The effect of universal testing and treatment for HIV on health-related quality of life – data from the HPTN 071 (PopART) cluster randomised trial in Zambia and South Africa

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BACKGROUND

- HIV treatment has clear Health-Related Quality-of-Life (HRQoL) benefits.1 However, little is known about how Universal Testing and Treatment (UTT) for HIV affects HRQoL.
- Using data from HPTN 071 (PopART), we examined the effect of a combination prevention intervention, including UTT, on HRQoL among people living with HIV.

METHODS

- HPTN 071 (PopART) was a three-arm cluster randomised controlled trial in 21 urban and peri-urban communities in Zambia and South Africa, performed between 2013 and 2018.1,3
- In the trial, Arm A communities received the full UTT intervention of door-to-door HIV testing plus access to antiretroviral therapy (ART) regardless of CD4 count, Arm B communities received the intervention but faced limited follow-up guidelines (universal ART from 2016) and Arm C communities received standard care (Fig. 1).
- The intervention effect was assessed in a general population cohort of randomly selected adults (18-44 years) in randomly selected households, using data from baseline, 12 months, 24 months and 36 months.

RESULTS

- At baseline, 7,856 people living with HIV were enrolled and provided HRQoL data, of whom 84.4% were women (Table 1).
- The mean HRQoL score was 0.886 (95% confidence interval: 0.884-0.888) in Arm A, 0.884 (0.882-0.886) in Arm B and 0.881 (0.879-0.884) in Arm C at the start of the trial.
- At 36 months, the mean HRQoL score was 0.893 (95% confidence interval: 0.891-0.894) in Arm A, 0.886 (0.885-0.889) in Arm B and 0.889 (0.887-0.892) in Arm C.
- There was no evidence of a difference in HRQoL scores between arms (adjusted mean difference, A vs C: 0.003, 95% confidence interval: -0.014 to 0.005, Fig. 2).
- There was no evidence of a difference in health-related quality of life between men and women for appraisal of HRQoL issues (life in patients and HRQoL, as well as age and gender.

CONCLUSIONS

- There was no evidence that the HPTN 071 (PopART) UTT intervention changed overall HRQoL.
- This may be due, in part, to the relatively high HRQoL scores among people living with HIV at baseline, which left limited scope for large improvements. Consequently, it might be suggested that resources for raising HRQoL should be focused on settings with greater potential for increases in HRQoL.

REFERENCES


TABLE 1: Baseline characteristics.

CONTRIBUTIONS TO THIS WORK

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