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THE CONCEPTUAL FRAMEWORK OF QUALITY OF SEXUAL LIFE IN HIV AND HCV

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OBJECTIVES: Existing tools for sexual function are mostly focused to the erectile dysfunction and do not measure the domains important for patients living with HIV/AIDS (PLVHA) or HCV (PLVHC) such as stigma, fear of transmission, or type of sexual practices. **METHODS:** An exploratory descriptive qualitative phenomenological study was conducted in France based on face to face interviews with PLVHA and/or PLVHC. Sample was selected to represent different medical, social and demographic situations. The open coding of the interviews allowed validating a book of 433 codes. They were organized into dimensions of the conceptual framework. **RESULTS:** 28 interviews were conducted: 17 PLVHA, 8 PLVHC and 3 co-infected. The median age was 48.5 years [29; 74] with 11 women, 6 men and 1 transsexual. The transmission modes were homosexual (11), heterosexual (10), intravenous drug use (5) and blood transfusion (2). Majority of PLVHA (88.2 %) and all co-infected were under HIV treatment. The thematic coding revealed the following dimensions: HIV impact, sexuality (sexual life, practice, satisfaction and difficulties), prevention and HIV comprehensive care, partners, social life, psychological impact, internet use and perception discrepancies. Most of these concepts are new or bring more detail than the tools in current use. Men having sex with men population described specific topics such as stigma and substance use. Sexuality difficulties were diverse: problems of libido or erection, sexual performance and pleasure, reluctance to have sex, sexual intercourse in spite of oneself, fear of transmission or of contamination and difficulty of using condoms. The deterioration in the quality of sexual life was reflected in global sexual dissatisfaction. **CONCLUSIONS:** Sexual dysfunction in PLVHA and PLVHC is important and frequent. Qualitative analysis and description of the concepts have led to the creation of the framework of a future specific questionnaire.

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QUALITY OF LIFE AMONG HIV PATIENTS: RESULTS FROM THE IANUA CLINICAL TRIAL

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OBJECTIVES: To understand the relationship between socio-demographic variables, clinical factors, highly active anti-retroviral therapy (HAART) and health related quality of life (QoL) in HIV-infected individuals participants in the IANUA multicenter study. **METHODS:** Data relating to patients with HIV infection admitted to 3 infectious disease units in Genoa (Italy) between 2012 and 2014 are collected and analyzed. Univariate and multivariate association of demographic and clinical factors with QoL (computed using EQ-5D-3L) are examined. QoL determinants are assessed using a tobit model, while a logistic model is implemented in order to investigate the relation between specific patients characteristics and the likelihood of having higher QoL. **RESULTS:** Results of the empirical modeling suggest that being Italian and having a job are positively associated with QoL, whereas being a female, taking other drugs in addition to anti-retroviral drugs and being subsidised are negatively related to QoL. Among clinical factors, last CD4 cell count level cannot be considered as significant predictor of QoL, while higher QoL seem to be defined by single tablet regimens. **CONCLUSIONS:** The study investigates the major determinants of QoL among HIV patients and the results provide some informative tools useful to improve strategies aiming at maximizing QoL. As monitoring of QoL is nowadays a priority for clinicians, further work will be based on "dynamic" analysis comparing QoL at the initial time and QoL at 6-months follow up.

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HIV PATIENT PREFERENCES FOR SIMPLIFIED TREATMENT REGIMENS

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OBJECTIVES: The objective was to estimate patient preferences for simplified treatment regimens, amongst UK HIV patients currently treated with anti-retroviral therapy (ART). **METHODS:** Data were collected via a prospective web-based survey (June to October 2014) comprising a discrete choice experiment. A d-efficient design was developed in Ngenex comprising 12 hypothetical choices of two drug scenarios with five attributes (number of tablets (1 to 4), mealtime dosing, increased risk of heart attack or insomnia (yes/no), and monthly cost to the healthcare system (£500, £600, £750, £1000)). A steering committee of clinicians, nurses, pharmacists, patient group representatives and academics, guided the survey design which was tested by UK patients. The response patterns were analysed in STATA v13 using generalised multinomial logit models (GMNL), including scale heterogeneity multinomial logit, mixed logit and fixed-effect logit models. Willingness to pay (WTP) in GBP was used as a metric to quantify the strength of preference for each attribute. **RESULTS:** Results: Responses were analysed for 278 UK patients currently receiving ART. 72.6% were men who have sex with men, 14.7% were female. Median age was 44 (range 21-66) years, time since diagnosis 8 (0-30) years and 5 (0-27) years duration of treatment. Across the models, the attributes were ranked similarly, though the range of WTP was more extreme for some models than others. Based on the best fitting model (GMNL with correlated random-effects), patients were most willing to pay for the avoidance of insomnia (£1083, 95% CI £500-£1664), then one tablet per day (£934, CI £461-£1406), avoidance of a heart attack (£589, CI £231-£947) then avoiding mealtime dosing (£516, CI £242-£790). **CONCLUSIONS:** UK HIV patients have a strong preference for avoiding treatment related insomnia, followed by a single

tablet regimen and avoidance of an increased heart attack risk. Not being tied to mealtime dosing was a lower priority.

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INDISCRIMINATE PRESCRIPTION OF ANTIBIOTICS AND AN URGENT NEED OF LEGISLATION- A SURVEY FROM PAKISTAN

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OBJECTIVES: Antibiotics have played a magic role in controlling infectious diseases in humans. However their indiscriminate use and prescriptions have rendered overwhelming level of pathogenic bacteria resistant, which has resulted in increased mortality, morbidity and increased rates of hospitalizations incurring significant economic losses. Self-medication and misprescription of antibiotics at pharmacy stores are one of the major contributory factors in speeding up this phenomenon of resistance in bacterial communities. The aim of this study was to survey and assess the unregulated and indiscriminate sale of antibiotics in pharmacy stores in Khyber-Pakhtunkhwa province in Pakistan. **METHODS:** In this study several pharmacy stores in two major cities, Mardan and Swabi, in Khyber-Pakhtunkhwa province in Pakistan were checked on two criteria; whether there were qualified and certified pharmacists available, and whether they demanded any doctor/ hospital prescription while giving antibiotics. **RESULTS:** About 80 percent of the people sitting on the counter in pharmacies were not certified pharmacists, and 100 percent did not bother to demand any doctor's prescription while selling antibiotics. **CONCLUSIONS:** This is an indication of an inevitable disaster to the healthcare system, which can potentially lead to enormous losses to human lives and economy. An urgent need of legislation on antibiotics therapy in Pakistan is the need of the day; otherwise we will be left with no choice than to surrender to deadly microbial diseases.

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A SYSTEMATIC REVIEW OF HERPES ZOSTER VACCINE ACCEPTANCE

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OBJECTIVES: A high level of vaccine acceptance is an important requirement for successful vaccination programmes. Therefore, vaccine acceptance is a common criteria considered in national immunisation decision-making processes. This systematic review aimed to assess the acceptance of herpes zoster (HZ) vaccination among the target group (i.e. people aged 50 years and older) and physicians. **METHODS:** A PubMed search was performed for identifying English and German language publications on studies assessing HZ vaccine acceptance published before June 2015. A study was included if it provided information on awareness, knowledge, attitudes and/or perceived barriers regarding HZ vaccination among people aged 50 years and older or physicians. **RESULTS:** After the study selection process, 15 studies remained to be included in the review. Ten of these studies investigated aspects of vaccine acceptance in the target group. Five studies concentrated on the perspective of physicians. Almost all studies used quantitative research methods; one study used a qualitative design based on focus group interviews. Most of the interviewed patients and physicians attached great importance to the HZ vaccine. However, when compared to influenza and pneumococcal vaccination, HZ vaccination was considered as a less important clinical priority by physicians. From the perspective of the target group, the primary care physician's recommendation was a crucial factor in reaching a high level of vaccine acceptance. The main barriers of vaccine acceptance were the price of the vaccine, concerns about side effects and the perception of low risk of HZ. **CONCLUSIONS:** This review identified several factors influencing the acceptance of HZ vaccination. Successful implementation of HZ vaccination might depend on the health care provider's attitude, the reimbursement of costs and the target group's knowledge on HZ.

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REAL-WORLD HEPATITIS C TREATMENT STRATEGIES IN DENMARK

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OBJECTIVES: To describe patterns and factors influencing real-world management of Danish patients infected with Hepatitis C virus (HCV). **METHODS:** From DANHEP, a national Danish HCV/ HBV registry, we identified HCV genotype 1 or 4 patients initiating the following treatment strategies between 2011 and 2014 (excluding early access programs): 2nd and 1st generation direct-acting antivirals (2GDAA and 1GDAA), dual therapy (DT), or no treatment (NT). Patients could have ≥1 treatment episode. We estimated proportion treated, treatment duration, and describe patients according to HCV strategy initiated. **RESULTS:** Among 1,988 patients with 7,209 treatment episodes (including NT), proportion of patients treated yearly was low (range: 0.9-4.2%) and lowest in 2013, just prior to 2GDAA market entry. In 2014, 96.4% (53/55) of treatment episodes (excluding NT) were with 2GDAA. Most 2GDAA treatments initiated were interferon-free (N=44/53; 83.0%), with uptake highest for simeprevir-sofosbuvir (31/53; 58.5%) and sofosbuvir-daclatasvir (11/53; 20.8%) combination therapy. Average completed treatment duration (in weeks) with 2GDAA (13.8, SD=5.4; N=33) was shorter than for 1GDAA (32.0, SD=17.7; N=102) and DT (32.2, SD=17.9; N=42), in accordance with approved treatment duration. Interferon-free 2GDAA treatment with ribavirin (16.6, SD=4.7; N=12) was longer than without ribavirin (12.0, SD=4.4; N=13); ribavirin may selectively be used for harder to treat patients as suggested by higher cirrhosis prevalence (76.9% vs. 56.5%) and previous treatment exposure (64.7% vs. 44.4%). Patients initiating 2GDAA were more commonly cirrhotic (55.6% vs. 30.8% for 1GDAA, 35.3% for DT, 15.5% for NT) and previously treated (50.9% vs. 35.3% for 1GDAA, 26.2% for DT, 3.7% for NT) than initiators of other strategies, in line with Danish reimbursement criteria for 2GDAA. **CONCLUSIONS:** Proportion of patients treated remains low (<5%), despite