

8th International Workshop on Adverse Drug Reactions and Lipodystrophy in HIV

San Francisco, California - September 24 - 26, 2006



INTERNATIONAL
MEDICAL
PRESS

THE IMPACT OF HIV-ASSOCIATED ADIPOSE REDISTRIBUTION SYNDROME (HARS) ON HEALTH-RELATED QUALITY OF LIFE

Antiviral Therapy 2006; 11:L25 (abstract no. 36)

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BACKGROUND: HARS, a condition defined by excess truncal/visceral fat in HIV patients (pts), results in significant body dysmorphia and impaired health-related quality of life (HRQOL). To describe the comparative impact of HARS on HRQOL, data from HARS pts were compared to that of pts with three other chronic diseases.

METHODS: Pts in clinical trials with HARS ($n=480$) and without HIV but hypertension (HTN; $n=354$), type 1 diabetes (DM1, $n=594$) or type 2 diabetes (DM2, $n=1019$) completed standardized Phase V Outcomes Information System scales at baseline to assess general perceived health (GPH), psychological well being (PWB), psychological distress (PD), and summary HRQOL.

RESULTS: HARS pts (44.7 ± 7.2 years) were significantly older than DM1 (38.3 ± 10.7) but younger than DM2 (57.5 ± 10.1) and HTN (54.9 ± 11.4) ($P < 0.01$). HARS pts also had proportionally more males (86% versus 54%, 65%, and 44%; $P < 0.01$). Controlling for age and sex, HARS pts had significantly lower (worse) GPH scores (general health status, sleep disturbance, vitality, composite score; $P < 0.013$). PD scores in HARS were lower (worse) than in DM but not in HTN (anxiety, behavioral control, depression, composite; $P < 0.001$). PWB was also worse with respect to emotional ties ($P < 0.001$) and general positive affect ($P < 0.003$) in HARS than in the other pts, but lower only than DM for life satisfaction and composite well-being ($P < 0.001$). Summary HRQOL scores were significantly lower in HARS than all other pts ($P < 0.001$). The average adjusted effect size across all comparisons was 0.351.

CONCLUSION: HARS substantially impacts several important HRQOL domains, as compared to 3

other chronic diseases. HARS has important consequences, especially for perceived health and mental and emotional functioning, which need to be considered as part of the treatment plan.

2006-09-24

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