

Quality of life amongst HIV and Tuberculosis patients

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As per 2009 statistics India has the third largest number i.e. 2.3 million PLHIV of which 0.3 million died of tuberculosis. To improve the quality of life (QOL) it is crucial to identify its determinants. Studies have been performed in PLHIV but there is a dearth of literature on the QOL of HIV-TB co-infected patients.

Aim- To assess and compare the QOL in HIV infected patients with and without TB and identify the factors responsible for poor QOL.

A cross-sectional study (HIV+ve subjects with and without TB) with non-random sampling was conducted at ART centers. With 80% power, 95% confidence interval, a ratio of 1:3 of HIV/TB vs HIV without TB and 10% non-responders, sample size of 104 was calculated. A semi-structured questionnaire collects clinico-demographical data and Beck's Depression Inventory to identify depression by interview, WHOQOL-HIV BREF to assess the QOL by interview and medical record. It had 31 items divided into six domains:- Physical, Psychological, Social, Level of independence, Environment and Spiritual. For each there was 5 point likert scale where 1 indicated low/negative perception and 5 high/positive perception. Analysis by SPSS version 11.5 software.

Out of 104 subjects 26(25%) were HIV-TB co-infected (group I) and 78 (75%) only HIV infected (Group II) of which 64(82%) in stage 1 and 14(18%) in stage 2 but all 26 of group I were in stage 3 ($p<0.001$) and on ART. Only 42(53.8%) group I were on ART ($p<0.001$). The mean (Standard Deviation) of various domains of QOL for group I & II were- Physical health- 9.92(2.03) & 12.78(2.20) [$p<0.001$], Psychological health- 10.98(1.78) & 13.18 [$p<0.001$], Social health – 12.08(2.0) & 13.24(2.28) [$p=0.02$], Environmental health- 10.67(1.76) & 13.09(2.17) [$p<0.001$], Level of independence- 9.73(1.51) & 11.41(2.08) [$p<0.001$], Spiritual health- 9.77(2.26) & 12.23(2.45) [$p<0.001$].

HIV infected subjects with TB had poor QOL in all domains and strong association is present between educational status with QOL. In only HIV positive subjects being on ART and family support was the most important factor.

Biography

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