

Treatment Satisfaction and Health-Related Quality of Life in People Living With HIV Receiving DTG/3TC Who Are Treatment Experienced or Treatment Naive in Europe

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Key Takeaways

- In a survey that included both treatment-naive and treatment-experienced people living with HIV taking dolutegravir/lamivudine, both groups reported high treatment satisfaction and a health status similar to that of the general European population
- People living with HIV taking dolutegravir/lamivudine reported having a similar health-related quality of life to that of the overall population of people living with HIV in this study
- Key unmet needs identified included physicians reporting that people may forget to take their medication and people taking dolutegravir/lamivudine cited a fear of disclosing their HIV status
- Together, these data suggest people living with HIV are generally satisfied with dolutegravir/lamivudine but could potentially benefit from reminders to take their medication and from more discreet packaging to ensure privacy

Introduction

- The life expectancy of people living with HIV taking antiretroviral therapy (ART) is now generally similar to that of individuals without HIV
- However, challenges related to disease burden and health-related quality of life (HRQoL) remain¹⁻³
- This study aimed to characterize clinical characteristics, treatment satisfaction, and HRQoL in people living with HIV who are treatment naive (TN) or treatment experienced (TE) and currently taking dolutegravir/lamivudine (DTG/3TC) in five European countries (France, Germany, Italy, Spain, and United Kingdom)

Methods

- Data were from the Adelphi HIV II Disease Specific Programme™, a real-world, cross-sectional survey of people living with HIV and their physicians conducted between September 2022 and April 2023³⁻⁶
- Physicians provided data for people living with HIV taking DTG/3TC, including demographics and clinical characteristics, and reported their satisfaction with DTG/3TC as a treatment for HIV-1
- People living with HIV completed surveys voluntarily, providing their perspectives on HRQoL, which included the following:
 - Treatment satisfaction
 - Health status using the EuroQoL 5-Dimension 5-Level (EQ-5D-5L, German tariff), a generic measure of overall health status assessing five dimensions of health (mobility, self-care, usual activities, pain/discomfort, and anxiety/depression) on five levels (no, slight, moderate, severe, or extreme problems); the utility score represents the value attached to a set of weights reflecting the respondent's average preferences about how bad or good their health is (scale of 0-1) and the visual analog scale (VAS) score represents current overall health state (scale of 1-100)^{7,8}
 - HRQoL using the HIV-specific PozQoL instrument, a validated 13-item quality-of-life (QoL) measure specifically designed for people living with HIV that evaluates four domains of HRQoL (functional, psychological, social, and health concerns; scale of 1-5)⁹⁻¹¹
- All analyses were descriptive

Results

Participants

- Of the 282 people living with HIV taking DTG/3TC associated with physician responses, 110 were TN (mean [SD] time taking DTG/3TC, 15.3 [12.8] months) and 172 were TE (18.2 [11.6] months; Table 1)
- TE individuals had taken a mean (SD) of 3.0 (1.7) ART regimens, including DTG/3TC

Table 1. Demographic and Clinical Characteristics

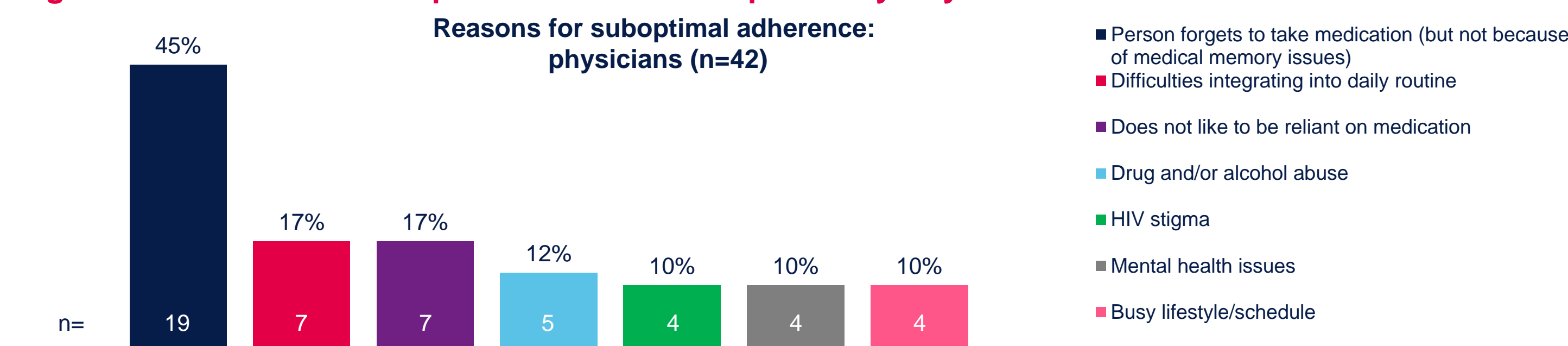
Parameter	People taking DTG/3TC		
	Treatment naive (N=110)	Treatment experienced (N=172)	Total (N=282) ^a
Age, mean (SD), y	37.2 (10.2)	46.3 (12.4)	42.8 (12.4)
Cisgender male, n (%)	88 (80)	121 (70)	209 (74)
Cisgender female, n (%)	22 (20)	46 (27)	68 (24)
Other genders, n (%)	0	5 (3)	5 (2)
Ethnicity, n (%)	n=93	n=132	n=225
White/Caucasian	84 (90)	100 (76)	184 (82)
Latinx	7 (8)	15 (11)	22 (10)
Afro-Caribbean	0	13 (10)	13 (6)
Middle Eastern	1 (1)	2 (2)	3 (1)
Other ethnicities	1 (1)	2 (2)	3 (1)
BMI, mean (SD), kg/m ²	24.7 (2.9) ^b	25.7 (4.0) ^b	25.3 (3.6) ^b
Age at diagnosis, mean (SD), y	35.2 (9.2) ^c	36.6 (10.2) ^c	36.0 (9.8) ^c
Time since diagnosis, mean (SD), y	1.9 (2.8) ^d	10.0 (7.3) ^d	6.9 (7.2) ^d
Time taking DTG/3TC, mean (SD), mo	15.3 (12.8) ^e	18.2 (11.6) ^e	17.1 (12.1) ^e
Currently virally suppressed, n (%)	78 (71)	166 (97)	244 (87)
Asymptomatic since time of diagnosis, n (%)	61 (55)	94 (55)	155 (55)
CDC stage at time of visit, n (%) ^f			
1	94 (85)	102 (59)	196 (70)
2	7 (6)	33 (19)	40 (14)
3	1 (1)	31 (18)	32 (11)
Unknown	8 (7)	6 (3)	14 (5)

BMI, body mass index; CDC, Centers for Disease Control and Prevention.
^aSome physicians left select prompts for demographic or clinical characteristics information blank; individuals without treatment experience data were still included in the total population count where applicable. ^bTN, n=103; TE, n=150; total, n=253. ^cTN, n=99; TE, n=164; total, n=263. ^dTN, n=99; TE, n=167; total, n=266. ^eDefined as follows: stage 1, no AIDS-defining condition and either CD4+ cell count ≥500 cells/mm³ or CD4 percentage of total lymphocytes ≥25; stage 2, no AIDS-defining condition and either CD4+ cell count 200-499 cells/mm³ or CD4 percentage of total lymphocytes 14-28; stage 3 (AIDS), documentation of an AIDS-defining condition or either CD4+ cell count <200 cells/mm³ or CD4 percentage of total lymphocytes <14. Documentation of an AIDS-defining condition supersedes CD4+ cell count or percentage that would not, by itself, be the basis for a stage 3 classification.

Treatment Adherence

- Physicians reported high levels of adherence (overall, 95%; TN, 89%; TE, 98% completely/mostly adherent)
- 42 physicians responded to the question "why does the patient not always take their ART exactly as prescribed?" and identified forgetting to take ART as the most common reason for suboptimal adherence (45%), followed by difficulty integrating ART into daily routine (17%), and not wanting to be dependent on medication (17%; Figure 1)

Figure 1. Reasons for Suboptimal Adherence Reported by Physicians^a

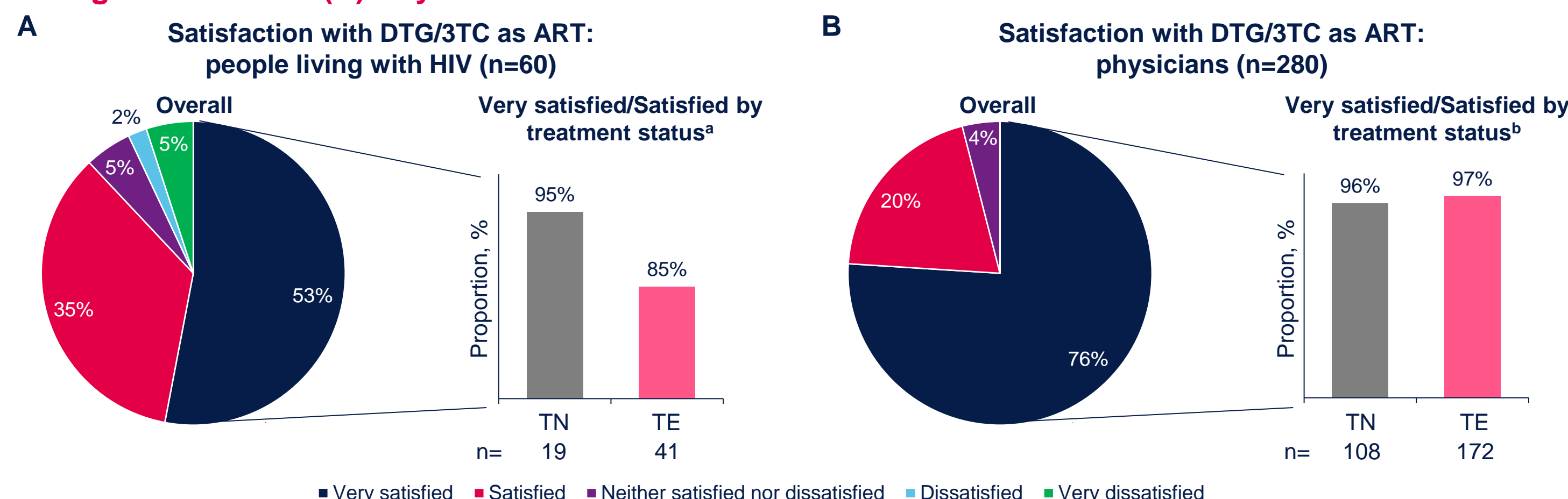


^aAdditional reasons, each cited by 5% of physicians, were not wanting to be perceived as dependent on medication, consistent interruption of/intermittent access to treatment, misunderstanding treatment instructions, denial of HIV diagnosis, and forgetting/struggling to refill prescription.

Treatment Satisfaction

- People living with HIV reported high treatment satisfaction with DTG/3TC as ART (overall, 88%; TN, 95%; TE, 85% as satisfied/very satisfied), similar to satisfaction reported by physicians (overall, 96%; TN, 96%; TE, 97% as satisfied/very satisfied; Figure 2)

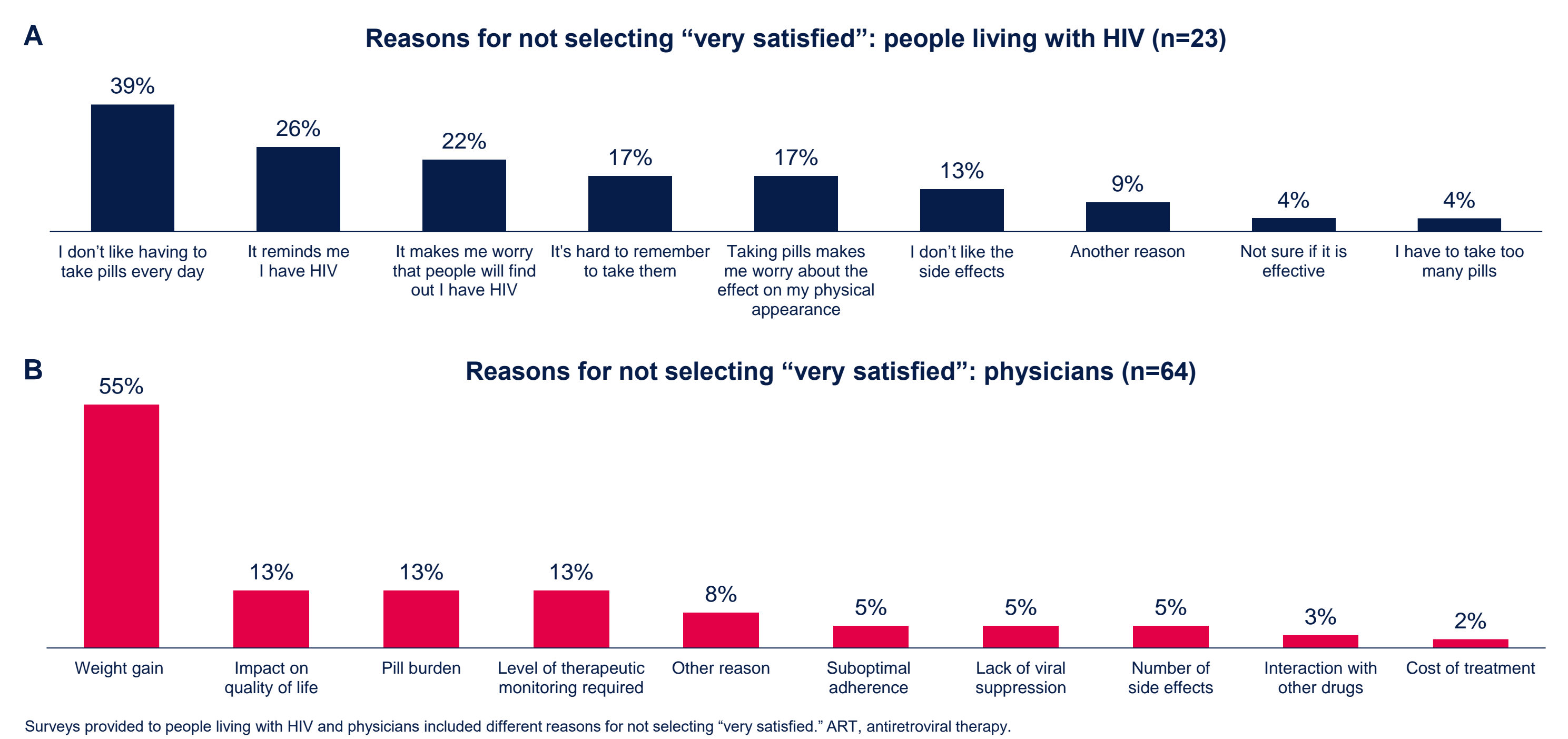
Figure 2. Satisfaction With DTG/3TC as ART, Overall and by Treatment Status, Reported by (A) People Living With HIV and (B) Physicians



ART, antiretroviral therapy; TE, treatment experienced; TN, treatment naive.
^aOther responses included "neither satisfied nor dissatisfied" (TN, 5%; TE, 5%), "dissatisfied" (TN, 0%; TE, 2%), and "very dissatisfied" (TN, 0%; TE, 7%). ^bOther responses included "neither satisfied nor dissatisfied" (TN, 4%; TE, 3%).

- Among people living with HIV who did not select "very satisfied" (n=23), the most common reasons were not wanting to take daily pills (39%), reminder of having HIV (26%), and fear of disclosure (22%; Figure 3)
- Outcomes were similar when assessed by treatment status
- The most common reasons physicians did not select "very satisfied" (n=64) were weight gain (55%), impact on QoL (13%), pill burden (13%), and level of therapeutic monitoring required (13%)

Figure 3. Reasons for Not Selecting "Very Satisfied" With DTG/3TC as ART Reported by (A) People Living With HIV and (B) Physicians



Surveys provided to people living with HIV and physicians included different reasons for not selecting "very satisfied." ART, antiretroviral therapy.

Health-Related Quality of Life

- When assessed using the EQ-5D-5L, people living with HIV taking DTG/3TC reported a health status similar to that of the general European population⁷ (Table 2)

Table 2. Health-Related Quality of Life Reported by People Living With HIV: EQ-5D-5L

EQ-5D-5L instrument ⁷	n	Mean score
Utility score^a		Possible score: 0-1
General European population	21,425	0.92
People living with HIV utility score		
Overall DTG/3TC population	61	0.92
Treatment naive	19	0.94
Treatment experienced	42	0.91
VAS score^b		Possible score: 0-100
General European population	21,425	78.3
People living with HIV VAS score (0-100)		
Overall DTG/3TC population	61	77.5
Treatment naive	19	80.7
Treatment experienced	42	76.1

EQ-5D-5L, EuroQoL 5-Dimension 5-Level; HRQoL, health-related quality of life; VAS, visual analog scale.
^aEQ-5D-5L utility score used the German tariff with the score reflecting the respondent's average preferences about how bad or good their health is using a scale of 0 (representing a state as bad as death) to 1 (representing full health). ^bVAS score represents current overall health state using a scale of 1 to 100, with higher scores indicating better health status.

- When assessed using the PozQoL, scores indicated that people living with HIV taking DTG/3TC had moderate HRQoL (Table 3), which was consistent with the scores observed in the overall Adelphi HIV II Disease Specific Programme cohort (mean summary score, 41.5 [n=461]; mean average score, 3.2 [n=488])¹²
- TN people had numerically higher scores for both the EQ-5D-5L and PozQoL; however, the number of TN respondents was low (n=19)
- Moderate PozQoL scores were primarily driven by health-related concerns, such as the impact of HIV on health and the long-term health effects of HIV, and were similar between the TN and TE groups in all domains

Table 3. Health-Related Quality of Life Reported by People Living With HIV: PozQoL

PozQoL instrument ^{9,10}	Score (range)	Low QoL	Moderate QoL	High QoL	Very high QoL
Summary score (13-65)	≤36	37-45	46-53	≥54	
Average score (1-5)	≤2.84	2.85-3.53	3.54-4.14	≥4.15	
Summary score	n	Mean score			
Overall DTG/3TC population	56	43.8			
Treatment naive	17	44.8			
Treatment experienced	39	43.3			
Average score	n	Mean score			
Overall DTG/3TC population	59	3.3			
Treatment naive	19	3.4			
Treatment experienced	40	3.3			

QoL, quality of life.

Conclusions

- As assessed by the EQ-5D-5L, health status for both TN and TE people living with HIV was high after approximately 1.5 years of taking DTG/3TC and similar to that of the general European population
- Using the PozQoL, TN and TE people living with HIV taking DTG/3TC reported moderate HRQoL, which was consistent with the overall Adelphi HIV II Disease Specific Programme cohort¹²
- Moderate PozQoL scores were driven by health concerns related to HIV
- While physicians reported that most people taking DTG/3TC were adherent, the primary reason for suboptimal adherence was reported to be forgetting to take medication
- Both TN and TE groups taking DTG/3TC reported high treatment satisfaction, with individuals in the TN group reporting very high satisfaction with ART; however, the number of TN respondents taking DTG/3TC was low
- Primary reasons for not being "very satisfied" with current ART reported by people living with HIV was having to take daily pills, reminders of HIV, privacy concerns, and remembering to take daily pills
- Together, these data suggest people living with HIV are generally satisfied with DTG/3TC but could potentially benefit from reminders to take their medication and from more discreet packaging to ensure privacy