Quality of life in patients with HCV / HIV co-infection

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Epidemiological data of HIV infection in Dnipropetrovsk region (incidence, cases)
Epidemiological data of HIV infection in Dnipropetrovsk region

- According to data from **July 1, 2016** in Dnipropetrovsk region **48,248 HIV-positive people** had been registered (Prevalence of HIV-infection is **1456.3** cases per 100 000 people).

- **16,929** people with AIDS (Prevalence of HIV infection is **504.3** cases per 100 000 people) and **8606 deaths** from AIDS-related diseases.

- **25,533** patients with HIV infection are registered in HIV Center (Prevalence is **785.3** cases per 100 thousand),

- incidence of AIDS is **7456** (229.3 cases per 100 000 people).

- **10,715** patients receive antiretroviral therapy, including **550 children**.
Epidemiological data of HCV infection in Dnipropetrovsk region, cases per 100 000 people

Co-infection of HIV / hepatitis C in Dnipropetrovsk region

• In 2015 co-infection of HIV / hepatitis C in Dnipropetrovsk region was registered in 6327 people

• Of the surveyed HIV-infected patients in Dnipropetrovsk:
  • in 2014 co-infection of HIV / hepatitis C was registered in 1451 people, including 6 children aged 0-18 years;
  • and in 2015, due to migration and other factors, co-infection was registered in 1201 people and 8 children.
Health-related quality of life (HRQOL)

• is an integral characteristic of the physical, mental, emotional and social functioning of a person based on his subjective perception.

• (HRQOL) assessment is an important tool for effective management of patients with progressive chronic diseases.

• It is well known that the HRQOL is diminished in both groups of patients; with chronic HCV and HIV, but impact of HCV/ HIV co-infection on HRQOL is still not quite clear and is still not been sufficiently studied, especially among the Ukrainian population.
AIM

• Assess and compare the HRQOL of HIV infected patients with chronic HCV infection and with co-infection of HCV / HIV
• Identify the factors responsible for it
Materials & Methods:

• Study design - Cross-sectional study (3 groups)
  • Group 1 - 57 patients with chronic HCV infection,
  • Group 2 - 39 patients with co-infection of HCV / HIV.
  • Group 3 - 30 healthy people - the control group.

• Study setting - Dnipropetrovsk municipal clinical hospital #21, AIDS center, Dnipropetrovsk, Ukraine.

• Nonrandom sampling

• Diagnosis established by local clinical protocols

• Ethical committee approval was taken

• Statistic 6,0

• T-test was used to compare means.

• Study instruments - adapted HRQOL questionnaire SF-36 Health Status Survey, SF-36 contains 36 questions grouped in eight domains.
Sociodemographic data of the studied population (n=126)

• Inclusion criteria - >18 years
• Gender :
  • male – 77
  • female – 49.
• Race: White
• Education :
  • Elementary education - 0
  • Secondary education - 94
  • Tertiary education (university) – 32
• Martial status
  • Married - 55
  • Single - 29
  • widow (-er) / divorced – 42

• Age (mean±SE, year):
  • Group 1: chronic HCV infection – 41,75±1,08
  • Group 2: co-infection of HCV / HIV – 39,6±0,96
  • Group 3: Healthy control – 22,03±0,4
Materials & Methods:

- Disease stage of HCV and HCV / HIV patients (n=96):
  - Non-cirrhosis – 76
  - Compensated cirrhosis (class A) – 20
  - Decompensated cirrhosis - 0
- Fibrosis of HCV and HCV / HIV patients (n=96):
  - F0 - 10
  - F1 - 43
  - F2 - 11
  - F3 – 12
  - F4 – 20
- Studies have been done before the start of HCV antiviral therapy

- For HCV / HIV patients (Group 2, n=39):
  - CD4 258±32 cells/microL
  - HIV RNA - negative
- All patients in this group were receiving ART
HRQOL scores in patients with HCV, HCV/ HIV and healthy controls (SF-36)
Conclusions:

• Chronic hepatitis C and HCV/ HIV co-infection is a serious problem for patients.

• We found that the degree of physical health disturbance was more significant than the one of psychological health, especially in the group of co-infection of HIV / hepatitis C ($p<0.05$ for these indices as compared with the control group).

• Progressive liver disease significantly decreased QOL in both groups of patients: HCV and HCV/ HIV co-infection.

• QOL in all domains is lower in HCV/ HIV co-infected patients