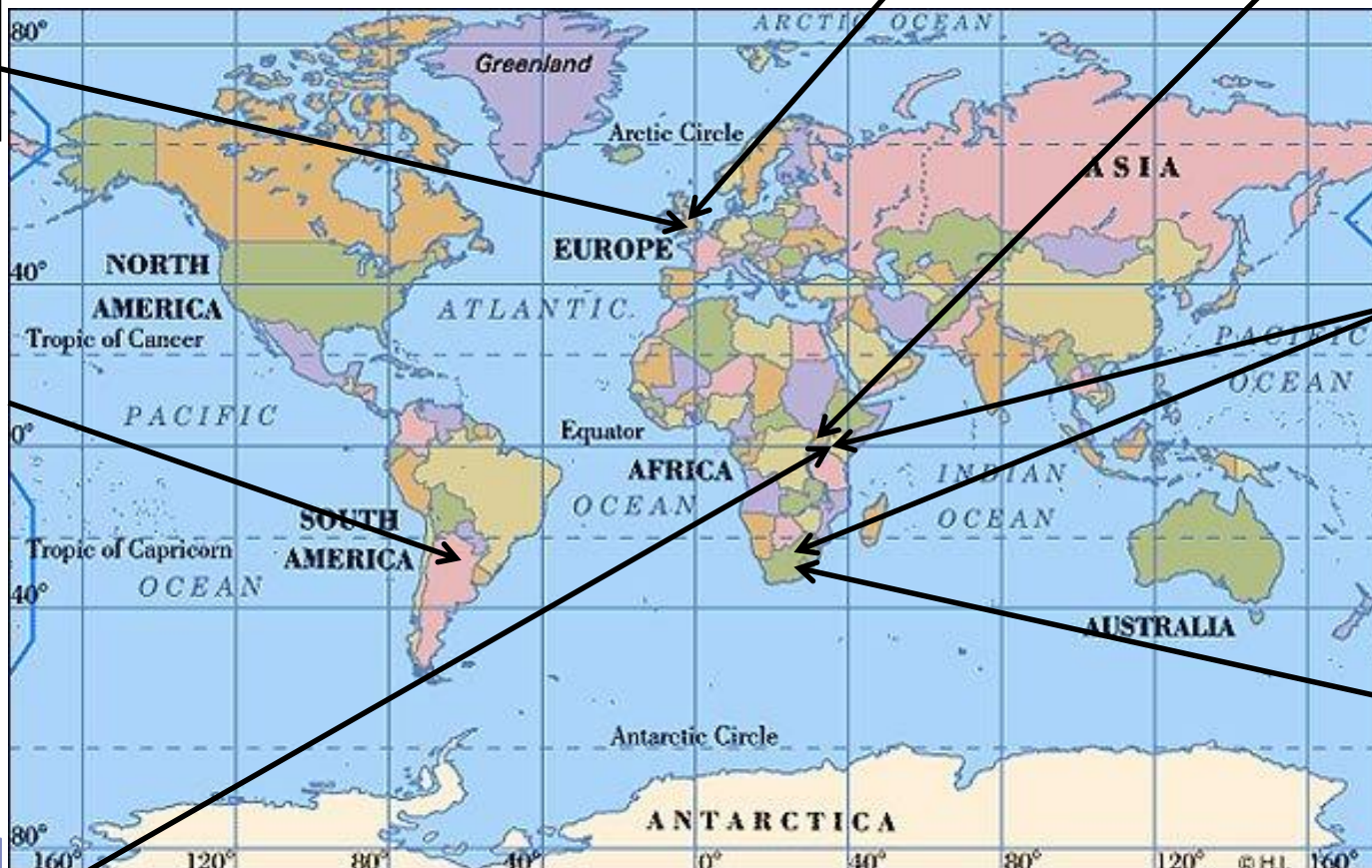
Kenya
n=378
outpatients

UK
n= 347
Gay men

Uganda
n= 200
newly
diagnosed

5 sites
Uganda
& South
Africa
n= 224
advanced
pts

SOWETO
n= 385
ART
outpatients



Key messages

- Pain & symptom burden assoc with:
 - Risk *Harding et al BMJ STI 2010*
 - Poor adherence *Harding et al AIDS & Behavior 2012*
 - Viral rebound *Lampe et al JAIDS 2010*
 - Poorer QoL *Harding et al AIDS Care 2011*
 - Suicidal ideation 31% *Sherr et al AIDS 2008*
 - ART Discontinuation/change *Sherr et al HIV Med 2011*
- Older gay men stigma accounts 39% QoL variance *Slater et al J Assoc Nurses AIDS Care 2014*
- Prayer & meditation used to improve subjective wellbeing *Ridge 2008 Sociology Health & Illness*
- ART does improves quality of life (Bucciardini 2014)
- QoL “critical challenge” to HIV medicine *Buscher JAMA 2010*
- Few intervention studies in person-centered care *Harding Lancet Infect Dis 2012*

Can we improve QoL alongside ART?

1. Develop PROM with sound psychometric properties
Harding HQLO 2010
2. Study determining main problems* n=1328
outpatients *BMC Public Health 2011*
3. RCT training existing clinical staff in patient-centred care with structured assessment, care plan and mentorship *BMC Infectious Disease 2012 Clinicaltrials.gov NCT01608802*
4. Sig improvements in:
 - QoL (phys p=0.06, psych p=0.015)
 - Psych morbidity (p=0.035)
 - Sharing feelings (p=0.005)*
 - Help & advice (p=0.002)*



TOPCare team,
BOMU Hospital, Mombasa