

COMPARISON OF ZIDOVUDINE AND TENOFOVIR BASED REGIMENS WITH REGARD TO QUALITY OF LIFE AND PREVALENCE OF SYMPTOMS IN HIV PATIENTS IN A KENYA

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Introduction

Zidovudine and tenofovir form the back bone of antiretroviral therapy in Kenya, with sub-Saharan Africa having the highest prevalence of HIV worldwide. However, they have side effects which may adversely affect health related quality of life (HRQoL) and adherence. More women than men have HIV in sub-Saharan Africa; consequently, crucial to conduct studies in Africa. **Objective:** Compare the Health Related Quality of Life of adult patients on tenofovir versus zidovudine based regimens in a leading referral hospital in Kenya to guide future management decisions. **Methods:** Comparative cross sectional study conducted on adult out-patients on either tenofovir or zidovudine at Kenyatta National Hospital between 2015 and 2016. The Medical Outcome Study HIV Health Survey (MOS) was administered. Linear regression analysis was performed to identify determinants of HRQoL. **Results:** Of the total 501 patients included, participants on zidovudine (39.9%, n=200) had a higher median Physical (PHS) and Mental Health Scores (MHS) (61.9, IQR: 59.5, 62.8) compared to those on tenofovir (60.1, IQR: 55.1, 62.3). Presence of any symptom of disease and stated inability to cope were negatively associated with PHS whilst having regular source of income improved PHS. Being on tenofovir, symptom of illness (β -1.24, 95 % CI; -2.253, -0.226), absence of pain (β 0.413, 95 % CI; 0.152, 0.674) and patient stated inability to cope with HIV (β -1.029, 95 % CI; -1.441, -0.617) affected the MHS. Patients on tenofovir and second line regimens also had more signs and symptoms of illness. **Conclusion:** Participants on zidovudine based regimens had a better performance across all aspects of HRQoL, and should be actively considered in the future where pertinent.