

The quality of life of HIV patients before and after initiation of antiretroviral treatment: A study in a department of infectious diseases in Western Greece- Maria Lagadinou- University Hospital of Patras

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Introduction: HIV infection is a global problem, having affected about 33.4 million people worldwide, with sub-Saharan Africa accounting for more than half of it, still posing a public health hazard. Since 1981, when the first cases of HIV infection have been recorded, it has become a global epidemic with significant health, social and economic repercussions, especially in specific geographical areas such as Africa and South-East Asia. Over the past decade, Greece has despite the implementation of intensive prevention and treatment measures and the apparent stabilization of new recorded cases. However, the annual report of the Center for the Control and Prevention of Special Infections announces the significant increase in new.

Patients and Methods: We studied the health-related quality of life of patients with HIV. It was given questionnaires (SF-36, MOS-HIV) and patients answered questions related to factors such as: physical health, physical role, social role, emotion, energy - vitality, mental health and general health. Completion of the questionnaires took place during regular patient visits in department of Infectious Diseases of the University Hospital of Patras. In that study took part a total of 58 patients who were receiving antiretroviral treatment. Exclusion criteria were newly diagnosed with HIV infection and the hospitalization for any reason.

Results: With regard to physical health and as studied on the basis of the SF-36 questionnaire: 80.8% of the patients responded that they did not account for the time spent on their health. The percentage of patients who do not feel inferior (56.6%) is also high and 71.2% said they had no difficulty in completing their work. In contrast to physical pain, most reported that their physical and mental problems affected their social behavior. Emotions that prevail for quite some time are gloom (35.4%) than respondents answered. According to MOS-HIV Questionnaire, 46.3% responded that they did not feel physical pain and therefore the latter did not affect or hinder work, answering 79.2%. In this questionnaire, patients were also asked about the quality of their lives: 44% responded that they were good enough. The activities (either intense or light) appear to be unaffected

by both the disease and the treatment. The majority of patients replied that they had never had difficulty thinking, remembering, never disturbing attention. As far as social activities are concerned, 35.2% said they were affected by health problems a few times. Both from the SF-36 questionnaire and the MOSHIV, was found that physical as well as mental health of patients with acquired immunodeficiency is not affected as much as one would expect due to the simplified but still multiple medicines taken by patients with HIV, as well as the average values for the physical and mental health is quite high.

Conclusion: This study reports on the quality of life related to the health of HIV-infected patients monitored at the Infectious Diseases Unit of the University General Hospital of Patras. The results may be optimistic for seropositive women, but their comparison with the quality of life of the healthy population, also done by other researchers, clearly shows lower scores for HIV-positive patients compared to healthy. The results of this study show that HIV-positive people, at the period of HAART, have a low level of quality of life related to health compared to the general population. This study could be extended to more HIV centers in Greece and carried thereby general conclusions which will likely contribute to a better routine clinical practice and to improve and by extension reduce the side effects of antiretroviral drugs.