Reviewer's report

Title: Quality of life in individuals living with HIV/AIDS in South Africa

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Reviewer: Ingrid Katz

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This study performed by researchers in Cape Town South Africa provides a useful analysis of health related quality of life measures (HRQoL) for HIV infected patients in a public sector service in Cape Town, South Africa, comparing individuals in treatment and those not in treatment. They used two well-validated measures of HRQoL to assess this outcome in a cross-sectional study. The authors found that certain measures within the HRQoL were improved with ART use, including those with immunocompromised status. They then conclude this may be relevant to the public sector ART program in South Africa.

Overall, I believe this study has some important information, but appears to have rather dated information. If the authors choose to present this information, they will need to carefully explain how and why it is still relevant in the South Africa of 2014.

My specific queries are MAJOR COMPULSORY in nature and are as follows:

Background:

There are some statements made here that need references to support them (e.g., “The quality of life of people infected with HIV/AIDS, particularly in a resource-poor population, is a complex assemblage of poverty, disease, stigma and discrimination, and lack of healthcare services, combined with limited employment opportunities, family life and support”). The citations the authors do use are quite dated (some as far back as 2001), and may not even be relevant at a time in South Africa when first line treatment is generally not associated with the metabolic abnormalities such a lipodystrophy. This section needs to be stronger in order to justify the basis of this study. This section also gets bogged down with explaining in detail the scales used to measure HRQoL. This really belongs in the Methods section. In addition, the authors state “In resource-poor countries, in particular sub-Saharan Africa, few studies have examined the detrimental effects of the disease itself on HRQoL (measured using EQ-5D)…” They then spend the rest of the paragraph discussing the numerous studies that have done just that (assessing the HRQoL using the EQ-5D) in the same country – South Africa. It leaves the reader feeling unclear as to the broader purpose of this study. This needs to be better explained and justified. Finally, the authors fail to cite the most recent literature regarding HRQoL in HIV-infected individuals in South Africa. There is literature from 2013 that needs to be cited, including a paper focused on a “Comparison of the health-related quality of life, CD4 count and viral load of AIDS patients and people with HIV who have been on treatment
for 12 months in rural South Africa.” That study actually compared CD4 count, viral load and HRQoL between treatment-naive AIDS patients and a cohort of people living with HIV who have been on treatment for 12 months. In order for readers to see what is novel in this study, the authors need to be up to date on the literature and cite the most recent studies to provide a context for their work.

Methods –

The authors note these subjects were recruited before South Africa adopted the current ART treatment guidelines. Those guidelines were adopted in 2011- so therefore this cohort must be older than that. Given the rapid change that has occurred in SA in the past 3 years, relating not only to these CD4 initiation guidelines, but also to the first line medications being introduced, this cohort seems outdated. The authors will need to justify more why this cohort was chosen and how it is relevant in today’s South Africa. Also, they do not mention how many people qualified for this study and how many actually enrolled – likely not the same number. Measurements are sound – both the body composition measures and the QOL measures.

Results –

The authors note the most common regimen used was Stavudine (d4T)/Lamuvidine(3TC)/Efavirenz (EFV). It would be helpful to understand how commonly this regimen is still prescribed, since my impression is that this regimen had been phased out due to known metabolic abnormalities associated with D4T.

Discussion –

It is not entirely clear how novel the findings related mobility problems and peripheral neuropathy (distal sensory polyneuropathy (DSP)) in the HIV-infected HAART-naive patients are, since those are known to be associated with advanced HIV. What I believe may be the novel finding here is the fact that despite being on outdated medications that have known toxic side effects, these participants EQ-5D VAS score was improved on HAART. In regards to CD4 differentials and HAART eligibility, the authors date themselves again by stating, “Our study findings support the notion that there would be a greater benefit of starting ART earlier, at higher CD4 cell counts (that is, above CD4 cell count of 200 cells/µL) within the public sector ART program in South Africa,” since that change was already made 3 years ago. The authors recognize this change has already occurred, but then do not attempt to put their findings in a modern context.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.
Declaration of competing interests:

I declare that I have no competing interests