

## Factors associated with the quality of life among ART naive adult patients in Rwanda

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There is a growing interest in the measuring the predictors of quality of life across a wide spectrum of diseases. Patients suffering from HIV are concerned about their survival and their quality of life as well. We assessed quality of life bio-demographic predictors among ART (antiretroviral therapy) naive adult patients in Rwanda. A multi-center study involving 300 pre-Antiretroviral therapy (ART) patients was carried out at two standard care sites in Rwanda. Patients were  $\geq 21$  years of age with documented HIV (human immunodeficiency virus) infection, CD4 cell count of 400-650 cells/mm<sup>3</sup>, and not yet on ART were asked about their demographic and quality of life information using MOS-HIV (medical outcome survey of Human immunodeficiency virus) quality of life scale. Blood samples were taken for testing CD4 cell count and viral load. Eleven quality of life items were standardized to assess the bio demographic factors that predict the poor quality of life of people living with HIV. Logistic regression model, odds ratio with 95% confidence interval and corresponding P values were used to test the association between predicting factors and quality of life (poor or good). It was observed that not working for cash 95% CI 0.22 (0.19–0.70) low education 95% CI 0.46 (0.22–0.70), and underweight 95% CI 4.09 (1.1–15) of patients were statistically associated with poor quality of life. This study provides evidence that decreasing values of working for cash correspond with 78% decreasing odds of having poor quality of life. Increasing values of school attendance correspond with 54% decreasing odds of having poor quality of life. Increasing values of underweight correspond with four times increase in odds of having poor quality of life. The results of this study show that working for cash, school attendance and body mass index in individuals infected with HIV, strongly predicted the quality of life. Thus efforts to expand the income generating activities, adult vocational training, together with improved body mass index can all be potential interventions to address the health related quality of life in adult HIV infected patients in Rwanda.

### Biography

Julius Kamwesiga has completed his degree in Human Medicine and Master of Epidemiology from University of Rwanda. He is the Senior Health Advisor in health system strengthening project administered by management sciences for health under USAID funding. He has published more than 6 papers in reputed journals and has been serving as an Editorial Board Member of *Journal of AIDS*. He has been a Principal Investigator of two research projects namely: Rwanda selenium supplementation clinical trial and utilizing HIV/AIDS infrastructure as a gateway to chronic care of hypertension in Africa.

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