Study on the quality of life and influencing factors of people living with HIV/AIDS initiating antiretroviral therapy in Guangxi Zhuang Autonomous Region, China

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Background:
By December 2007, about 5000 HIV patients had received antiretroviral therapy (ART) in Guangxi Autonomous Region, where the impact of ART treatment on quality of life (QOL) has not yet been evaluated. This study was designed to examine QOL of patients living with HIV/AIDS (PLHA) at 6-month and 12-month time intervals and assess factors influencing QOL.

Method:
A one-year observational cohort study was conducted among adult PLHA initiating ART from five ART clinics in Guangxi Autonomous Region. Voluntary surveys on QOL and potential influencing factors were conducted at initiation of ART (baseline), 6 and 12 months respectively. The standardized WHOQOL-HIV BREF instrument was used to collect QOL data that provides 9 quality of life scores including 6 domain scores (physical, psychological, level of independence, social relationships, environment and spirituality), two health perception scores, and an overall QOL score.

Results:
A total of 332 subjects were recruited at the baseline survey. Of these, 267 (80.4%) and 260 (78.3%) participants successfully completed the 6-month and the 12-month follow up surveys, respectively. All the scores were significantly higher at the 6-month survey than those at the baseline survey except those for social relationships. All other scores were significantly higher at the 12-month follow-up assessment than those at the baseline survey (P<0.05). Multivariable analysis revealed that factors correlated with overall QOL score at baseline, 6 months and 12 months were different.

Conclusion:
ART can significantly improve PLHA QOL, especially during the first 6 months after ART initiation. There are many other factors playing an important role in patient QOL. As the duration of time on ART increases, other complementary services to meet the needs of ART patients became increasingly important for further improvement of QOL.