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The quality of life in persons living with HIV: A follow up over 12 months in Ouagadougou-Burkina Faso

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Introduction: In Burkina Faso, very few are known about the quality of life of people living with HIV in their routine follow up. The aim of the study was to measure the quality of life, in the routine follow-up of people living with HIV and its change over time.

Methods & Materials: 424 people living with HIV were followed up during 12 months in Ouagadougou-Burkina Faso. The quality of life was measured through three interviews over time, using the World Health Organization Quality of Life assessment brief tool in patients with Human Immunodeficiency Virus infection (WHOQOL HIV-BREF). The Friedman test was used to assess significant differences in quantitative variables at each of the three follow up interviews. Groups at baseline, at month 6 and at month 12 were compared using Wilcoxon signed rank test for quantitative data and McNemar test for qualitative variables. Pearson Chi² was used when needed. Multivariable logistic regression models were fit to estimate adjusted odds ratio (OR) and 95% confidence intervals (95% CI). Trends in global score of the quality of life in subgroups (status related to HAART) were assessed using repeated measures univariate analysis of variance. A p-value less than 0.05 was considered as significant.

Results: At baseline, the highest scores of quality of life were recorded in the domain of spirituality, religion and personal beliefs and the lowest scores were recorded in the environmental domain. This trend was maintained during the 12-months follow-up. The overall score increased significantly over time. Over the twelve months of follow up, not having support from family for medical care, being under Highly Active Anti-Retroviral Treatment (HAART), self-perception as healthy, and having a global score of quality of life less than 77 were the baseline factors that were likely to predict an increase in the overall score of quality of life.

Conclusions: Our findings suggest conducting interventions linked to environmental domain to enhance the quality of life of people living with HIV/AIDS in Burkina Faso. Particular attention could be paid to people without family support, not yet under HAART, those who perceive themselves as ill.

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Notes:

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