

Kualitas Hidup Pasien HIV Pasca Menjalani Program Transisi Terapi dari Antiretroviral Zidovudine/Lamivudine/Nevirapine ke Tenofovir/Lamivudine/Dolutegravir = Quality of life After Transitioning from Antiretroviral Therapy Zidovudine/ Lamivudine/ Nevirapine to Tenofovir/ Lamivudine/ Dolutegravir in Stable PLWH

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Abstrak

Latar Belakang: Indonesia menjalani program transisi pengobatan ARV pada ODHIV yang sudah stabil dengan terapi ARV berbasis nevirapine ke dolutegravir sejak 2023.

Tujuan: Mengetahui perubahan kualitas hidup setelah 6 bulan menjalani transisi dari ARV zidovudine/ lamivudine/ nevirapine ke tenofovir/ lamivudine/ dolutegravir (TLD).

Metode: Penelitian ini menggunakan desain kohort retrospektif terhadap 145 subjek yang menjalani program transisi. Kualitas hidup dinilai dengan kuisioner EQ-5D-3L versi bahasa Indonesia sebelum dan setelah 6 bulan menjalani transisi ARV ke TLD.

Hasil: Dari 145 subjek penelitian, 83 (57,2%) subjek pria, median umur 43 (40 – 46,5) tahun dan 144 (99,3%) subjek dengan virus tidak terdeteksi. Median skor VAS EQ-5D-3L 90 (RIK 80 – 99) vs 90 (RIK 85 -100) ($p < 0,001$) dan median skor utilitas EQ-5D-3L 1 (RIK 1 – 1) vs 1 (RIK 1 – 1) ($p = 0,021$).

Simpulan: Ada perbaikan kualitas hidup berdasarkan skor VAS pasca menjalani program transisi antiretroviral meskipun dijumpai perburukan nyeri berdasarkan skor utilitas.

.....Background: Indonesia has a program to transition stable PLHIV from nevirapine-based ARV therapy to dolutegravir by 2023.

Objective: To determine the changes in quality of life after six months of transition from zidovudine/ lamivudine/ nevirapine to tenofovir/ lamivudine/ dolutegravir (TLD).

Methods: This study used a retrospective cohort design of 145 subjects undergoing the transition program. Quality of life was assessed with the Indonesian version of the EQ-5D-3L questionnaire before and after six months of transition.

Results: Of the 145 study subjects, 83 (57.2%) subjects were male, with a median age of 43 (40 - 46.5) years, and 144 (99.3%) subjects with the undetectable virus. The Median EQ-5D-3L VAS score was 90 (RIK 80 - 99) vs. 90 (RIK 85 -100) ($p < 0.001$), and the median EQ-5D-3L utility score were 1 (RIK 1 - 1) vs. 1 (RIK 1 - 1) ($p = 0.021$). There was no correlation between changes in weight, sleep quality, depression, and LFG and quality of life based on either utility or VAS scores.

Conclusion: There was an improvement in quality of life based on the VAS score after the antiretroviral transition program despite the worsening of pain based on the utility score.