Increased Quality of Life with Immediate ART Initiation: Results from the START Trial


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QOL Measures

- QOL measures were obtained at baseline, month 4, 12 and then annually.
- QOL measures were standardized to mean=50, SD=10 in a U.S. population.

Methods

- Participants
  - ART-naïve participants with CD4+ >500 cells/mm3
- Random assignment
- ART-naïve participants were randomized to either ART or control group
- QOL measures were obtained at baseline, month 4, 12 and then annually.
- Change in QOL favored the immediate ART group in about equal measure in all 4 months.
- Sensitivity analysis: differences between groups were similar or slightly larger when follow-up for participants in the deferred group was compared for changes from baseline, by intent-to-treat, using longitudinal mixed model, adjusted for visit & baseline QOL.

Results

- Immune vs. Deferred Group
  - Throughout follow-up, changes in QOL favored the immediate group in all 4 measures of QOL (p<0.001 for each measure) (Figure 2).
- Modest but significant differences were seen as early as 4 months, with increases in the immediate ART group through 24 months in the general health and MCS scales, and through 12 months in the current health visual analogue scale (VAS).
- Sensitivity analysis: differences between groups were similar or slightly larger when follow-up for participants in the deferred group were compared for changes from baseline, by intent-to-treat, using longitudinal mixed model, adjusted for visit & baseline QOL (p<0.001 for each difference for ART vs. Deferred).

Conclusions

- QOL differences between immediate and deferred groups were significant but generally modest.
- Modest but significant differences were seen in both the physical and mental health components of the SF-12v2.
- In the immediate ART group, the general health perception and current health measures improved relative to baseline, while remaining stable or decreasing slightly in the delayed ART group. Increases in QOL relative to baseline in the immediate group were primarily reflected by increases in MCS.
- START enrolled a specific population of people with HIV who were generally healthy and had no ART, and are important for clinical care and psychosocial support of persons with HIV.

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References