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BACKGROUND:

In recent decades, the need to promote a change in the healthcare model, which takes more into account the expectations and perceptions of the patient, has been claimed; This perspective is especially important in the chronic patient.

Optimal adherence maintained over time requires that the treatment be well tolerated and adapted to the patient's needs.

The objective of this study was to analyze whether there is a relationship between the quality of care perceived by the HIV patient in terms of satisfaction with the healthcare received and Health-Related Quality of Life (HRQoL), and adherence to antiretroviral treatment (ART).

MATERIALS AND METHODS:

Cross-sectional observational study that included all patients in active follow-up in a Madrid hospital. The information was collected through three questionnaires that were delivered together with the informed consent between February and November 2017.

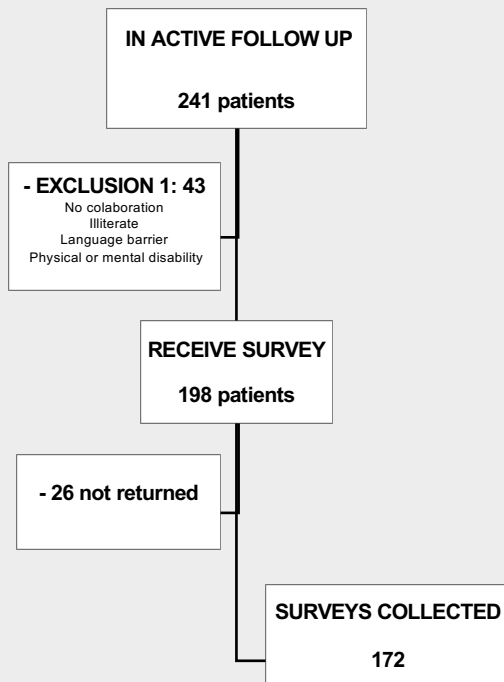
- **MOS-SF-30** (Medical Outcomes Study Survey-Short Form of 30 items) (1). Evaluate HRQoL in a range from 0 to 100, with 0 being the lowest grade of HRQoL and 100 being the highest.

- **SUCE** (External Consultation User Satisfaction Questionnaire) (2). It evaluates patient satisfaction on a scale of 1 to 10, with 1 being the worst rating and 10 the best.

- **SMAQ** (Simplified Medication Adherence Questionnaire) (3). Adherence questionnaire that consists of 6 questions and considers whoever answers any question in the "non-adherent" sense to be non-adherent.

RESULTS:

Figure 1: Study Outline: Patients Included Between 2011 and 2017



Of the 241 patients in active follow-up at the center, 43 were excluded because they refused to participate or because they declined to participate or were unable to answer the surveys (illiteracy, language barrier, and significant physical or mental disability).

Of the 198 surveys delivered, 172 were collected (response rate: 87%).

The mean score of the MOS-SF-30 was 68.2 (95%CI: 65.1; 71.3).

The average satisfaction score was 9.04 out of 10 (95%CI: 8.90-9.20).

The adherence questionnaire revealed that 60% of the patients were considered non-adherent.

Of the 142 patients who had undetectable viral load, more than 57% declared to be non-adherents to ART.

HRQoL was higher in adherent patients [mean difference 95%CI: 10.71 (4.52; 16.90)].

No association was found between adherence and user satisfaction.

Table 1: Univariate analysis of adherence with satisfaction (SUCE) and with HRQL (MOS-SF-30)

	SUCE Mean differences CI 95%	MOS-SF-30 Mean differences CI 95%
SMAQ		
- Non-adherent	0	0
- Adherent	0.24 (-0.06; 0.54)	10.71 (4.52; 16.90)*

*p-value<0.05

CONCLUSIONS:

Patient satisfaction with the healthcare received and their HRQL was high at the center.

Despite having increasingly simpler and better tolerated treatments, poor adherence to ART continues to be frequent.

Although adherence is a powerful predictor of treatment effectiveness, the efficacy of current ART allows many non-adherents to maintain an undetectable HIV Viral Load.

HRQoL was higher in patients adhering to ART, as in other studies (4,5). HRQoL is one of the factors related to incorrect adherence to ART (6).

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