

Drivers of Satisfaction and Health-Related Quality of Life of People Living With HIV Within Europe: Findings From a Real-world Survey of People Living With HIV

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Presenter Disclosure Information

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discloses the following pertaining to this presentation:

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Introduction

- The life expectancy of people living with HIV who have access to suppressive antiretroviral therapy is generally similar to that of individuals without HIV
- However, some important unmet needs remain among people living with HIV related to stigma, mental health, and HRQoL¹⁻³
- Furthermore, there may be a disconnect between perceptions and perspectives among physicians and people living with HIV^{3,4}
- This study aimed to understand disease burden and HRQoL from the perspectives of people living with HIV and their physicians, using data collected from the Adelphi HIV II Disease Specific Programme™, a real-world, point-in-time survey conducted in Europe between November 2022 and June 2023^{5,6}

HRQoL, health-related quality of life.

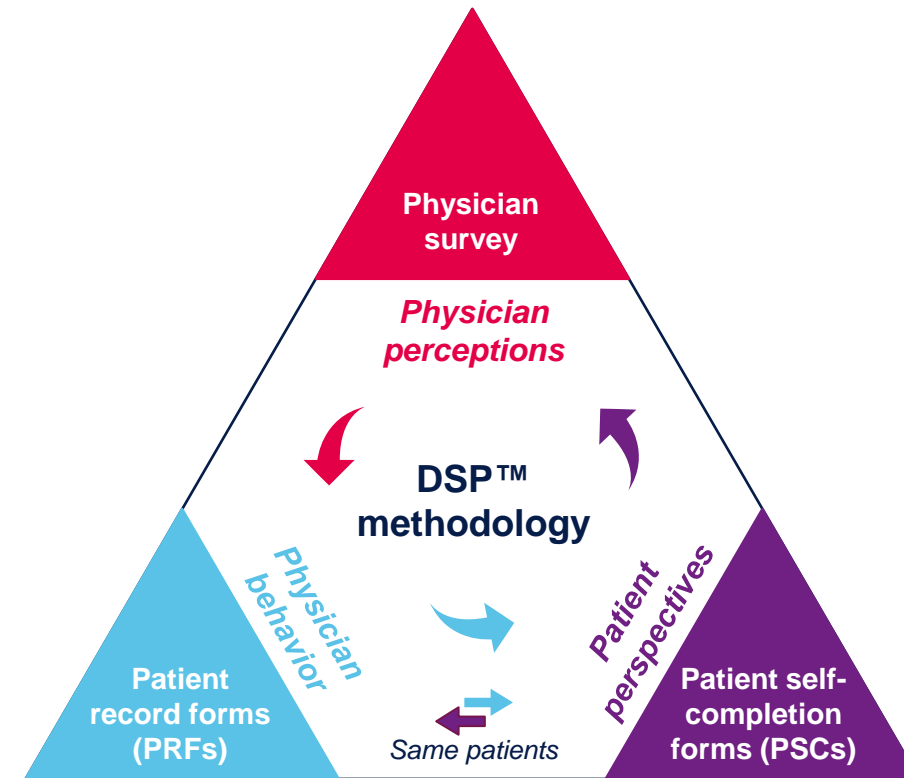
1. Rayanakorn et al. *AIDS Patient Care STDS*. 2022;36:186-193. 2. de los Rios et al. *AIDS Behav*. 2021;25:961-972. 3. Clarke et al. HIV Drug Therapy Glasgow 2022; Glasgow, Scotland. Poster P140. 4. Stutterheim et al. *AIDS Patient Care STDS*. 2014;28:652-665. 5. Anderson et al. *Curr Med Res Opin*. 2008;24:3063-3072. 6. Clarke et al. HIV Drug Therapy Glasgow 2022; Glasgow, Scotland. Poster P140.

Overview of the Disease Specific Programme (DSP)TM

- Participating physicians were primary care providers or infectious disease specialists who treated ≥ 10 people living with HIV each month
 - Physicians completed a survey on their perceptions and attitudes toward HIV treatment and provided online patient record forms for the next 10 consulting people living with HIV
- People living with HIV were aged ≥ 18 years with a confirmed HIV diagnosis and a current ART prescription
 - Individuals with HIV voluntarily completed a questionnaire on ART satisfaction, HRQoL, and disease burden from their own perspective
- Data were collected from 5 European countries

Country	Physician surveys	Physician-completed patient record forms	Self-completion forms from people living with HIV
France	49	404	107
Germany	50	501	229
Italy	40	401	47
Spain	42	400	117
UK	29	204	5
Total	210	1910	505

ART, antiretroviral therapy; HRQoL, health-related quality of life.



Demographics and Baseline Characteristics

Parameter	Physician-reported data for people living with HIV (N=1910) ^a
Current age, mean (SD), y	42.1 (12.8)
Male sex assigned at birth, n (%)	1436 (75)
Gender expression, n (%)	
Cisgender/Transgender male	1372 (72)/44 (2)
Cisgender/Transgender female	435 (23)/13 (1)
Non-binary/Gender-queer/Other genders	46 (2)
Age at diagnosis, mean (SD), y [n]	35.2 (10.2) [1638]
Time since, mean (SD), y [n]	
First HIV symptoms	5.9 (7.5) [614]
Last test for HIV before positive HIV test	6.7 (6.9) [315]
HIV diagnosis	6.6 (8.0) [1638]
Adherence	
Completely or mostly adherent as reported by physician, n (%)	1694 (89)
Time on current ART, mean (SD), y	2.1 (2.3) [1702]
Asymptomatic since diagnosis, n/N (%)	844/1306 (65)
Currently virologically suppressed, n/N (%)	1469 (77)
CD4+ cell count at most recent measurement, mean (SD), cells/mm ³ [n]	662 (292) [1465]
CDC stage at time of visit, n (%) ^b	
1	1191 (62)
2	345 (18)
3	240 (13)
Unknown	134 (7)

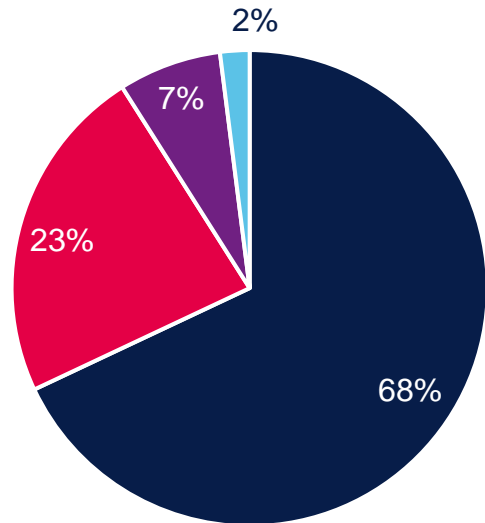
ART, antiretroviral therapy; CDC, Centers for Disease Control and Prevention. ^aData from physician-completed patient record forms. If different than N=1910, n/N is indicated. ^bDefined as follows: stage 1, no AIDS-defining condition and either CD4+ cell count ≥ 500 cells/mm³ or CD4 percentage of total lymphocytes ≥ 29 ; stage 2, no AIDS-defining condition and either CD4+ cell count 200-499 cells/mm³ or CD4 percentage of total lymphocytes 14-28; stage 3 (AIDS), documentation of an AIDS-defining condition or either CD4+ cell count < 200 cells/mm³ or CD4 percentage of total lymphocytes < 14 . Documentation of an AIDS-defining condition supersedes CD4+ cell count or percentage that would not, by itself, be the basis for a stage 3 classification.

Data reported by physicians

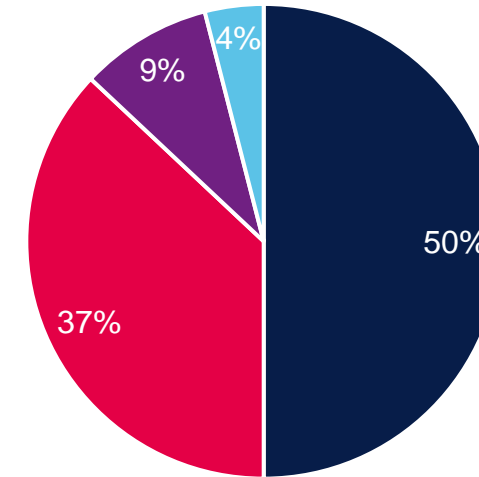
There Were Some Differences in Perceptions of Treatment Satisfaction Between Physicians and People Living With HIV

- When assessed overall, physicians reported higher treatment satisfaction with ART vs people living with HIV

**Satisfaction with ART:
physicians (N=1900)^a**



**Satisfaction with ART:
people living with HIV (N=505)^b**



■ Very satisfied ■ Neither satisfied nor dissatisfied
■ Satisfied ■ Dissatisfied or very dissatisfied

ART, antiretroviral therapy.

^aData from physician-completed patient record forms (N=1910). ^bData from self-completion forms from people living with HIV (N=505).

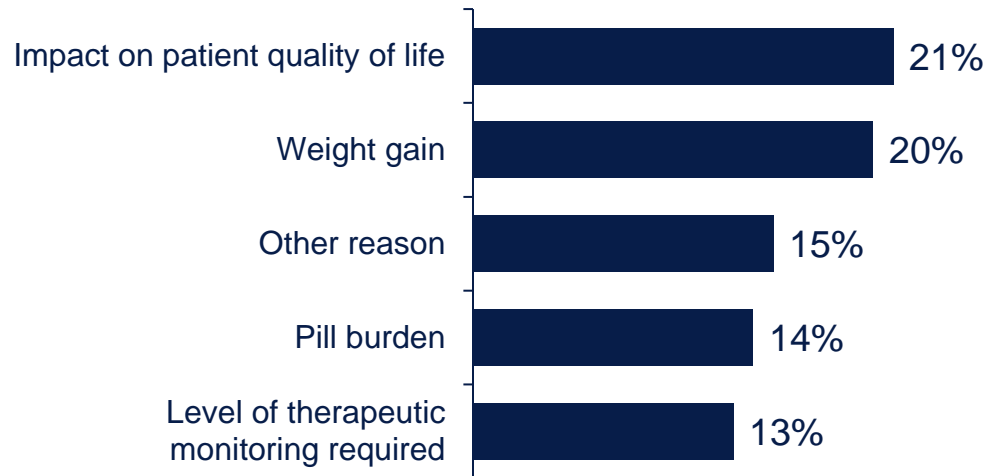
Data reported by physicians

Data reported by people living with HIV

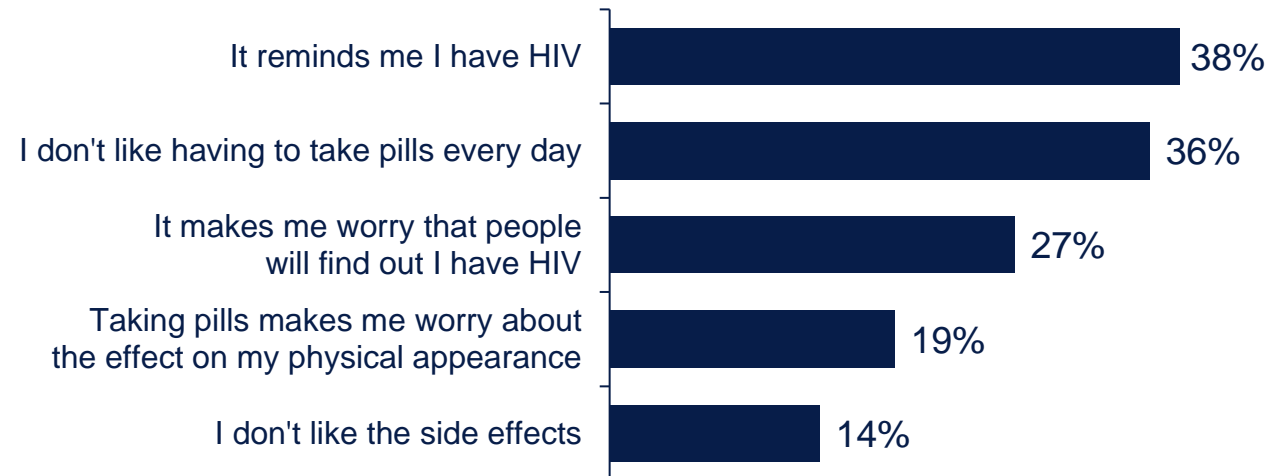
Physicians and People Living With HIV Highlighted Impact on HRQoL as Their Reason for Not Being Very Satisfied With Their Current ART

- Physicians and people living with HIV were asked to select reasons for not being very satisfied with their ART
- Of the different reasons provided from which to select, those highlighting the impact of ART on HRQoL emerged as important drivers of satisfaction for both people living with HIV and physicians, including people living with HIV citing ART as a reminder of having HIV and causing them to fear disclosure of their HIV status

**Reasons for not selecting “very satisfied”:
physicians (n=615)^a**



**Reasons for not selecting “very satisfied”:
people living with HIV (n=205)^b**



ART, antiretroviral therapy; HRQoL, health-related quality of life.

^aData from physician-completed patient record forms (N=1910); other reasons not presented included suboptimal adherence by people living with HIV (11%), number of side effects (9%), cost of treatment (7%), interaction with other drugs (6%), lack of viral suppression (6%), severity of side effects (3%), pain at injection site/injection site reaction (1%), daily administration (<1%). ^bData from self-completion forms from people living with HIV (N=505); other reasons not presented included it's hard to remember to take them (13%), not sure if it is effective (7%), I have to take too many pills (6%), another reason (4%).

Data reported by physicians

Data reported by people living with HIV

Health Status Was Assessed Using the EQ-5D-5L, and HRQoL Was Assessed Using the HIV-Specific PozQoL Instrument

EQ-5D-5L^{1,2}

- The EQ-5D-5L is an overall health status measure that assesses 5 dimensions of health
 - Mobility, self-care, usual activities, pain/discomfort, and anxiety/depression are assessed on 5 levels: no, slight, moderate, severe, or extreme problems
 - The utility score represents the value attached to a set of weights reflecting the respondent's average preferences about how bad or good their health is using a scale of 0 (representing a state as bad as death) to 1 (representing full health)
 - The VAS score represents current overall health state using a scale of 1 to 100

PozQoL³⁻⁵

- The PozQoL is a validated 13-item quality-of-life measure specifically designed for people living with HIV that evaluates 4 domains of HRQoL on a 5-point scale:
 - Functional domain
 - Psychological domain
 - Social domain
 - Health concerns domain

EQ-5D-5L, EuroQol 5-Dimension 5-Level; HRQoL, health-related quality of life; VAS, visual analog scale.

1. Janssen et al. *Eur J Health Econ*. 2021;22:1467-1475. 2. EuroQol. <https://euroqol.org/eq-5d-instruments/eq-5d-5l-about/>. Accessed October 2, 2023. 3. Brown et al. *BMC Public Health*. 2018;18:527. 4. PozQoL. <https://www.pozqol.org/>. Accessed September 18, 2023. 5. PozQoL Project. *PozQoL Scale Implementation Kit Version 2.0 September 2020*. 2020.

Data reported by people living with HIV

HIV-Specific Instruments Are Needed to Fully Capture the Burden of HIV

EQ-5D-5L

- When assessed using the EQ-5D-5L, people living with HIV reported having a health status similar to that reported by the general European population

EQ-5D-5L scores (possible range)	n ^{a,b}	Mean score
General European population utility score (0-1) ¹	21,425	0.92
People living with HIV utility score (0-1) ^c	483	0.89
General European population VAS score (0-100) ¹	21,425	78.3
People living with HIV VAS score (0-100)	482	74

EQ-5D domain responses

EQ-5D domain	n ^{a,b}	Mean score
Mobility: no problems walking	483	73%
Self-care: no problems washing or dressing myself	483	91%
Usual activities: no problems doing my usual activities	483	70%
Pain/Discomfort: no pain or discomfort	483	53%
Anxiety/Depression: not anxious or depressed	483	47%

EQ-5D-5L, EuroQol 5-Dimension 5-Level; HRQoL, health-related quality of life; VAS, visual analog scale.

^aData from self-completion forms from people living with HIV (N=505). ^bExcludes responses where the answer was not stated. ^cEQ-5D-5L utility score used the German tariff. ^dExcludes blank and "don't know" responses.

1. Janssen et al. *Eur J Health Econ*. 2021;22:1467-1475. 2. Brown et al. *BMC Public Health*. 2018;18:527. 3. PozQoL. <https://www.pozqol.org/>. Accessed September 18, 2023.

PozQoL

- When assessed using the PozQoL, people living with HIV reported moderate QoL for both summary and average scores

PozQoL scores (possible range)	n ^a	Mean score
PozQoL summary score (13-65) ^{2,3}	461 ^d	41.5
PozQoL average score (1-5) ^{2,3}	488	3.2

Scale

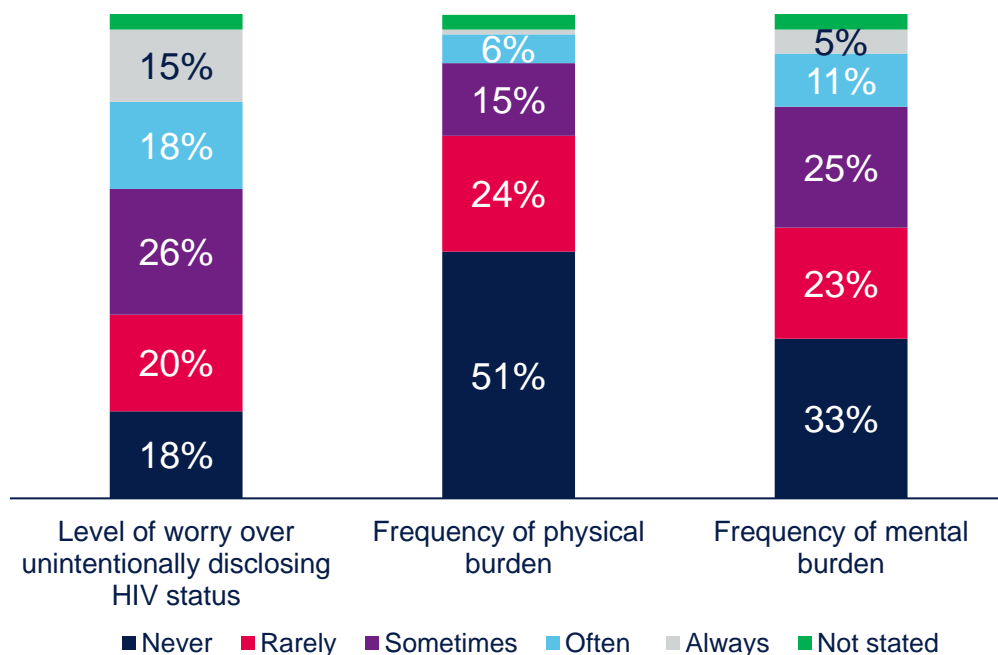
Score range	Low QoL	Moderate QoL	High QoL	Very high QoL
PozQoL summary score (13-65)	≤36	37-45	46-53	≥54
PozQoL average score (1-5)	≤2.84	2.85-3.53	3.54-4.14	≥4.15

Data reported by people living with HIV

People Living With HIV Still Reported Mental Health Burdens Related to Their ART

- People living with HIV reported that the mental burden of ART was higher than the physical burden, with 41% and 22% reporting mental and physical burden at least sometimes, respectively
- Over half of people living with HIV reported that they would be open to switching to a new HIV medicine and they would prefer to take fewer pills

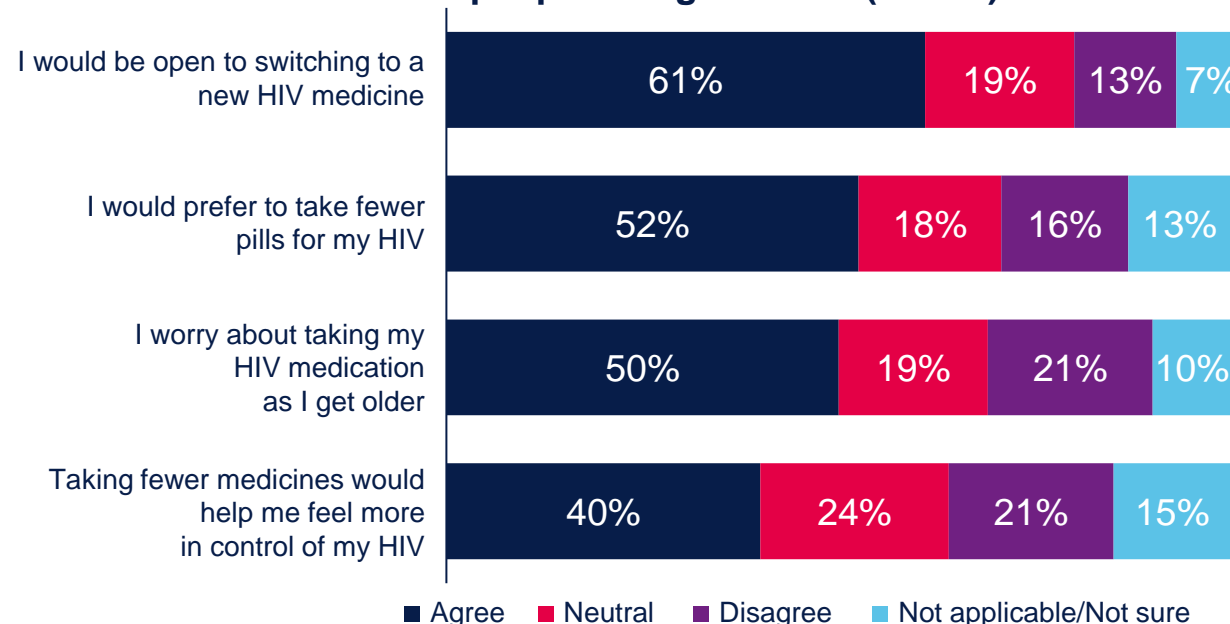
Burden due to current ART reported by people living with HIV (N=505)^{a,b}



ART, antiretroviral therapy.

^aData from self-completion forms from people living with HIV (N=505). ^bData points <5% are not labeled.

Treatment preferences reported by people living with HIV (N=505)^a

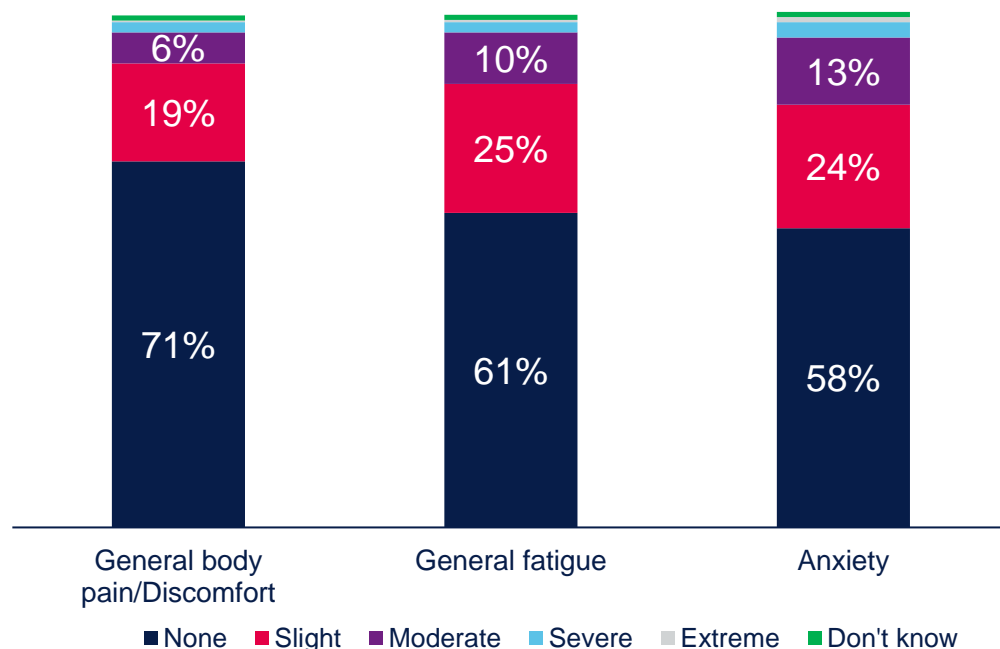


Data reported by people living with HIV

Physicians Highlighted the Important Role of Long-Acting Injectables to Address Key Issues With HIV Treatment

- The majority of physicians reported that people living with HIV experienced no physical or mental burden due to ART
- Most physicians believed that long-acting injectable ART could address HIV treatment challenges such as pill burden, stigma, and suboptimal adherence, and that stigma prevents access to HIV services

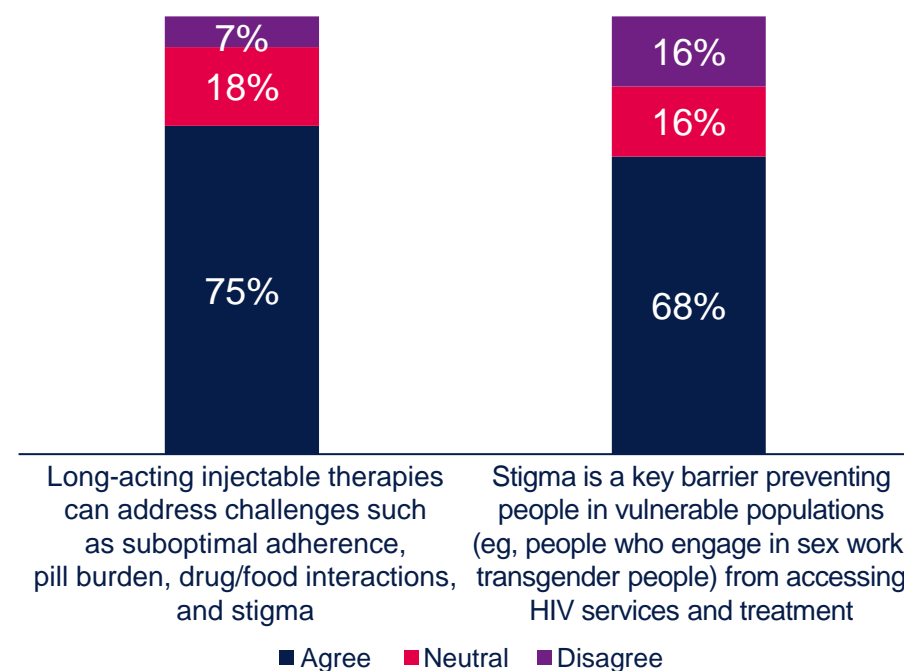
Burden due to current ART reported by physicians (N=1900)^a



ART, antiretroviral therapy.

^aData from physician-completed patient record forms (N=1910). Data points <5% are not labeled. ^bData from physician surveys (N=210).

Challenges to HIV treatment reported by physicians (N=210)^b



Data reported by physicians

Conclusions

- People living with HIV reported a similar health status to that of the general European population
- PozQoL scores indicated moderate QoL, suggesting that the EQ-5D-5L is not sensitive enough to capture HIV-specific impairments and highlighting the importance of assessing outcomes using an HIV-specific PRO instrument
- Despite generally being satisfied with their ART, People living with HIV still experienced mental health burdens because their ART
 - Acts as a reminder of having HIV,
 - Requires them to have to take pills every day, and
 - causes fear of disclosing their HIV status
- People living with HIV were open to switching their ART and physicians highlighted the role long-acting injectables could have in addressing issues such as stigma and sub-optimal adherence

ART, antiretroviral therapy; EQ-5D-5L, EuroQol 5-Dimension 5-Level; PRO, patient-reported outcome; QoL, quality of life.

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