HPTN HIV Prevention Trials Network

DOES PROVIDING UNIVERSAL TESTING AND TREATMENT FOR HIV AFFECT HEALTH-RELATED QUALITY OF LIFE?
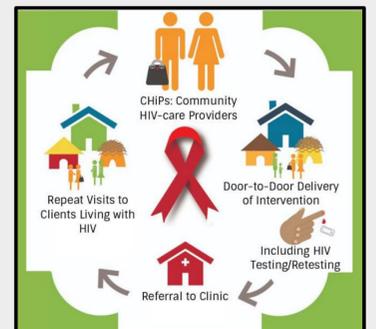
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BACKGROUND

- Today, people living with HIV are living much longer than they did in the past, but they often still report poor quality of life. As a result, improving the quality of life of people living with HIV is a research and policy priority.
- In health research, scientists focus is on the aspects of quality of life that are affected by mental and physical health. Together, these aspects are known as Health-Related Quality of Life (HRQoL).
- One way to improve HRQoL among people living with HIV might be through approaches like universal testing and treatment. In universal testing and treatment, HIV testing is delivered to everyone in an area, with treatment started straight away for people who test positive.
- To better understand the impact of universal testing and treatment, I studied the effect of this approach on HRQoL among people living with HIV in South Africa and Zambia.
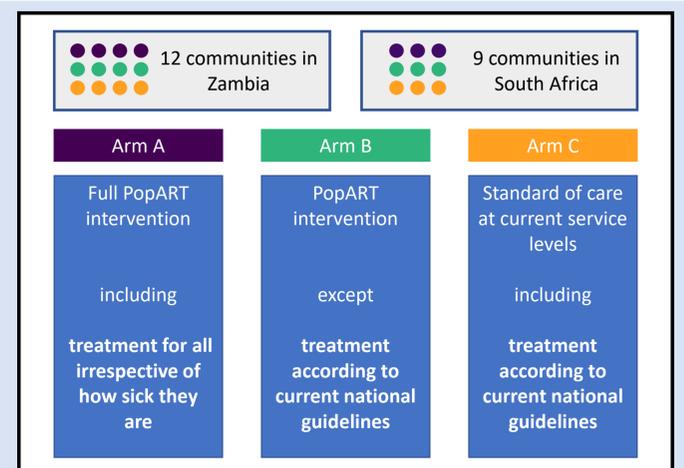

The universal testing and treatment approach.

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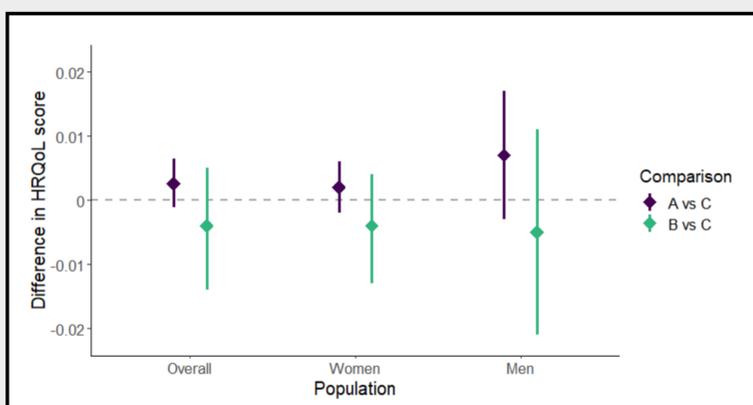

METHODS

- 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.
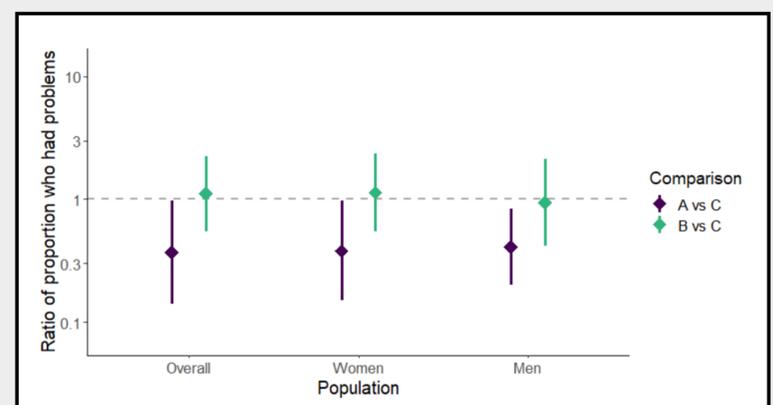- I then compared the mean HRQoL scores and extent of problems between the trial arms.

Design of the HPTN 071 (PopART) study.

RESULTS

- At the start of the trial, 7,856 people living with HIV were recruited to complete surveys, over 80% of whom were women.
- At the end or 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.

GRAPH 1. The difference in HRQoL score between the arms. The diamonds mark the main estimates and the coloured lines show the 95% confidence intervals. If a coloured line crosses the dotted line, there is no evidence of a difference between the arms.

GRAPH 2. The ratio of the proportion of people who had problems with pain or discomfort, comparing the arms. The diamonds mark the main estimate and the coloured lines show the 95% confidence intervals. If the coloured line crosses the dotted line, there is no evidence of a difference between the arms.

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.