The impact of anemia on quality of life and healthcare resource utilization in patients with HIV/AIDS receiving antiretroviral therapy.

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Abstract

OBJECTIVE:
To understand the impact of anemia on health-related quality of life (HRQOL) and healthcare resource utilization (HRU) in patients with HIV/AIDS.

METHODS:
In 2003, adults with HIV/AIDS were recruited through 114 US STD/HIV clinics to complete self-administered questionnaires. Adults reporting anemia as a side-effect of antiretroviral therapy (ART) during the past month were considered anemic. HRU was evaluated by emergency room (ER) visits, days of hospitalization, and healthcare provider visits in the past 6 months. The SF-8 was used to measure HRQOL. Linear regression was used to evaluate independent effects of anemia on HRQOL and HRU controlling for demographics, years since HIV diagnosis, HIV viral load, CD4 + count, and ART use.

RESULTS:
2044 patients were enrolled, with 498 (24%) experiencing anemia. Anemic patients had lower SF-8 summary scores (mental: 38.2 +/- 11.6 vs. 42.9 +/- 11.9, p < 0.001; physical: 40.1 +/- 10.0 vs. 45.5 +/- 10.4, p < 0.001) than nonanemic patients. HRU in the anemic group was significantly higher (p < 0.05), with respect to percentage of patients visiting ER, mean number of ER visits, mean number of days hospitalized, and mean number of total visits to providers. In linear regression models, anemic patients had mental and physical HRQOL scores more than 4 points lower than nonanemic patients (p < 0.001 for both). Additionally, anemic patients had 2.7 more visits to healthcare providers (p < 0.001).

LIMITATIONS:
Data were cross-sectional, self-reported by patients, and did not include clinical measures of anemia.

CONCLUSION:
Based on this survey, self-reported anemia appears to be associated with worsened HRQOL and greater HRU among HIV/AIDS patients using ART.

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