Original Research Paper Medicine

Quality of Life and Coping Skills in PLHA Admitted to A Tertiary Care Government Hospital in Delhi

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ABSTRACT

Context HIV/AIDS has now been reduced to a chronic manageable illness, however, pa-tients of HIV usually face several complex psychological issues which influence not only their quality of life but also their adherence to treatment and subsequent morbidity and mor-tality patterns. As in all chronic diseases patients have various ways of coping with not only the illness but also its complex treatment regimens and its social and personal fallouts. An attempt has been made in this study to assess the quality of life and the coping strategies employed by HIV infected serving soldiers admitted to a large service hospital.

Aim: This study was carried out to determine the quality of life and coping skills of PLHA (People living with HIV /AIDS) central government employees admitted to a tertiary care government hospital.

Settings and Design: This hospital based, cross sectional study carried out in New Delhi .

Methods and Material Interviewer administered predesigned questionnaires were used and data collected from participants Statistical analysis used :A database was created in MS Excel and Med Calc was used to analyze the data. Appropriate descriptive and inferential statistics were calculated

Results: The quality of life scores were highest in the domain of social relationships and lowest in the psychological domain. The top three techniques of coping utilized by the study subjects were positive reframing, acceptance and active coping.

Conclusions Quality of Life and Coping skills of PLHA are important aspects which need to be considered during patient management too.

KEYWORDS HIV,AIDS,Quality Of Life,Coping skills

Introduction:

The estimated 34 million people worldwide who are infected with HIV 1 are living with a chronic disease that has an uncertain clinical course and an unknown personal prognosis. Advances in the treatment of HIV have altered the rate of disease progression and extended survival times. This has resulted in a large and growing population of persons living with HIV (PLHAs) who are confronting not just complex medical regimens but also other associated psychosocial stressors. The ability to cope successfully with a chronic illness such as HIV is influenced by a number of social and psychological factors. As the medical community adapts to managing HIV as a chronic disease, understanding psychological issues that affect quality of life and coping mechanism become equally critical to HIV care and prevention as these can predict poor adherence to treatment regimens and HIV risk behaviors 2 . Knowledge regarding psychosocial factors related to HIV and their associations with health behaviors can be translated into more effective treatment protocols that address these factors, which may subsequently improve PLHAs' quality of life, enhance coping skills, improve drug adherence leading to an improvement in the mortality and morbidity, and thus living and managing a chronic illness, to the best of their abilities.

This study was carried out to assess the quality of life of serving central government employees PLHAs admitted to a tertiary care government hospital of North India and to assess the coping skills utilized by them.

Subjects and Methods:

The participants included all PLHAs (government employees) diagnosed with HIV/AIDS and admitted to the hospital, whether or not on ART. Only those PLHAs who were severely ill or had altered sensorium were excluded from the study. WHO QOL Bref and the Bref COPE were administered to all the participants. Each participant was informed, prior to the interview about the purpose of the study. Written informed consent was obtained, and participants were conveyed that they had the right to refuse participation and could withdraw at any time. Ethical clearance was taken from the hospital ethical clearance committee Institutional Review Board.

Quality of life was evaluated using the World Health Organization Quality of life (WHOQOL) Bref instrument. 3 , which consists of 26 items distributed in six domains. Each item uses a Likert-type five-point scale. The domains are: physical health; level of independence; psychological wellbeing; social relationships; environment; and spirituality. Two additional items were examined separately: one about the individual's overall perception of QOL and the other about the individual's overall perception of his health. The other instrument used was brief COPE 4, an abbreviated version of the COPE scale which consists of 14 domains/sub-scales (self-distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioural disengagement, venting, positive reframing, planning, humour, acceptance, religion, self-blame) of two items each.

A database was created in MS Excel and Med Calc was used to analyze the data. Appropriate descriptive and inferential statistics were calculated

Results:

Baseline Characteristics of Participants:A total of 48 PLHA were included in the study.96% (46) of the participants were married.58.4%(28) were educated till secondary or beyond. In

37.5% (10) participants ,less than a year had eased since detection of the infection.

Perceived Health: 50% (24) of the participants considered themselves to be in 'good health' while none considered their health status to be 'very poor'

Perceived Illness :Despite being diagnosed with HIV ,25 (52%) of the participants did not feel they had an illness

QOL scores in various domains: The quality of life scores were highest in the domain of social relationships and lowest in the psychological domain. However, the scores in the psychological domain are the lowest.

Coping Skills:The top three techniques of coping, in our subset of patients, were positive reframing, acceptance and active coping.

Discussion:

In this study, an attempt has been made to study QOL and coping skills of central government employees PLHAs. In view of early, effective management of HIV in these central government employees through prompt institution of ART and an effective IEC programme to educate both the PLHAs and their surrounding environments, the QOL of life of these patients is appreciably higher than their counterparts elsewhere in the civil. In a cross sectional study carried out among PLHAs in North India 5 the mean scores were Physical (11.96), Psychological (12.60), Social relationships 12.71),Environmental (11.73). In a study carried out in Toronto that examined coping, social life, and QOL among HIV/AIDS patients, it was observed that income, emotional, social support, and problem- and perception-oriented coping were related to QOL.6 In a similar study carried out in Brazil, lower education status and believing to be ill were associated with poorer QOL scores 7. Due to a smaller sample QOL scores were not analysed for different education /socioeconomic strata or disease state in our participants and this remains a limiting factor in our study. However, it is significant that amongst all the domains the lowest scores of participants in our study was in the psychological domain and the highest in the domain of social relationships. The social domain encompasses issues such as physical safety and security, home environment, financial resources, health and social care, opportunities for acquiring new information and skills, participation in and opportunities for recreation/ leisure activities, and physical environment while the psychological domain deals issues such as positive feelings, thinking, learning, memory and concentration, self-esteem, body image and appearance, negative feelings. In a similar study carried out in South India, the highest scores were in the environmental domain and the lowest in the social domain and lower CD4 counts were associated with lower QOL scores8 .A similar analysis with CD 4 counts was not carried out in study due to the small sample size.In a study carried out in AIIMS,New Delhi the lowest QOL scores were seen in social relations, followed by physical quality of life.9

The top three techniques of coping pre therapy were positive reframing, acceptance and active coping .Literature suggests that acceptance and rationalisation are the chief coping skills utilised by PLHA.10 In a study carried out in Aligarh11 to assess depression and coping skills in PLHA, active coping and religion were the main coping techniques being employed by men, while religion and emotional support were the main techniques utilised by women. In a similar study carried out at AIIMS,9 the most commonly used coping styles were acceptance and religion . Interestingly, in our participants, religion was not one of the main coping strategies being utilised. Several studies12,13 have reported that becoming more religious and getting comfort through immersing one's self in religion was common as a coping strategy especially among women PLHA. It is encouraging to note that self blame, substance abuse etc., the more negative aspects of coping, are not being employed by our subjects. Some studies have shown that PLHA ,restructure their beliefs which may be either beneficial or harmful for themselves and their families. In a study carried out in Ethiopia, Tanzania, and Zambia 13 that studied coping strategies used by HIV-infected persons it was found that PLHAs negated sexual transmission as a mode of acquiring the infection and looked for alternate explanations like curse of gods,withcraft etc.

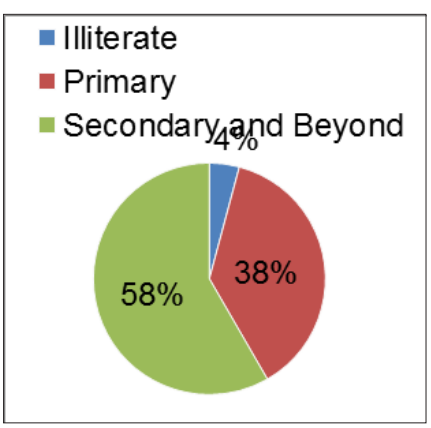
Conclusion:

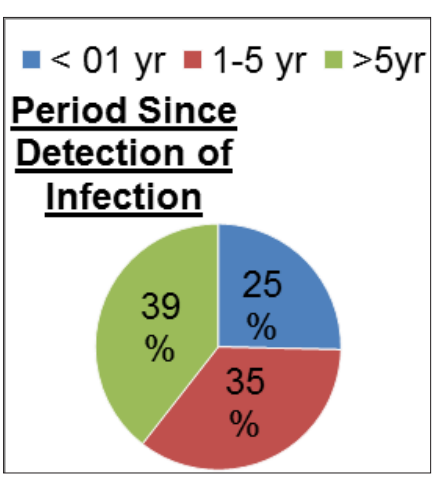
In the present study we have tried to assess the quality of life and coping skills of HIV-infected central government employees.It is evident that the QOL and the coping skills of the participants was satisfactory .It is a well established fact now that the psychological status and the patients coping skills influence his adherence to treatment and also affect his overall quality of life. Security of employment and prompt and effective management of the illness within the government services ensures probably a higher quality of life and adequate coping skills for PLHA.

Tables:

Table 1: Baseline Characteristics of Participants

Marital Status Married Unmarried Total	 46 (96%) 02 (4%) 48 (100%)
Educational Status Illiterate Primary Secondary and beyond Total	 02 (4.1%) 18 (37.5%) 28 (58.4%) 48(100%)
Period since detection <1 yr 1-5 yrs >5 yrs	 18 (37.5%) 25 (52 %) 05 (10.4%) 48 (100%)





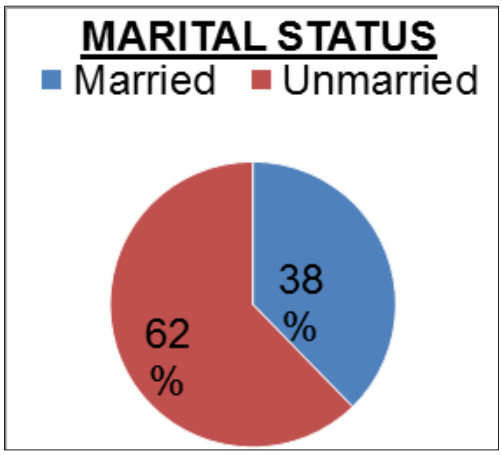


Table 2: Perceive

Health Status	Frequency
Very Poor	0
Poor	2(4.1%)
Equivalent	2(4.1%)
Good	24(50%)
Very Good	20(41.8%)
Total	48(100%)

d Health

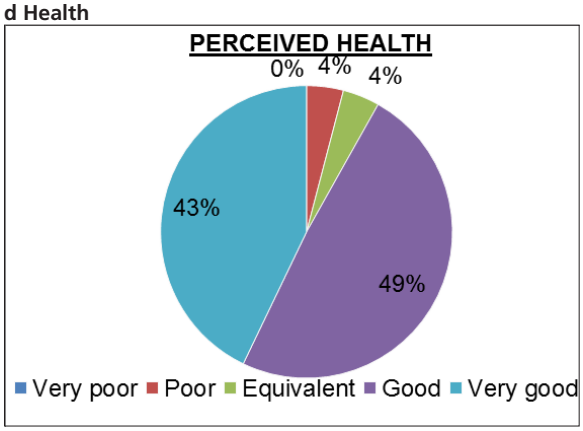
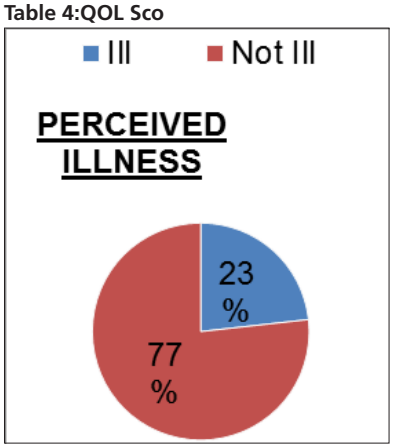


Table 3: Perceived Illness
Table 4:QOL Sco



Perceived Illness	Frequency
Ill	23(47.9%)
Not Ill	25(52%)
Total	48(100%)

res in various domains

Domains	Median score) N= 48
Physical	18
Psychological	14.8
Level of Independence	18
Social Relationships	19
Environment	15.5
Spirituality	16

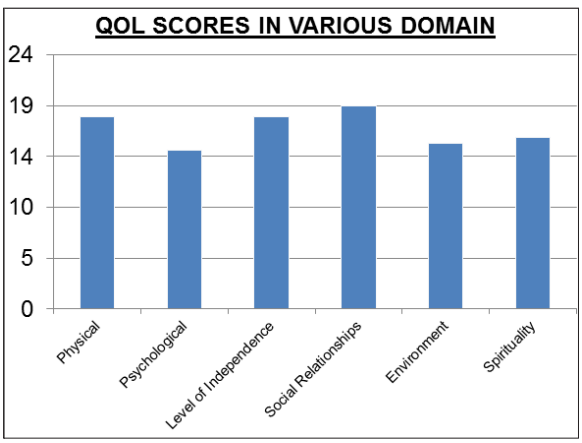
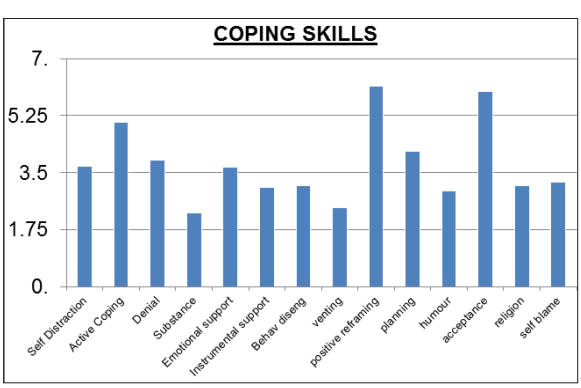


Table 5 : Coping Skills

Coping Skills	Mean score(SD)
Self Distraction	3.7
Active coping	5.05
Denial	3.89
Substance use	2.26
Use of emotional support	3.68
Use of instrumental support	3.05
Behavioral disengagement, items	3.10
Venting	2.42
Positive reframing	6.15
Planning	4.15
Humour	2.94
Acceptance	6
Religion	3.10
Self-blame	3.21



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