Title: Quality of Life determinants among people living with HIV: an Australian HIV Observational Database (AHOD) sub-study

Authors:
Rupasinghe D [1], Sowden D [2], Bryant M [3], Roth N [4], Bopage R [5], Carr A [6], Gunathilake M [7], Baker D A [8], Petoumenos K [1], on behalf of the Australian HIV Observational Database

[1] The Kirby Institute, UNSW Sydney, Sydney, Australia, [2] Clinic 87, Nambour Hospital, Sunshine Coast Hospital and Health Service, Australia, [3] The Alfred Hospital, Melbourne, Australia, [4] Prahran Market Clinic, Prahran, Victoria, Australia [5] Western Sydney Sexual Health Centre and Westmead Clinical School, University of Sydney, Australia, [6] St. Vincent's Hospital, Darlinghurst, New South Wales, Australia, [7] Clinic 34, Centre for Disease Control, Northern Territory Department of Health, Northern Territory Australia, [8] East Sydney Doctors, Surry Hills, New South Wales, Australia

Background
As antiretroviral treatment improve longevity in people with HIV, clinical management now emphasises improved health-related quality of life (QoL). We explored self-reported QoL among people with HIV in the Australian HIV Observational Database (AHOD).

Methods
AHOD participants completed a survey including self-reported comorbidities, PoZQoL, SF-36, and Berger HIV Stigma instruments. A mean PoZQoL score of ≤3.53 identified participants with low/moderate QoL. Composite physical health (PH) or mental health (MH) scores <50 determined from the SF-36 instrument define low QoL. A total score above the mean using the Berger HIV Stigma scale defined significant stigma.

Results
To date, 99 participants [majority male (89%), Caucasian (88%), with median age 61-years (IQR 54–69)] consented to the sub-study. Most (76%) acquired HIV through sex with men. The majority (95%) were virologically suppressed (≤50 copies/mL) with a robust median CD4 count of 642 cells/µL (IQR 514-931). Approximately half (49%) were affected by stigma and 57% reported more than one comorbidity.
More than one third (34%) of all participants had a low/mod QoL and 30% had low SF-36. People with low/mod QoL and low SF-36 had median CD4 count >650 cells/µL and majority (95%) had HIV viral-load ≤50 copies/mL. More than half of those with low/mod QoL and low SF-36 scores reported significant stigma (low/mod QoL:79%; low SF-36: 57%) and one or more comorbidities (low/mod QoL:65%; low SF-36: 76%).
Low/mod QoL was also likely among 60% of women, 41% of those <60 years of age, and 54% of those whose ethnicity was not Caucasian.

Conclusion
Despite a small sample size, a substantial proportion of individuals with robust CD4 counts and virological suppression reported poor QoL. The high proportions of

stigma and comorbidities among AHOD participants with poor QoL highlights the need for improved comorbidity management and stigma reduction efforts to improve their QoL.

Disclosure Of Interest Statement:
None.