



Physicians' and HIV-patients' perceptions : do they agree?

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BACKGROUND

The benefit of a multidisciplinary approach to improve over the long-term the therapeutic management of HIV-infected patients is now well recognized, however quite challenging to organize for the health care unit. Treatment efficacy and tolerance are not the only determinant of long-term patient's adherence. Consideration of Patient Reported Outcomes (PROs), including quality of life and perception of symptoms, by physician and medical team may help. We conducted an observational longitudinal study on HIV-patients treated by an antiretroviral (ARV) combination containing lopinavir/r (LPV/r[®]) either as ARV-naïve or as ARV-experienced patients. One of the study's aims was to compare patient and physician perspectives.

METHODS

HIV-positive adults (n=609) treated with an ARV combination including lopinavir/ritonavir were enrolled into the observational study from October 2005 to April 2007. The study design consisted in an inclusion visit and two follow-up visits part of the routine and usual patient follow-up. Medical data were collected for the purpose of the study at 3 months (+/- 1 month) and at 12 months (+/- 3 months) after inclusion. A medical questionnaire was filled out by the physician at the three visits. At inclusion, it included demographic characteristics, patient HIV history, associated cardiovascular risk factors, ARV treatment characteristics, previous treatment, if applicable. The same data collected at the 3 visits were: CDC-AIDS stage, immuno-virological profile, biological profile, concomitant treatment data and safety data.

One of the study objectives was to compare patients and physicians' perceptions through a 5-item self-administered patient questionnaire investigating quality of life (QoL), adherence, sexual disorders, tolerability and satisfaction with treatment. Physicians completed the same questionnaire. For each item, 5 answer modalities were proposed. Physicians' and patients' answers to all items were described. Then concordance on the 5 items was evaluated using a kappa coefficient to test level of agreement. The proportion of discordance on each item was also evaluated if physicians' and patients' answers were different.

RESULTS

Among the 607 HIV-infected patients included, 590 (98.5%) eligible patients with a medical questionnaire at inclusion were assessable (i.e. inclusion criteria completed).

The main patients characteristics are presented in **Table 1**.

Table 1: Main patients characteristics at baseline, M3 and M12 follow-up visits

Characteristics	Patients n=590
Baseline (BL) data	
Mean age (± SD) (years)	42.1 (± 9.6)
Male (%)	67.90%
Time since diagnosis (± SD) (years)	8.7 (± 6.3)
Time since 1st treatment (± SD) (years)	8.7 (± 4.2)
Heterosexual way of transmission (%)	43.9
A CDC-AIDS stage (%)	46.6
Hepatitis co-infection (%)	20.1
Associated cardiovascular risk factors (%)	46.4
Mean baseline CD4 count (± SD) (CD4/mm ³)	401.5 (± 232.7)
Undetectable viral load (%)	59.3
M3 data	
Mean CD4 count (± SD) (CD4/mm ³)	447.7 (± 280.4)
CD4 count evolution between BL and M3 (± SD) (CD4/mm ³)	50.0 (± 176.42)
Undetectable viral load (%)	73.4
M12 data	
Mean CD4 count (± SD) (CD4/mm ³)	499.3 (± 297.1)
CD4 count evolution between BL and M12 (± SD) (CD4/mm ³)	78.09 (± 199.52)
Undetectable viral load (%)	79.6

528 paired patient-physician questionnaires were obtained. Physicians' and patients' answers to the 5-item questionnaire at baseline are presented in **Table 3**.

Poor concordance was observed between patient and physician' answers regardless of the item: kappa coefficients ranged from 0.1062 (QoL) to 0.2075 (satisfaction) (see **Table 2**). Similar results were obtained while assessing the concordance depending on the time since ARV treatment (naïve or experienced patients).

Table 2: Kappa coefficient range

Parameter	Discordant responses n, %	kappa coefficient
Rx impact on QoL	354 (68.7%)	0.1062
Sexual disorders	275 (58.5%)	0.1964
Rx tolerability	278 (54.0%)	0.1651
Adherence	246 (48%)	0.1845
Rx satisfaction	245 (47.4%)	0.2075

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Table 3: Physicians' (blue) and patients' (yellow) answers to the 5-item questionnaire at baseline (BL) and M3

	Not at all	A little bit	Moderately	A lot	Extremely
1. In your opinion, how much was your patient's QUALITY OF LIFE reduced by his/her HIV and its treatment?					
BL	16.0%	32.9%	34.5%	13.9%	2.7%
M3	18.1%	36.1%	30.5%	13.3%	1.9%
How much was your QUALITY OF LIFE reduced by your HIV and its treatment?					
BL	47.7%	23.2%	17.4%	9.1%	2.6%
M3	51.3%	19.8%	18.8%	9.1%	1.1%
2. In your opinion, how much did your patient TOLERATE his/her treatment for his/her HIV?					
BL	0.2%	3.2%	22.2%	59.9%	14.6%
M3	2.1%	4.1%	20.3%	56.1%	17.4%
How much did YOU TOLERATE your treatment for your HIV?					
BL	3.4%	6.4%	26.1%	43.2%	20.8%
M3	4.5%	4.1%	25.1%	46.5%	19.7%
3. In your opinion, how ADHERENT has your patient been to his/her HIV treatment?					
BL	0.0%	0.9%	6.6%	41.9%	50.6%
M3	1.5%	1.9%	6.4%	39.3%	50.9%
How ADHERENT have you been to your HIV treatment?					
BL	4.6%	3.0%	8.4%	28.5%	55.5%
M3	4.1%	3.3%	10.9%	34.2%	47.5%
4. In your opinion, how much was your patient's LIBIDO reduced by his/her HIV and his/her treatment?					
BL	33.9%	17.5%	32.3%	14.0%	2.4%
M3	33.8%	20.1%	33.0%	10.4%	2.7%
How much was your LIBIDO reduced by your HIV and your treatment?					
BL	47.7%	15.1%	15.1%	14.5%	7.6%
M3	47.2%	16.5%	17.8%	12.5%	6.0%
5. In your opinion, how SATISFIED your patient has been with his/her HIV treatment?					
BL	0.4%	1.1%	21.3%	62.7%	14.6%
M3	1.5%	1.2%	22.8%	56.9%	17.6%
How SATISFIED have you been with your HIV treatment?					
BL	0.9%	1.5%	18.5%	50.3%	28.8%
M3	1.7%	2.4%	23.8%	42.5%	29.6%

More than half physicians tended to overestimate the HIV and its treatment impact on QoL. In the opposite, treatment satisfaction was underestimated by a third of physicians.

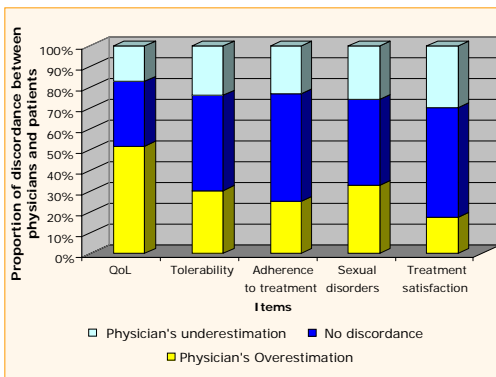


Figure 1: Description of patients' and physicians' discordance on sexual disorders

In an attempt to identify factors associated to the observed discordance, we focused on one specific problem, sexual troubles and we performed both univariate and multivariate analysis. Variables included in the model were: age, gender, highest level of education, current occupational status, principal partner, number of child(ren), alcohol drinking, clinical status, CD4 count, viral load, time since diagnosis and treatment. None of them was associated with the discordance, with the exception of the accommodations conditions.

Factors which may explain the discordance between physicians and patients probably need to be analyzed in the context of a study specially designed for this objective.

CONCLUSION

Factors which may explain the discordance between physicians and patients probably need to be further investigated.

- PROs were difficult to estimate accurately by physicians, especially for QoL which is a multidimensional field.
- In the long-term perspective of a chronic disease and treatment, it should be interesting to take into account HIV+ patient perception for an optimal management of the disease.