Universal testing and treatment for HIV did not change health-related quality of life among people living with HIV

METHODS

- I used data from a trial called HPTN 071 (PopART), which took place in 21 communities.
- At the start of the trial, the communities were randomly placed into three groups of seven, called Arm A, Arm B and Arm C. During the trial:
  - Arm A received universal testing and treatment.
  - Arm B received universal testing, but treatment followed national guidelines.
  - Arm C followed national guidelines for both testing and treatment.
- At the start and end of the trial, randomly selected adults aged 18 to 44 completed surveys.
- Using the survey responses, I calculated HRQoL scores from zero (worst) to one (best).
- I assessed how often people reported issues related to HRQoL, including problems with mobility, self-care, performing daily activities, pain or discomfort, and anxiety or depression.
- I then compared the mean HRQoL scores and extent of problems between the trial arms.

RESULTS

- At the start of the trial, 7,866 people living with HIV were recruited to complete surveys, over 80% of whom were women.
- At the end of the trial, there was no evidence of a difference in HRQoL scores between the trial arms (Graph 1).
- However, problems with pain or discomfort were 63% rarer in Arm A than in Arm C (Graph 2).
- There was no evidence of a difference between men and women.

CONCLUSIONS

- Universal testing and treatment did not change overall HRQoL. This suggests that improving HRQoL among people living with HIV needs more than better access to testing and treatment.
- Importantly, some remaining barriers to high HRQoL, such as experiences of HIV-related stigma, may not have been affected by universal testing and treatment. Investment in these areas could boost HRQoL.

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