



THE EFFECT OF PALLIATIVE CARE ON THE QUALITY OF LIFE OF HIV/AIDS PATIENTS UNDERGOING ANTIRETROVIRAL THERAPY (SYSTEMATIC REVIEW)

Achmad Fauzi^{*}, Nabilla Adinda Putri Riswan, Michael Rabino, Mustika Rachma Wijaya, Putry Tatuhey, Septi Dwi Mulyani, Anggraini Kusuma Widya, Lasma Angelita Saogo, Intan Titania Frychillia Dewi, Ridho Ahmad Ababil

Bachelor of Nursing Program, Sekolah Tinggi Ilmu Kesehatan Abdi Nusantara
Jl. Swadaya No.7, RT.001/RW.014, Jatibening, Pd. Gede District, Bks City, West Java 17412, Indonesia
Email: fauzi.umay@gmail.com

Abstract

The whole world is still facing the same problem: HIV/AIDS, to identify factors that affect the quality of life of HIV and AIDS patients In addition, including describing the quality of life of people living with HIV, analyzing the quality of life of people living with HIV/AIDS, and assessing the quality of life of people living with HIV/AIDS This research method is in the form of a Systematic Review, starting with an online database search including ProQuest, Chocrane Library, and PubMed. With the search keywords HIV/AIDS AND Antiretroviral Therapy AND Quality Of Life. Based on several studies mentioned, different results were obtained for each variable. The factors measured in different tests have different levels of influence and significance on the results. The conclusion that can be drawn based on a literature review of several journals mentioned is that social support is the factor that has the greatest influence on the quality of life of PLWHA Followed by the element of compliance when taking medication These two factors make the role of the family very important in improving the quality of life of people with HIV/AIDS.

Keywords: HIV/AIDS, Antiretroviral Therapy, Quality of Life

Introduction

The whole world is still facing the same problem: HIV/AIDS, This endless disease is very dangerous considering that there is no cure for this disease, there are only ARVs that can freeze the virus and maintain life (Vindi Elok Latifatul Qolbi, 2023) According to the World Health Organization (WHO), 75 million people are infected with the HIV virus and 32 million people have died from HIV. At the end of 2018, around 37.9 million people were living with HIV worldwide (WHO, 2019 in Ramadani et al, 2020) The prevalence of HIV/AIDS, as measured by annual cases, is increasing in Indonesia, with 48,300 HIV cases and 9,280 AIDS cases in 2017 (Ministry of Health, 2018 in Ramadani et al, 2020)

Human immunodeficiency virus (HIV) is a virus that can cause white blood cell infections and weaken the immune system. On the other hand, a series of symptoms caused by decreased human immunity due to HIV infection is called AIDS (Acquired Immune Deficiency Syndrome) People with HIV/AIDS are referred to as PLWHA (Orang et al, 2023 in Adni et al, 2023) One of the treatments available for HIV and people infected with HIV is antiretroviral therapy (ARV), and currently there are more than 40 ARV drugs from several groups. When treated with ARV therapy, individuals undergo treatment compliance and are monitored to take their medication for life (PMO). One of the treatments for HIV patients is ARV therapy which suppresses the development of HIV in the body.

By the end of 2020, 27.4 million people living with HIV will receive antiretroviral therapy (ART), increasing global ART coverage to 73%. (Mengistu et al, 2022) Antiretroviral (ARV) treatment for HIV/AIDS sufferers is a medical approach designed with the primary aim of inhibiting the development of the HIV virus in the body and simultaneously improving the function of the immune system (Banna and Pademme, 2019 in Adni et al, 2023).

In addition to the biological and physical impacts of the disease, many people living with HIV/AIDS suffer from serious social problems such as rejection, neglect, criticism and prejudice, all of which negatively impact their quality of life. According to WHO, quality of life is defined as a person's sense of their place in life in relation to the goals, expectations, standards and concerns of the culture and values in which they live (Mengistu et al, 2022) WHO defines quality of life as "individuals' perceptions of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations, standards and concerns." This definition encompasses each individual's satisfaction with their physical and psychological well-being, social relationships, environment and spiritual aspects of their life. (Tesemma et al, 2019) The formulation of the problem proposed in this study is based on the existing background and identification of the problem description above, namely: "The Effect of Palliative Care on the Quality of Life of HIV/AIDS Patients Undergoing Antiretroviral Therapy" The purpose of this study is to identify factors that affect the quality of life of HIV and AIDS patients In addition, other objectives include describing the quality of life of people living with HIV/AIDS, analyzing and assessing the quality of life of people living with HIV/AIDS, The benefits of this study for the patients themselves are to improve their quality of life and improve their economy, psychology, spirituality, social, etc. Through this study, the public will get an idea of the quality of life experienced by people with HIV/AIDS during the pandemic and increase compassion for others, especially those who suffer from it.

Method

This research method is in the form of a Systematic Review. This research method begins with an online database search including ProQuest, Chocrane Library, and PubMed. With the search keywords HIV/AIDS AND Antiretroviral Therapy AND Quality Of Life. The next stage is selecting articles with the criteria of the year of publication 2019-2024 which can be accessed with full text of national articles in Indonesian PDF format and full text of international articles in English PDF format. All of this aims to facilitate research for researchers. The search resulted in 6,735 articles with the following details: There are 23 PubMed articles, 164 Chocrane Library articles, and 6,548 ProQuest articles. After selecting and filtering titles that are in accordance with the purpose of the review, there are 35 articles that are excluded with the following exceptions, with a total of 28 articles containing problems/populations. Then there are 7 significant articles with research titles related to abstracts, and discussions. And 1 article was excluded because it had the same discussion content. The final search journal that can be analyzed and adjusted to the formulation and purpose of the problem or the final result is a total of 6 articles. In compiling this Systematic Review using Preferred Reporting Items for Systematic Reviews and Meta Analysis (PRISMA).

Table 1.1 Database Search

Search Date	Database	The Year Sought	The study found	Total
11-25-2024	PubMed	2019-2024	23	6,735
11-25-2024	Cochrane Library	2019-2024	164	
11-25-2024	ProQuest	2019-2024	6,548	

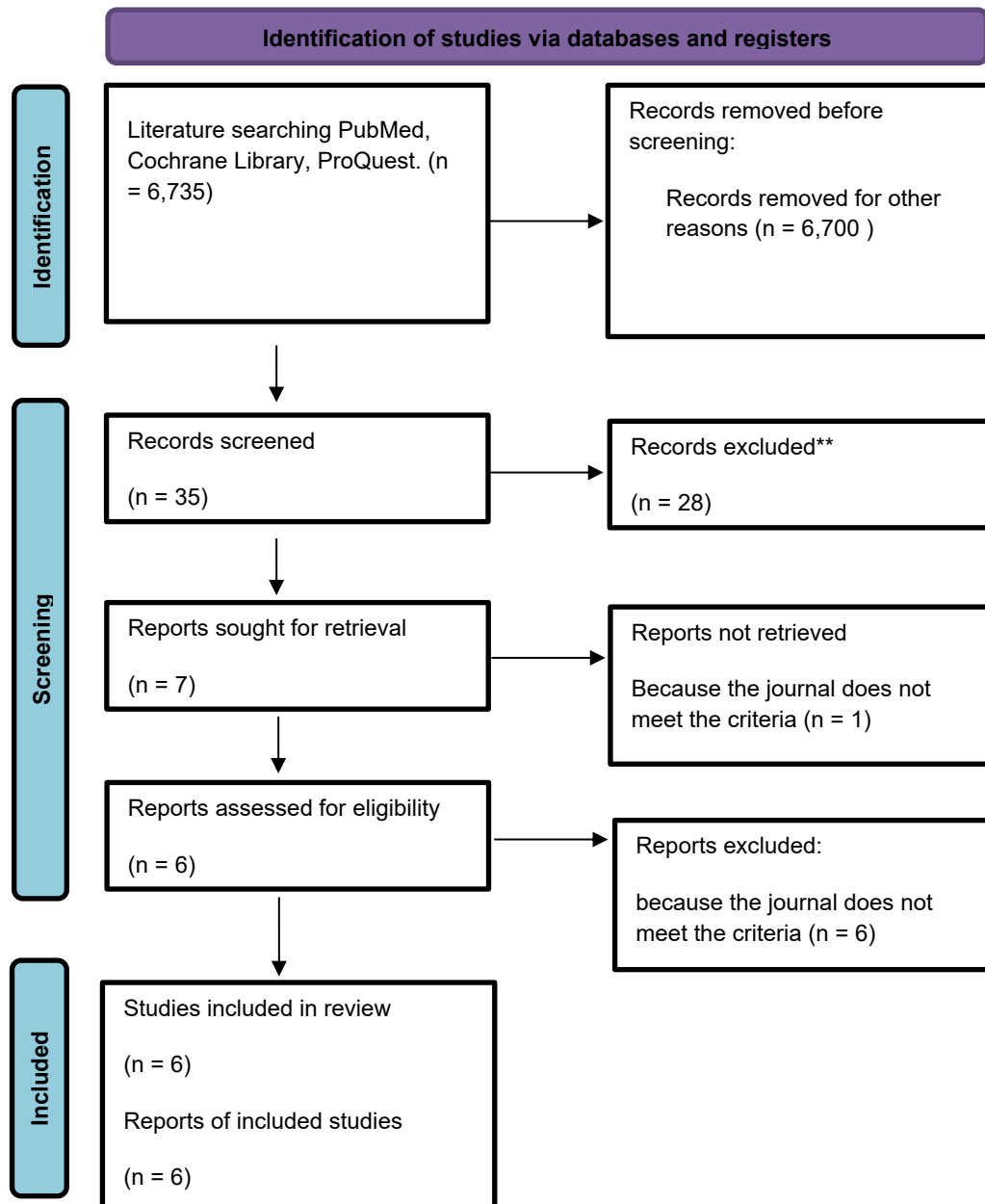


Figure 1. Flowchart of the PRISMA Model Study Results Selection Process

Table I.2 : Summary of included studies

No	Writer	Country	Title	Study Design	Population	Intervention	Size	Results	Time
1	Mengistu et al. (2022)	Ethiopia	<i>Health-related quality of life and its association with social support among people living with HIV/AIDS receiving antiretroviral therapy in Ethiopia</i>	Cohort Study	3257 PLWH in Ethiopia	Evaluation of the relationship between HRQoL and Social Support	Combined prevalence of HRQoL (45.27%)	45.27% have poor quality of life. Social support increases HRQoL up to 4 times.	2013-2021
2	Tamarit et al (2024)	Spanish	<i>Health-Related Quality of Life in People with Advanced HIV Disease, from 1996 to 2021: Systematic Review and Meta-analysis</i>	Cohort Study	38 Studies	Analysis of the effects of AHD on HRQoL	Difference in mean HRQoL standards	AHD has a significant impact on all HRQoL domains, especially health perception and physical	1996-2021
3	Desta et al (2020)	Ethiopia	<i>Health related quality of life of people receiving highly active antiretroviral therapy in South East Ethiopia</i>	Cross-sectional study	240 People living with HIV/AIDS	Highly Active Antiretroviral Therapy (HAART)	Current therapeutic strategies for PLWH	57.1% of patients had high global QoL scores; positive factors: normal health, family support; negative factors: low adherence to HAART	1 month
4	Nigusso and Mavhandu-Mudzusi (2021)	Ethiopia	<i>Health-related quality of life of people living with HIV/AIDS: the role of social inequalities and disease-rela</i>	Cross-sectional study	390 People (PLHIV)	ART Therapy & Socio-economic & clinical factor analysis	PROMIS Global 10 (physical & mental HRQoL)	Mean GPH score: 48.8 (SD=8.9), mean GMH: 50.8 (SD=8.1); risk factors included food insecurity & low CD4	2 months

ted factors										
5	Ali Ahmad et al (2021)	Pakistan	Health-related quality of life and its predictors among living adults with HIV/AIDS and receiving antiretroviral therapy in Pakistan	Cross-sectional study	602 PLWH	Antiretroviral therapy (ART)	Use of the EQ-5D-3L & EQ-VAS Questionnaires	HRQoL was good overall, although depression and anxiety were high (63.1%); negative factors: detectable viral load, low education	2 months	
6	Dinsa Ayeno, Kume Megersa Atomsa, Getu Melesie Taye (2020)	Ethiopia	Assessment of Health-Related Quality of Life and Associated Factors Among HIV/AIDS Patients on Highly Active Antiretroviral Therapy (HAART) at Ambo General Hospital, West Shewa, Ethiopia	Cross-sectional study	296 HIV patients undergoing HAART	Antiretroviral therapy (HAART)	Quality of Life (HRQoL)	More than half of the patients (53%) had low quality of life. Factors such as marital status, low income, current illness, and not having a family member with HIV were associated with low quality of life.	3 months	

Results

Based on several studies mentioned above, different results were obtained for each variable. The factors measured in different tests have different levels of influence and significance on the results. Several authors have highlighted the importance of health-related quality of life (HRQoL) to achieve long-term health and well-being of people living with HIV/AIDS. In the research articles that have been analyzed, there are factors that greatly affect the quality of life of people with HIV/AIDS.

ART has brought about a major change in the management of HIV/AIDS, from a terminal illness to a manageable chronic disease. However, HRQoL remains a challenge due to various factors that affect the physical, mental, social and economic well-being of patients. Studies have shown that patients with advanced HIV (AHD) have lower HRQoL than patients in the early stages of infection ((Portilla-Tamarit et al. 2024))

Although ART has improved the survival and well-being of many patients, there are still major challenges in managing non-medical aspects of HRQoL; a comprehensive approach is needed to address social inequalities and support HIV/AIDS patients in living a better quality of life.(Mengistu et al. 2022)

Factors that influence HRQoL include age, gender, education level, economic status, CD4 count, level of adherence to ART, and the presence of comorbidities. For example, low levels of adherence to ART significantly reduce HRQoL, while family and social support can improve HRQoL. Social support plays an important role in improving HRQoL. Patients with strong social support are more likely to achieve higher HRQoL. However, stigma, discrimination, and social rejection are significant barriers that damage patients' mental and emotional well-being.(Nigusso and Mavhandu-Mudzusi, 2021)

To improve HRQoL, a holistic approach is needed that includes psychosocial support, community-based interventions, and increasing access to health services. Implementation of policies that support the social and economic well-being of patients is also an important factor in managing HIV/AIDS.(Portilla-Tamarit et al. 2024).

Discussion

People with HIV are in great need of palliative care which is a factor in increasing the quality of life. For example, strong Social Support in patients undergoing Antiretroviral Therapy has a four times greater chance of having a good quality of life compared to those with poor social support. Family Support is also important for HIV patients to foster a sense of security, increase self-confidence, and minimize the emergence of stress and discrimination. In Emotional Services and Holistic Approaches can help in controlling the psychological and social conditions of HIV patients who have great potential for anxiety and depression. Education and Awareness also help in increasing knowledge about HIV / AIDS and adherence to Antiretroviral treatment which is important for a good quality of life. The Quality of Life of people with HIV / AIDS has health that is still relatively low(Tamarit et al, 2024)

The studies analyzed highlighted the importance of active antiretroviral therapy (HAART) in improving health-related quality of life (HRQoL) in HIV/AIDS patients. In Ethiopia, a study by Desta et al. (2020) showed that family support and adherence to therapy played a significant role in improving HRQoL. Family support had a positive impact, with patients with better social support tending to have higher HRQoL scores. In addition, adherence to therapy was influenced by interventions such as education and medication reminders, which could increase patient awareness of the importance of treatment. On the other hand, a study by Nigusso and Mavhandu-Mudzusi (2021) emphasized the impact of social inequality on HRQoL among HIV/AIDS patients. Unemployment, food insecurity, and lack of material assets have been identified as major factors that reduce HRQoL. Community-based strategies, including religious approaches and physical interventions, have shown potential to address these issues. Their findings emphasize that HRQoL is not only dependent on medical conditions, but is also influenced by socio-economic determinants.(Desta, Biru, and Kefale 2020)

A study in Pakistan showed that anxiety and depression are significant problems faced by HIV/AIDS patients despite their adherence to antiretroviral therapy. Programs focusing on psychosocial and institutional support are recommended to reduce these negative impacts. Improving patient education about HIV/AIDS was also identified as an important element in improving their HRQoL.(Ahmed et al. 2021)

Tamarit study covers a global meta-analysis highlighting that HIV patients with advanced disease (AHD) have lower HRQoL compared to those in early stages. Physical, functional, and general health domains are most affected. These findings reflect the importance of access to quality health services, economic empowerment, and education to ensure adherence to treatment.(Portilla-Tamarit et al. 2024)

Overall, the results of studies from several journals that we reviewed indicate that improving HRQoL in HIV/AIDS patients requires a holistic approach involving social support, psychosocial interventions, and improving socio-economic conditions. Although antiretroviral therapy is the basis of treatment, social and psychological aspects play an equally important role in supporting the overall well-being of patients.(Mengistu et al. 2022).

Conclusion

The conclusion that can be drawn based on the literature review of several journals mentioned above is that social support is the factor that has the greatest influence on the quality of life of PLWHA followed by the element of compliance when taking medication. These two factors make the role of the family very important in improving the quality of life of people with HIV/AIDS. The third factor, depression, has a 10 times greater impact on the quality of life of people living with HIV than gender, marital status, or stage of the disease. The stigma imposed by society expresses concern for the lives of people with HIV and can cause anxiety and lead to depression. Fear itself has a significant impact on the quality of life of people living with HIV. In addition, the duration of ARV therapy is a factor that affects the quality of life of people infected with HIV. Other factors that affect the quality of life of PLWHA include education, knowledge, marital status, gender, and economic status.

References

- [1] (Ahmed et al. 2021; Ambo and Barat 2020; Desta, Biru, and Kefale 2020; Mengistu et al. 2022; Nigusso and Mavhandu-Mudzusi 2021; Portilla-Tamarit et al. 2024)Ahmed, Ali, Muhammad Saqlain, Naila Bashir, Juman Dujaili, Furqan Hashmi, Faizan Mazhar, Amjad Khan, et al. 2021. "Health-Related Quality of Life and Its Predictors among Adults Living with HIV/AIDS and Receiving Antiretroviral Therapy in Pakistan." *Quality of Life Research* 30(6): 1653–64. doi:10.1007/s11136-021-02771-y.
- [2] Ambo, General Hospital, and West Shewa. 2020. "Assessment of Health-Related Quality of Life and Associated Factors in HIV/AIDS Patients Undergoing Highly Active Antiretroviral Therapy (HAART) at Home." : 467–79.
- [3] Desta, Addisu, Tessema Tsehay Biru, and Adane Teshome Kefale. 2020. "Health Related Quality of Life of People Receiving Highly Active Antiretroviral Therapy in Southwest Ethiopia." *PLoS ONE* 15(8 August): 1–15. doi:10.1371/journal.pone.0237013.
- [4] Kolbi, Vindi Elok Latifatul. 2023. "Literature Review: Factors Affecting the Quality of Life of People with HIV/AIDS (ODHA)." *Media Gizi Kesmas* 11: 1–6.
- [5] Maulana, Jaya, and Nur Lu, lu Fitriyani, Lailatul Adni, and Nur Lu. 2023. "789 Lailatul Literature Review: Risk Factors for Lost to Follow Up of ARV Treatment in HIV/AIDS Patients." *MULTIPLE: Journal of Global and Multidisciplinary* 1(6): 789–97. <https://journal.institiercom-edu.org/index.php/multipleINSTITIERCOMPUBLISHERhttps://journal.institiercom-edu.org/index.php/multiple>.
- [6] Mengistu, Nebiyu, Habtamu Endashaw Hareru, Seid Shumye, Solomon Yimer, Daniel Sisay, Abdene Weya Kaso, Temesgen Muche, et al. 2022. "Health Related Quality of Life and Its Association with Social Support among People Living with HIV/AIDS Receiving Antiretroviral Therapy in Ethiopia: A Systematic Review and Meta-Analysis." *Health and Quality of Life Outcomes* 20(1): 1–8. doi:10.1186/s12955-022-01985-z.
- [7] Nigusso, Fikadu Tadesse, and Azwihangwisi Helen Mavhandu-Mudzusi. 2021. "Health-Related Quality of Life of People Living with HIV/AIDS: The Role of Social Inequalities and

- Disease-Related Factors.” *Health and Quality of Life Outcomes* 19(1): 1–12. doi:10.1186/s12955-021-01702-2.
- [8] Portilla-Tamarit, I., M. Rubio-Aparicio, M. J. Fuster-Ruiz de Apodaca, J. Portilla-Tamarit, S. Reus, and J. Portilla. 2024. “Health-Related Quality of Life in People with Advanced HIV Disease, from 1996 to 2021: Systematic Review and Meta-Analysis.” *AIDS and Behavior* 28(6): 1978–98. doi:10.1007/s10461-024-04298-y.
- [9] Ramadani, Siska Putri, Maria Fudji Hastuti, and Nita Arisanti Yulanda. 2020. “Spiritual Needs with Quality of Life of HIV/AIDS Patients: Literature Review.” *Proners Journal* 5(1). <https://jurnal.untan.ac.id/index.php/jmkeperawatanFK/article/view/46092%0Ahttps://jurnal.untan.ac.id/index.php/jmkeperawatanFK/article/download/46092/75676588930>.
- [10] Tesemma, Abel Legesse. 2019. “Factors Determining Poor Quality of Life in Adults Living with HIV and on Antiretroviral Therapy at a Public Health Facility in Arba Minch Municipality in Southern Ethiopia.” : 387–94.