

# How Does Complementary and Alternative Medicine Impact Quality of Life of People with HIV/AIDS?

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## Introduction

### Acronyms to Know:

ACRIA – AIDS Community Research Initiative of America  
 CAM – Complimentary & Alternative Medicine  
 HAART – Highly Active Antiretroviral Therapy  
 PLWHA – Person Living with HIV/AIDS  
 QoL – Quality of Life  
 ASO – AIDS Service Organization

### PURPOSE:

\*Determine the effects of CAM utilization on Quality of Life in HIV/AIDS-infected individuals.

\*Compare differences in Quality of Life as reported by two groups of PLWHA: one in 1994, one in 2003

### METHOD:

\*PLWHA were contacted by ACRIA's Outreach Coordinator, through the research database, the ASO/CBO network, and other providers

\*Participants must have been: HIV+, currently using HAART, fluent in English, and using at least 2 CAM modalities

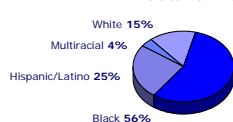
\*Participants (N = 52, 41 men & 11 women) completed an interview that assessed demographics, health & HIV variables and a standardized QoL survey (MOS-HIV)

### What is CAM?

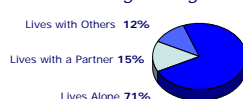
Practitioner	Practice
Nutritionist	Vitamins/Herbals
Chiropractor	Yoga
Massage Therapist	Prayer
Homeopath	Ethnic Practices
Hypnotherapist	Self-Hypnosis
Touch Healer	Exercise
Spiritual Healer	Visualization
Other Practitioner or Practice	

## Demographic Profile

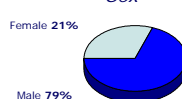
### Race/Ethnicity



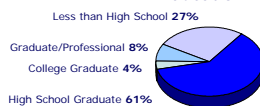
### Living Arrangement



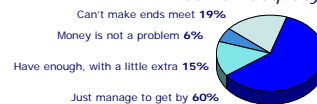
### Sex



### Education



### Income Adequacy

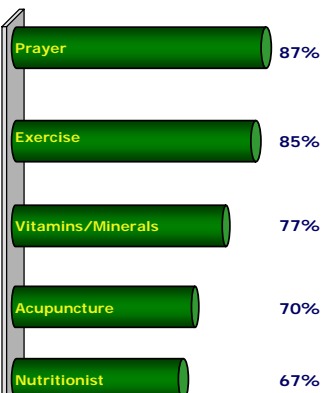


## HIV Status of Respondents

(valid percents)	Total	N	Mean	SD	Median
<b>Time since HIV diagnosis</b>					
< 3 years	6%	3			
3 – 5 years	12%	6			
6 - 10 years	46%	24			
10 + years	37%	19			
<b>CD4 Count at Diagnosis</b>					
			279	248	200
<b>Current CD4 Count</b>					
			480	334	411
<b>Current Viral Load</b>					
			7298	19540	<50
<b>AIDS Diagnosis</b>					
	56%	29			
<b>Current Medical Problems</b>					
Neuropathy	23%	12			
Diabetes	14%	7			
Hepatitis C	12%	6			
<b>Self-Rated Health (0-100 scale)</b>					
			72	15	75
<b>Life Satisfaction (0-100 scale)</b>					
			71	21	75

## CAM Modalities

### Most Frequently Used (valid percents)



## Results: T-test

MOS-HIV Subscale	HIV	AIDS
Overall Health	-1.35	<b>3.00**</b>
Physical Function	<b>-3.76**</b>	0.39
Role Function	-1.64	1.75
Social Function	0.10	<b>2.69**</b>
Cognitive Function	<b>-3.63**</b>	1.51
Pain	-1.91	0.23
Mental Health	-0.71	<b>3.73**</b>
Energy/Fatigue	<b>-5.61**</b>	<b>3.74**</b>
Health Distress	0.36	<b>-3.34**</b>
Quality of Life	0.59	<b>4.80**</b>

Note. \*p < .05, \*\*p < .01. Positive t values indicate higher MOS-HIV scores in the ACRIA sample.

## Results: Regression (Energy/Fatigue Scale)

Variable	B	SEB	β	ΔR <sup>2</sup>
<i>Background Variables</i>				
Age*	-0.559	0.271	-0.239	
Sex	-6.722	5.651	-0.145	
Race	-3.590	2.405	-0.186	
Education	-1.303	1.561	-0.101	
Income Adequacy	-2.304	2.911	-0.092	<b>.092</b>
<i>Health Status (Subjective)</i>				
Self-Rated Health**	0.789	0.156	0.624	
Life Satisfaction	-0.097	0.117	-0.104	<b>.329**</b>
<i>Amount of CAM Utilized</i>				
Total CAM*	1.604	0.733	0.259	<b>-.059*</b>

Note. DV=Energy/Fatigue Subscale. \* p < .05, \*\* p < .01.

## Conclusions

- ❖ T-tests showed that HIV-positive individuals reported lower QoL scores than the comparison group, but the opposite was true for AIDS-diagnosed individuals
- ❖ The long-term effects of HIV, as well as the side effects of HAART, may negatively impact QoL
- ❖ Regression results indicate that Energy/Fatigue was the MOS-HIV subscale most sensitive to CAM utilization
- ❖ Number of CAM modalities had little effect on QoL
- ❖ Practitioner-based CAM modalities were more likely to be significantly correlated with quality of life than individually-administered modalities
- ❖ Future research should examine the differential effects of practitioner -v- individual CAM modalities to determine cost-benefit of various types of CAM that could improve QoL