# Chapter 266

# Quality of life of people living with hiv/aids: An integrative literature review





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## Felisangela dos Santos de Castro

Bacharel em Enfermagem pela Unicentro; E-mail: felisangelacastro15@gmail.com

#### Lvce Amélia dos Santos de Castro Freitas

Acadêmica de psicologia pela Unicentro;

#### Ane Grazielle da Silva Rocha

Especialista em Obstetrícia pelo IESM; ORCID: https://orcid.org/0000-0002-5065-0920 E-mail: rochaanegrazy@gmail.com

## **Antony Marques do Nascimento**

Bacharel em Enfermagem pela Unicentro; ORCID: https://orcid.org/0000-0001-7856-1965 E-mail: antonymdn21@gmail.com

# Diego Maciel de Oliveira

Especialista em Fisioterapia Traumático-ortopédica e Esportiva, pela FACEI. E-mail: diegomacieldeoliveira1985@gmail.com

#### Eliana Carneiro Medeiros

Bacharel em Enfermagem pela Unicentro; E-mail: medeiroseliane36@gmail.com

#### Gerllanv Silva e Silva

Especialista em Oncologia, pelo UniFacema; E-mail: silva\_llany@hotmail.com

#### Wekadja Alves Lobão

Graduanda em enfermagem pela Unicentro; E-mail: kadjalobao@gmail.com

#### Rosana Moreno de Sousa

Bacharel em Enfermagem pela Unicentro; E-mail: rosanamorenocom@hotmail.com

#### Rosiane de Sousa Santos

Especialista em Urgência e Emergência, UEMA; E-mail: rosianysousa56@gmail.com

#### Maria Lourdes Ramos Sousa Pinheiro

Especialista em Gestão em Saúde pela UFPI; E-mail: malurpinheiro105@gmail.com

#### Márcia Naildes da Costa Lima do Carmo

Especialista Gestalt Terapia com Ênfase em Psicoterapia, pela CFAPI.

E-mail: manacolim@hotmail.com

#### Felipe Santana e Silva

Doutorando em medicina tropical, pela Fiocruz-PI; Orcid: ORCID: https://orcid.org/0000-0002-5919-8213 E-mail: felipe\_santana\_silva@hotmail.com

#### **ABSTRACT**

This study aimed to identify the main factors that contribute to the QoL of patients living with HIV. It was a bibliographic research of the integrative literature review type. This procedure was chosen because it allows the synthesis and analysis of scientific knowledge already produced on the subject. 282 studies were identified in the databases. After eliminating 72 duplicate articles, 210 articles were selected. Of these, 88 were excluded after analyzing the titles and abstracts. Of the 122 eligible articles, they were excluded for the following reasons: 55 were not available in full; 55 did not meet the time frame. In the end, 12 studies were included in the integrative review. Of the 12 studies analyzed, in terms of general characteristics, the oldest publication was from 2017; all twelve articles were national, but studies were prevalent in the southeast region, which represented six (50%), in second place came the northeast region with five (41.6%). Regarding the type of approach, two (16.6%) were qualitative and ten (83.4%) used a quantitative approach. It was identified that the Quality of Life of people affected by HIV/AIDS is directly associated with the domain in which it is analyzed, that is, several factors can positively or negatively influence this evaluation. It was also noticed that the main factors that contribute to the poor quality of life were: stigma, prejudice, difficulty in adhering to treatment, spirituality, psychological suffering, religious orientation, employment status, precarious living conditions, and coinfection as another pathology, especially with Tuberculosis.

**Keywords:** HIV, Quality of life, Nursing.

#### 1 INTRODUCTION

Quality of life (QoL) can be understood as a multidimensional entity that includes repercussions in the most varied physical, psychological, environmental, and social dimensions, not paying attention to the absence of diseases. For its evaluation, the individual must be observed as a whole. (JESUS et al., 2019).

The evaluation of the quality of life reflects a discussion of certain aspects inherent to this concept, which should be taken into account in its definition process. Since it is a dynamic concept, it depends on the motivations, needs, and expectations of each individual in situations that are constantly changing. Given this definition, it is possible to affirm that the quality of life is, therefore, something contingent, since it changes according to the external circumstances experienced by the individual and by society itself, suffering individual and collective interferences. (CARNEIRO, 2018).

In the 1980s, it was the period that the Human Immunodeficiency Virus (HIV) gained great notoriety since it was marked with great suffering, because it is a serious and fatal disease associated with sexual contagion and the use of illicit drugs, bringing a strong psychological impact to the carrier of this disease. Even after more than 40 years, estimates show that AIDS remains a major public health challenge. (BRASIL, 2016).

Given this, this research sought to identify the main factors that contribute to the QoL of patients living with HIV, so that more specific care can be directed to this public since they require multidimensional care, involving not only the pathophysiological aspects that involve the disease but the psychic consequences that involve the entire pathological context.

In addition, the project when finalized will provide an important document, since it will serve as a basis for further studies that deal with the same theme, and can also be used by the most diverse professionals who work directly with HIV carriers. Therefore, in addition to contributing enormously to the field of study, this work will bring great benefits to patients undergoing treatment for HIV, since this study seeks to identify the main dimensions that contribute to the improvement of QoL, identifying the main points that affect this dimension.

The present study was bibliographic research of the integrative literature review type. This procedure was chosen because it allows the synthesis and analysis of the scientific knowledge already produced on the theme "QUALITY OF LIFE OF PEOPLE LIVING WITH HIV/AIDS". This review used the methodology proposed in the study by Oliveira, Da Silva, and Albuqueque (2016), proposed by the advisor.

Because it is a literature review, the place of research was the internet, more specifically the databases: PUMED; SCIELO, and VHL (Virtual Health Library). These databases were chosen because they contain a large number of recent publications on the subject addressed in this project.

The inclusion criteria used were only articles published between 2017 and 2022 in Portuguese and English. As long as these manuscripts were in the selected databases, they were not a review.

For data collection, the descriptors in health (DeCS) and the Medical Subject Headings (MESH) WERE USED: HIV (HIV); Qualidade de Vida (Quality of Life); Enfermagem (Nursing). For the search of the studies, we used these words associated with the Boolean expressions AND, OR, and NOT, so that the author could have a more refined selection of the manuscripts that will be used in the research.

For data organization and analysis, we used the preparation of a FLOWCHART and a table containing: the title, authors, journal, years, approach/type, and place of the study. Regarding the ethical aspects, there was no need to send them to the Research Ethics Committee (CEP), because it was an analysis of secondary data.

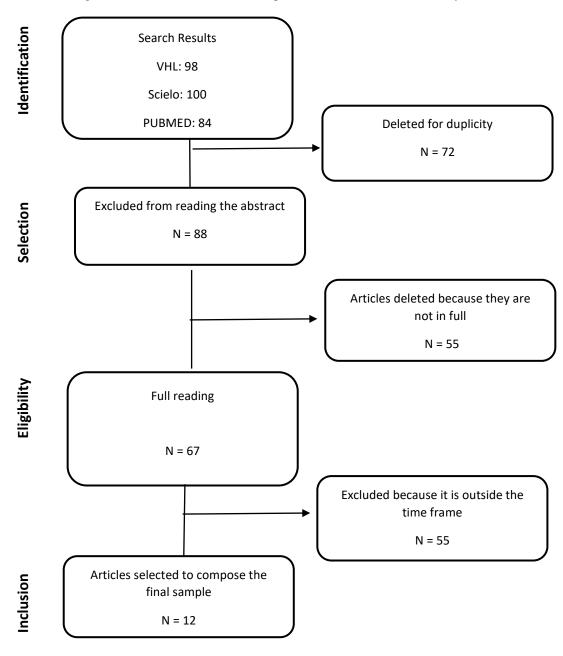
# 2 THE DEVELOPMENT OF THE SCIENTIFIC ARTICLE

A total of 282 studies were identified in the databases. After eliminating 72 duplicate articles, 210 articles were selected. Of these, 88 were excluded after the analysis of the titles and abstracts. Of the 122 eligible articles, they were excluded for the following reasons: 55 were not available in full; 55 did not meet the time frame. In the end, 12 studies were included in the integrative review. No studies were found through manual search in the references of the articles found. Figure 1 shows the synthesis of the selection process of the articles.

Of the 12 studies analyzed, regarding general characteristics, the oldest publication was from 2017; All twelve articles were national, but there was a prevalence of studies in the Southeast region, which represented six (50%), in second place came the Northeast region with five (41.6%). Regarding the type of approach, two (16.6%) were qualitative and ten (83.4%) used a quantitative approach. Regarding the language of the publications, twelve (100%) Portuguese articles were accessed. This finding can be considered a positive aspect for the country since the significant number of publications highlights an apparent concern of researchers with the living conditions of people living with HIV/AIDS.

Regarding the objectives of the studies, the majority six (50%) of the manuscripts analyzed sought to evaluate the quality of life of people with HIV/AIDS, the others also aimed to evaluate QoL but using other factors with co-infection with other diseases, sociodemographic variables, nutritional status, and social representations.

Figure 1 – Flowchart of the selection process of the articles for the study.



Source: Research Data (2022)

A summary of the studies in this integrative review is presented in Chart 1 below.

Table 1 - Synthesis of the studies included in the integrative review, in the Scielo and VHL databases, from 2017 to 2022. Barra do Corda – MA 2022.

N	TITLE	AUTHORS	PERIODIC	YEAR	APPROACH	STUDY
					AND	OBJECTIVE
					LOCATION OF	
					THE STUDY	
I	Percepções acerca	ALMEIDA-	Esc Anna Nery	2021	Qualitative	Understand the
	da qualidade de vida	CRUZ, M.C.M.			(São Paulo)	meaning of quality of
	de pessoas vivendo	et al.				life attributed to
	com HIV					people living with
						HIV

II	Qualidade de Vida e fatores associados em pessoas vivendo com HIV/AIDS	CABRAL, J.R. et al.	Cogitare Enferm.	2018	Quantitative (Pernambuco)	To assess the quality of life of people living with human immunodeficiency virus/acquired immunodeficiency syndrome
III	Viver com HIV/AIDS: impactos do diagnóstico para usuários atendidos em um serviço de referência	SOUZA, R, M. et al.	CARE IS KEY	2021	Qualitative (Alagoas)	Identify the impacts of people living with the diagnosis of Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS) in a referral service
IV	Suporte social e qualidade de vida de indivíduos com coinfecção tuberculose/HIV	NEVES, L.A.S., et al.	Global Nursing	2018	Quantitative (São Paulo)	To analyze the association between quality of life and social support of individuals with tuberculosis/HIV coinfection.
V	Qualidade de vida do paciente frente ao diagnóstico de HIV/AIDS	PIRES, C.O.; SAINTS, C.	Revista da Mostra de Trabalhos de Conclusão de Curso -TCC	2018	Quantitative (Rio Grande do Sul)	To evaluate the quality of life of patients in the face of the reference diagnosis of Bagé/RS
SAW	Desnutrição e Qualidade de Vida em Pessoas Vivendo com HIV/AIDS	OLIVEIRA, R.L. et al.	Brazilian Journal of Science and Health	2018	Quantitative (Rio de Janeiro)	To explore the association between nutritional status and aspects related to the quality of life in people living with HIV/AIDS (PLWHA) on antiretroviral treatment.
VII	Qualidade de vida de pessoas convivendo com HIV/aids: relação temporal, sociodemográfica e perceptiva da saúde	HIPOLITO, R.L. et al.	Latin American Journal of Nursing	2017	Quantitative (Rio de Janeiro)	To analyze the quality of life of people with HIV/AIDS and its relationship with sociodemographic variables, satisfaction with health, as well as time since diagnosis.
VIII	A coinfecção tuberculose/HIV com enfoque no cuidado e na qualidade de vida	CARVALHO, M.V. et al.	Acta Paulistta of Nursing	2022	Quantitative (São Paulo)	To describe and analyze the perceptions of people who experience tuberculosis/human immunodeficiency virus co-infection regarding the quality of life and health care
IX	QUALIDADE DE VIDA SEGUNDO COMORBIDADES MAIS PREVALENTES EM IDOSOS COM O VÍRUS DA IMUNODEFICIÊN CIA ADQUIRIDA	ARAÚJO, K.M. et al.	Care is Fundamental	2022	Quantitative (Pernambuco)	To evaluate the quality of life according to the most prevalent comorbidities in the elderly with HIV

X	Diferenças na qualidade de vida e insegurança alimentar entre homens e mulheres vivendo com HIV/Aids no estado da Paraíba, Brasil	CAVALCANTI, R.L.F. et al	Science & Collective Health	2021	Quantitative (Paraíba)	Comparing the quality of life and food insecurity between men and women
XI	Correlação entre qualidade de vida, depressão, satisfação e funcionalidade das pessoas idosas com HIV	ARAÚJO, K.M. et al.	Brazilian Journal of Nursing	2021	Quantitative (Pernambuco)	To analyze the correlation between the quality of life, depression, life satisfaction, and functional capacity in elderly people living with the Human Immunodeficiency Virus (HIV)
XII	Representações sociais da qualidade de vida de jovens que vivem com HIV	SILVA, D.P et al.	Brazilian Journal of Nursing	2021	Quantitative (Rio de Janeiro)	To analyze the social representations of the quality of life for young people living with HIV

Source: Research Data (2022)

In the first study analyzed, the researchers aimed to understand the meaning of quality of life attributed to people living with HIV. After the analysis of the speeches, four main classes emerged: Difficulties faced in the treatment; Stigma and decreased self-esteem; Health as a center of quality of life, and; Living with expectations. Thus, the authors concluded that the meaning of quality of life was understood by people living with HIV by several factors that permeate life, which can influence positive or negative. Regarding the positive aspects found, these included healthy lifestyle habits, while the negative aspects were related to stigma, prejudice and difficulty in adhering to treatment. (ALMEIDA-CRUZ et al., 2021).

In the second article addressed, the authors aimed to evaluate the quality of life of people living with the human immunodeficiency virus/acquired immunodeficiency syndrome. The results showed that gender and family income were more influential in altering the quality of life, and the domain with the highest number of factors with the greatest influence on the mensuration of this variable was spirituality. Thus, the authors concluded that the quality of life of this population is impaired, and that understanding QoL as a way of perceiving human existence in the objective and subjective spheres becomes essential since the virus affects individuals in all areas of life. (CABRAL et al., 2018).

In the third manuscript, the researchers sought to identify the impacts of people living with the diagnosis of Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome in a reference service. The results were characterized in three ways: reactions to the diagnosis, impacts resulting from the diagnosis and the experience of living with HIV/AIDS. The data revealed that the diagnosis generated repercussions in the professional life, the social life, and the affective and sexual relationships of the people living with this disease. Thus, the authors concluded that the main impacts were the abandonment of sexual

life, adoption of the use of the preservative, family withdrawal, interruption of professional activities, and stigma linked to infection, in addition to psychological suffering associated with prejudice. (SOUSA et al., 2021).

In the research of Neves et al. (2018), the authors analyzed the association between quality of life and social support of individuals with tuberculous/HIV co-infection. The data show that of the 57 interviewees, most were male, heterosexual, and had low education and income. The mean scores of quality of life and social support were considered intermediate, in addition to which associations were identified between instrumental support and the physical domains and social relationships, and that emotional support correlated with all domains except spirituality. Thus, the authors showed that there are positive associations between social support and quality of life and that social support can mitigate the negative consequences of both diseases, directly affecting the quality of life of the individual.

In the fifth manuscript analyzed, the authors aimed to evaluate the quality of life of patients facing the diagnosis of HIV/AIDS in a reference service. They identified, after the application of the WHOQOL HIV-BREF instrument, that patients with HIV/AIDS in the comprehensive sexuality care service factors such as feelings after the discovery of the diagnosis of HIV/AIDS are a complicated moment in the lives of these people and that they undergo changes in their routine and more diverse feelings. Thus, they concluded that the feelings after the diagnosis are the most diverse and that each person can react and develop different anguish fears, good feelings, and search for family and friends, thus improving the quality of life and according to their life without major interference and changes. (PIRES; SAINTS, 2018).

In another article analyzed, the authors aimed to explore the association between nutritional status and aspects related to the quality of life in people living with HIV/AIDS on antiretroviral treatment. The results showed that most of the respondents were male (56.6%), had completed high school (54.2%), were professionally active (54.2%), and earned at least one minimum wage (92.8%). One-third of the sample had mild or moderate malnutrition and reported the presence of some gastrointestinal symptoms. Most patients had a loss of adipose tissue (65%) and muscle mass (34.9%) and 40.9% had functional deficiency related to nutritional status. After analyzing these results, the researchers concluded that malnutrition seems to negatively interfere with the quality of life and that the use of a rapid nutritional screening instrument, such as the SGA, early intent patients who need rapid nutritional intervention. (OLIVEIRA et al., 2018).

In the article published by Hipólito et al. (2017), the authors analyzed the quality of life of people with HIV/AIDS and its relationship with sociodemographic variables, satisfaction with health, as well as the time of diagnosis. The results showed that the perception of quality of life was intermediate in all domains of quality of life. In addition, a greater relationship and satisfaction with health and better quality of life were identified, as well as statistically significant differences between dimensions of quality of life according to gender, employment status, family income, personal income, religious orientation, and time of diagnosis. Thus, they concluded that the time of diagnosis of HIV infection allows reconfigurations in

the perception of quality of life, as well as spirituality, and that social relationships can help in the entrenchment of the experience with this disease.

In a study conducted in the city of São Paulo, the authors sought to describe and analyze the perceptions of people who experience tuberculosis/human immunodeficiency virus co-infection regarding the quality of life and health care. The participants pointed out that the precarious living conditions interfered with QoL and reported satisfaction with the care offered and with the health care network, and that experiencing tuberculosis/immunodeficiency virus co-infection led to suffering, social isolation and stigma. Thus, the authors believe that interventions aimed at reducing social inequities that support the reduction of stigma and prejudice and that increase humanized interaction in the services, to meet the health needs of these users, would reflect positively on the quality of life of these users. (CARVALHO et al., 2022).

In the ninth article analyzed in this research, the authors of the manuscript evaluated the quality of life according to the most prevalent comorbidity in the elderly with HIV. The data showed that the three most prevalent comorbidities were hypertension, diabetes and osteoporosis and among all the comorbidities found, only hypertension and diabetes did not present statistically significant differences with any of the dimensions of HIV/AIDS. Thus, they concluded that osteoporosis and osteoarthrosis are the comorbidities that have an impact on more dimensions of quality of life. (ARAÚJO et al., 2021).

In the study by Lima et al. (2021), they sought to compare the quality of life and food insecurity between men and women living with HIV/AIDS. The data showed that (40.1%) were female and these had worse income conditions (65.8%), low education (72.5%), lower prevalence of food security (29.02%) and quality of life below average (54.9%), compared to men (44.4%). The results of the study show that in addition to the difficulties faced by HIV carriers, this group presents an important gender inequality and the management of care aimed at these people should consider this important finding, promoting access to social policies and promoting equality between the genders, in favor of a more just and egalitarian female life.

In a study conducted in the city of Recife, the authors sought to analyze the correlation between the quality of life, depression, life satisfaction and functional capacity in elderly people living with HIV. The results showed an inverse correlation between the dimensions of the HAT-Qol with depression, a positive correlation in the life satisfaction domain and a statistically significant but weak correlation with functionality. Thus, the authors concluded that depression impairs quality of life, in all its dimensions, while satisfaction with life influences this aspect more positively than functional capacity. (ARAÚJO et al., 2021).

Finally, in the last article analyzed in this manuscript, the authors sought to analyze the social representations of the quality of life for young people living with HIV. The data showed that the multidimensionality of quality of life was observed, revealing the implications of living with HIV/AIDS regarding the family and social support network, time of diagnosis, care of health services, antiretroviral therapy and expressions of prejudice. Thus, a conceptual synthesis of quality of life is observed when it is

associated with healthy lifestyle habits, interpersonal relationships and health services and professional practices. (SILVA et al., 2021).

#### **3 FINAL CONSIDERATIONS**

In this integrative review, it was identified that the Quality of Life of people affected by HIV/AIDS is directly associated with the domain in which it is analyzed, that is, several factors can positively or negatively influence this evaluation. It was also noticed that the main factors that contribute to poor quality of life were: stigma, prejudice, difficulty in adhering to treatment, spirituality, psychological suffering, religious orientation, employment status, precarious living conditions and co-infection as another pathology, especially with tuberculosis.

During the research also, studies found evidenced factors that contribute to improving the quality of life of the population studied here. Thus, the main factors that contributed to improving the quality of life of people with HIV/AIDS were healthy lifestyle habits, good interpersonal relationships, the quality of health services, in addition to good professional practices, especially of the nursing team that is directly responsible for providing care to these clients.

Another very important finding found during this research was that the three most prevalent comorbidities in the elderly with HIV/AIDS were hypertension, diabetes and osteoporosis. Since diabetes and hypertension did not present statistical differences in any dimension that evaluates the quality of the elderly with HIV/AIDS.

It was noticed during the data collection of this research that the level of quality of life of patients with HIV/AIDS is directly influenced by the domain evaluated. Thus, it would be suggested that new research be carried out with the application of questionnaires that evaluate and contemplate all domains. In this way, the researchers will have access to the real situation of these patients, thus being able to outline strategies to improve the QoL of these clients.

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