Objective

The international PROQOL-HIV questionnaire [1,2] has been developed to overcome current limitations of existing measurement instruments specific of HIV disease where assessment of HAART impact on quality of life (HRQL) is generally lacking. It is composed of 43 items describing 8 facets: Body concerns (BC), Emotional distress (ED), Health concerns (HC), Intimate relationships (IR), Physical health and symptoms (PHS), Social relationships (SR), Stigma (ST), Treatment impact (TI). Dimensionality and internal consistency were checked using parallel analysis and Cronbach’s alpha. A confirmatory FA was applied on the international sample (N=791, 8 countries) that was used to validate the questPonnaire. Weighted and unweighted summed scale scores were compared to individual scores computed from FA and partial credit models. Statistical analyses were carried out using Mplus 7, R 2.15, and Stata 13.

Methods

Based on the Vespa2 national survey conducted in French hospitals in 2011 with a representative sample of 3,022 HIV–infected pAients, HRQL data were collected using the PROQOL-HIV questionnaire, which was originally composed of eight dimensions. Exploratory Factor Analysis (FA) was used to isolate 4 correlated factors on 2,526 useable cases*. Dimensionality and internal consistency were checked using parallel analysis and Cronbach’s alpha. A confirmatory FA was applied on the international sample (N=791, 8 countries) that was used to validate the quesPonnaire. Weighted and unweighted summed scale scores were compared to individual scores computed from FA and partial credit models. Statistical analyses were carried out using Mplus 7, R 2.15, and Stata 13.

Results

The four main dimensions down to: Physical health state and symptoms (PHS), Health concerns and mental distress (COG), Social and intimate relationships (REL, 7 items), and Treatment impact (TRT, 10 items). Only four items exhibited factor loadings < 0.4, and three of which were found to cross-load on two factors. This four-factor solution suggests acceptable fit to the international validation sample (RMSEA=0.082, 90% CI [0.079;0.084]; NNFI=0.880). Correlations between unweighted sum scale scores and factor or IRT scores (N=1823 complete cases) were good for all dimensions: 0.927 (PHS), 0.944 (COG), 0.940 (REL), and 0.889 (TRT).

Conclusion

PROQOL-HIV is for now the only specific scale taking into account patient’s experience with treatment, and it has been validated in several countries. Moreover this simplified scoring versions will allow researchers and clinicians to better monitor and to correlate HRQL improvements in patients undergoing different treatment strategies, even if the original eight-factor solution remains valid for a more detailed account of one’s quality of life.

References


* Useable cases are defined based on covariance coverage value and missing data patterns.