

This is a repository copy of A pilot study to investigate respiratory ill health in people living with HIV.

White Rose Research Online URL for this paper: http://eprints.whiterose.ac.uk/130975/

Version: Supplemental Material

#### **Proceedings Paper:**

Collini, P. orcid.org/0000-0001-6696-6826, Hubbard, R., Teare, D. orcid.org/0000-0003-3994-0051 et al. (3 more authors) (2018) A pilot study to investigate respiratory ill health in people living with HIV. In: HIV Medicine. The 4th Joint Conference of the British HIV Association (BHIVA) with the British Association for Sexual Health and HIV (BASHH), 17-20 Apr 2018, Edinburgh, UK. Wiley, S72-S72.

https://doi.org/10.1111/hiv.12614

#### Reuse

Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

#### **Takedown**

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.





# Sheffield Infection Group

## P 159 A pilot study to investigate respiratory ill-health in people living with HIV

P J Collini<sup>1,2</sup>, M Taylor –West<sup>1</sup>, S Hawkins<sup>1</sup>, D Allen<sup>2</sup>, S Berry<sup>2</sup>, M Chopra<sup>2</sup>, R Hubbard<sup>3</sup>, D Teare<sup>4</sup>

1 IICD & Florey Institute University of Sheffield 2 Infectious Diseases and Tropical Medicine Sheffield Teaching Hospitals 3 University of Nottingham 4 ScHARR University of Sheffield

## Background

Helping people living with HIV (PLWH) to maintain long-term health as they age is central to HIV care.

- Chronic lung disease (CLD) is recognised to be more common in PLWH<sup>1,2</sup>. UK data on CLD prevalence and phenotype in PLWH are limited, particularly in female, non-white, never smoking groups.
- Longitudinal studies of progression are lacking.

## Aims

This is a pilot study to

- obtain preliminary data on CLD in key PLWH subgroups
- establish a simple scheme for monitoring lung health among PLWH for a future longitudinal study.

## **Methods**

Cross-sectional convenience sampling of PLWH in routine clinics.

- Web-based questionnaire for self-reported
  - 'Usually having' cough, wheeze or phlegm (BOLD study<sup>3</sup>)
  - Medical Research Council (mMRC) Dyspnoea scale<sup>4</sup>;
  - St Georges Respiratory Questionnaire (SQRG)<sup>5</sup>;
  - health related quality of life (EQ-5D-5L)<sup>6</sup>;
  - Smoking, inhaler use and past medical history.
- Spirometry
  - FEV<sub>1</sub> (Forced Expiratory Volume in 1 second) & FEV1/FVC (Forced Vital Capacity) z-scores derived from GLI equations.
- HIV data were collected from clinical records
- 50 HIV negative controls matched for smoking status
- Evaluation of suitability and acceptability of the measurements.

## Results

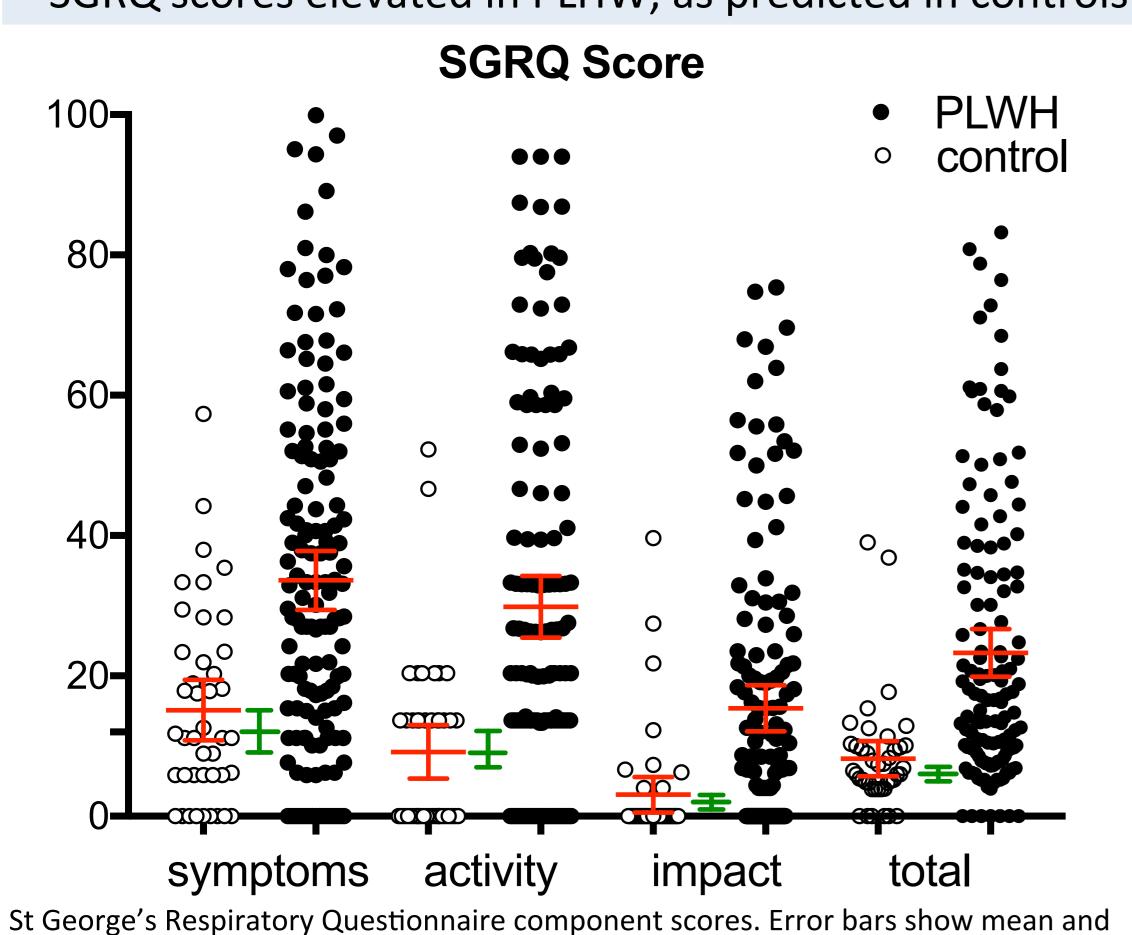
- >50% of PLWH approached were enrolled, ≤ 1 hour each
- Lack of time commonest reason for non participation

#### **PLWH** Control 50 150 46 40-53 26-47 Age¶ 46 50% Female 31% White 75% 47% 44% 12% Black Asian 3% 14% Other\* 6% 22% 20% Current smoker Ex-smoker 13% 12% 68% Never Smoker 65% Passive smoker 0% 6% Solid cooking fuel in childhood 45% 24% VL undetectable 141 Nadir CD4\*§¶ 35-336 186 Current CD4<sup>9</sup>¶ 620 448-801 Past CAP/TB/CAP 49% 16% Adult asthma 15% 10% **CLD Diagnosis** 4% Inhaler use 18%

Data expressed n / % except ¶ = median / IQR \* Data missing for <10%. § cells/mm<sup>3</sup>

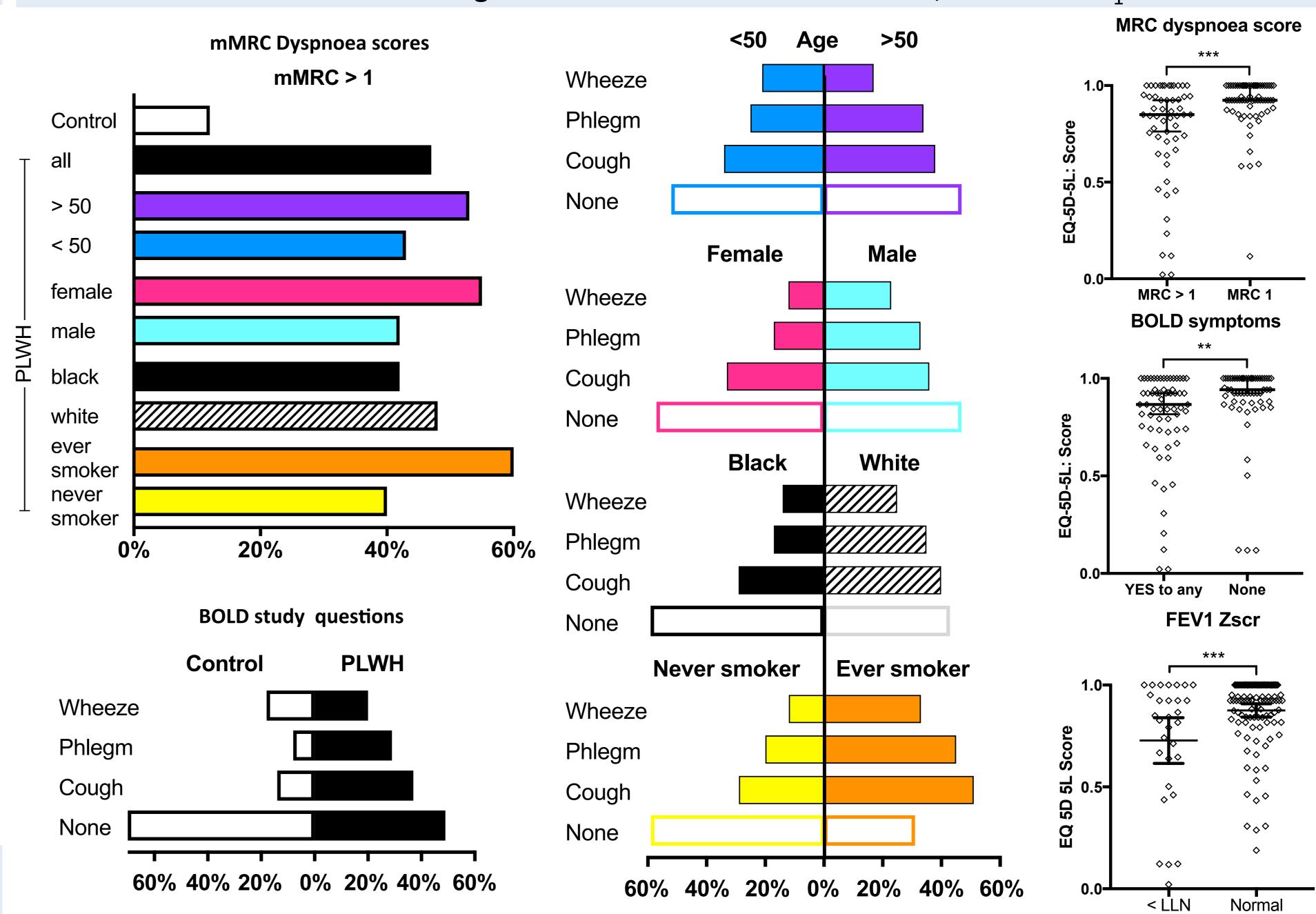
## **Symptoms: SGRQ**

- PLWH found online survey acceptable. SGRQ needed more time and supervision than mMRC/BOLD/PMHx.
- SGRQ scores elevated in PLHW, as predicted in controls.



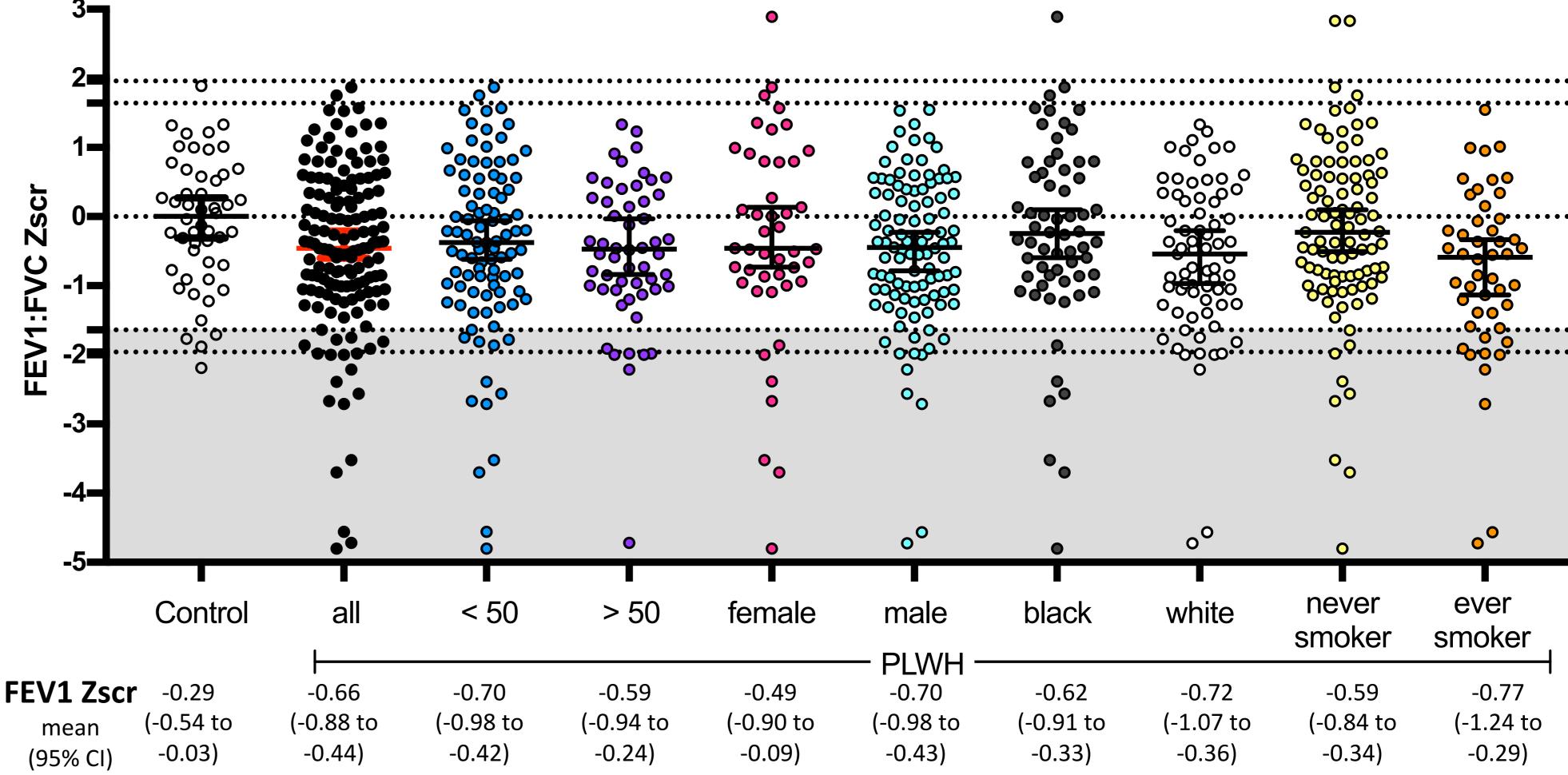
## Symptoms: mMRC, BOLD & EQ-5D-5L Health related Quality of Life

- Breathlessness (mMRC 2-5) & usual wheeze, phlegm or cough more common in all PLWH groups.
- EQ-5D-5L scores and SGRQ ratings in PLWH correlated with mMRC, BOLD & FEV₁



## Spirometry.

• 21 PLWH (14%) vs 2 control (4%) met GOLD criteria for COPD.



Dashed lines represent LLN at 5% (Z=±1.64) and 2.5% (Z=±1.96). Error bars show mean and 95% confidence intervals. 74% met BTS criteria

## Supported through 2016 BHIVA research award

# British HIV Association BHIVA

## References

95% confidence interval for study groups (red) and quoted population norms (green).

- Ronit A, et al. Thorax doi:10.1136/thoraxjnl-2017-211079
   Crothers K, et al. Proc Am Thorac Soc, 2011. 8(3): p275-81.
- Lamprecht, B., et al. Eur Respir J, 2013. 42(3): p. 858-60.
   Stenton, C. et al. Occup Med (Lond), 2008. 58(3): p. 226-7.
   Meguro et al. Chest 2006;132: 456-463
- 6. http://www.euroqol.org/eq-5d-products/eq-5d-5l.html.
  7. Global Initiative for Chronic Obstructive Lung (GOLD) 2016

## Conclusions

- Simple spirometry and web based symptom and smoking history can be collected in routine clinics.
- Symptoms and pulmonary function tests associated with obstructive lung disease are common in this UK representative HIV service even in female, non white and never smoking subgroups.
- These symptoms have a negative impact on health related quality of life.