Research article
Ερευνητική εργασία

Quality of life and depression in chronic sexually transmitted infections in UK and Greece: The use of WHOQOL-HIV/STI BREF

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This is a comparative study aiming to investigate quality of life (QoL) and depression in individuals diagnosed either with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), or genital warts (GW) and genital herpes (GH), in two healthcare settings, in the United Kingdom (UK) or in Greece (Gr). Using a matched-pairs design, two equalized patient samples with sexually transmitted infections (STI) were recruited: from UK (n=43) and from Greece (n=43). QoL was assessed with WHOQOL-HIV BREF for HIV patients and WHOQOL-STI BREF –a newly adapted instrument– for genital warts and genital herpes patients. Depressive symptomatology was measured by the Centre for Epidemiological Studies-Depression Scale (CES-D) along with sociodemographic data. Results indicate that in both country-healthcare settings, a high percentage of individuals diagnosed with any type of STI, reported considerable depressive symptomatology: 35.7% for UK and 41.5% for Greek participants respectively. Regarding QoL, participants in the Greek healthcare settings reported significantly lower scores in the environment domain, and even lower scores were reported by the GW/GH group, in comparison to HIV. Specifically, these groups indicated significantly lower values in the following WHOQOL-BREF environment facets: (i) physical safety and security, (ii) participation in and opportunities for recreation/leisure activities, (iii) home environment, (iv) accessibility and quality in health and social care, and (v) transport facilities. Regarding correlation of QoL and depression, regression analysis provided significant evidence for depression having a differential effect on WHOQOL-BREF QoL domains. Evidence of increased depressive symptomatology in both STI patient-cohorts may shed light into unmet healthcare needs that should be addressed by healthcare providers in UK and Greece respectively. Furthermore, all types of Greek STI participants reported lower QoL, particularly the GW/GH group, indicating important unmet QoL needs in the environment domain, such as health and social care accessibility and quality, or environmental and social

resources, all lowering everyday QoL. The present findings may provide guidelines for tailored mental health interventions alleviating depressive symptomatology in STI patients. Provision of targeted-interventions at healthcare and social-environmental levels will contribute to QoL/health improvement in STI patients.

Key words: Quality of life, depression, WHOQOL-HIV BREF, WHOQOL-STI BREF, chronic sexually transmitted infections (STI), HIV/AIDS.

Introduction

Chronic sexually transmitted infections (STI) may have a serious influence on the patients psychological functioning and overall quality of life (QoL). In general, different clinical groups provide evidence that Qol is poorer due to depression or negative feelings associated with patients' health condition.[1–6] Specifically, in all types of STI groups, evidence shows that QoL is significantly lower particularly for those with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), followed by patients with genital warts (GW) or genital herpes (GH).[7–9] These patient groups report QoL limitations similar to those with chronic and difficult-to-treat diseases.[10–12]

Concerning QoL measurement, several instruments may provide reliable assessment of patient differences or treatment outcomes using QoL as an index of therapeutic changes. Most instruments are either generic psychometric tools examining QoL as a multidimensional concept, suitable for healthy and clinical populations; or disease-specific tools measuring QoL in a particular clinical category focusing on specific areas of health and functioning. Regarding HIV, the World Health Organization (WHO) has developed the WHOQOL-Human Immunodeficiency Virus version (WHOQOL-HIV),[13] an instrument combining generic with disease-specific items. Similarly, based on WHOQOL-HIV instrument, the WHOQOL-STI version has been recently developed for patients with chronic viral sexually transmitted infections (STI), such as genital warts (GW) and genital herpes (GH). Both instruments include the generic WHOQOL-BREF items.[14–16] This is an instrument of cross-cultural validity providing multidimensional measurement of QoL in the domains of physical health, psychological health, social relationships and environment, promoting a dynamic interaction of environmental-cultural-social components with personal and subjective dimensions.[17–20]

Epidemiological data presented by the Joint United Nations Program on HIV/AIDS, show a world-wide increase evident in many countries.[21] In UK, according to Health Protection Agency, the proportion of people-living-with HIV/AIDS are estimated recently to be one in 650.[22–24] Additionally, there is an increase in GW cases of at least 1% since 2010–2011.[25] Herpes simplex virus (HSV) is the most common ulcerative STI in the UK, where GH cases have also risen consistently.[25]

In Greece, a dramatic 57% increase was reported by the Hellenic Centre for Disease Control and Prevention in 2010 and 2011.[26–27] Hopefully, HIV cases will show a decrease evident in 2015.[28]

The present study aims: (a) to compare QoL and depressive symptomatology in people-with-different-types of STI medically followed in UK or Greece, (b) to compare QoL and depressive symptoms across HIV and GW/GH groups, and (c) to examine the relationship between QoL, depressive symptomatology and sociodemographic characteristics. While considerable research has been conducted internationally regarding QoL among people-living-with-chronic-viral STI,[29–31] studies investigating QoL across different types of STI groups and between different European healthcare settings are scarse.[32–34]

Material and method

Eighty-six patients diagnosed with different types of STI were recruited in UK (n=43) and Greece (n=43) using a matched-pairs design. These groups were equalized in terms of diagnosis of disease (i.e., HIV/AIDS or GW/GH), gender (male/female) and age. All selected participants were not recent STI cases in order to eliminate announcement of diagnosis effects.

Settings for the collection of data

The procedures followed were in accordance with the Declaration of Helsinki, and written informed consent was obtained from all participants. UK partic-

ipants were recruited from the Royal United Hospital Trust, in Bath, and the Sexual Health Centre in Bristol. Greek participants were recruited from the University General Hospital "Attikon" and the "Andreas Syggros" Hospital of Cutaneous & Venereal Diseases. Ethical approval was obtained from (a) NHS South West Regional Ethics Committee, UK, and (b) Research Committee of the 1st Department of Psychiatry, University of Athens, Greece.

Instruments

1. WHOQOL-HIV BREF

The WHOQOL-HIV-BREF version was developed to assess QoL in people-living-with HIV/AIDS,[13,35–37] presenting sound psychometric properties,[38,39] and used in several countries.[39–42] Items are scored in six QoL domains: (i) physical health, (ii) psychological health, (iii) level of independence, (iv) social relationships, (v) environment, and (vi) spirituality/religion/personal beliefs. The WHOQOL-HIV-BREF comprises 26 core items taken from the generic WHOQOL-BREF and 5 specific HIV/AIDS items inquiring about: (i) symptoms of people-living-with HIV/AIDS, (ii) social inclusion, (iii) death and dying, (iv) fear of the future, and (v) forgiveness. Two of the core items provide assessment of overall quality of life/general health facet. Items are rated on a five-point Likert interval response scale and higher scores denote better QoL. The Greek version of WHOQOL-HIV-BREF consists of 35 items, including four additional items for culture-specific facets added in the WHOQOL-BREF validated version.[43]

2. WHOQOL-STI BREF

The WHOQOL-STI-BREF questionnaire is a new instrument developed by S. Skevington for patients with STI other than HIV/AIDS. It was constructed by adapting the WHOQOL-HIV, so that comparability was possible to be retained. The WHOQOL-STI-BREF examines the same six domains as the WHOQOL-HIV-BREF questionnaire. Both Greek versions of 35 items draw on the validated version of WHOQOL-BREF.[43] Psychometric properties of the Greek WHOQOL-HIV-BREF and WHOQOL-STI-BREF were investigated in a large STI sample, showing satisfactory values. For the present study, internal consistency-reliability was estimated by Cronbach's alpha coefficient and was found acceptable for most domains, ranging from >0.70 to 0.82.

3. Centre for Epidemiological Studies-Depression Scale – CES-D

The CES-D scale is a 20 items widely-used screening tool detecting symptoms of depression,[44] in non-clinical populations, developed by the Centre for Epidemiological Studies (CES), National Institute of Mental Health (USA). Scores of 16 and over indicate the presence of depressive symptoms. The Greek version is reliable and valid in clinical and normal control groups, demonstrating satisfactory psychometric properties.[45–46]

Statistical analysis

Continuous variables are presented with mean and standard deviation (SD). Quantitative variables are presented with absolute and relative frequencies. Student's t-test or nonparametric Mann-Whitney test was used to compare means between groups. Moreover, chi-squared tests were used to identify any relationship between two categorical variables. Differences in QoL domains according to country-healthcare-setting or type of STI were investigated using multiple linear regression analyses. In all QoL models, independent variables included: gender, age, education level, marital status and depression-CES-D total score. Regression coefficients and standard errors along with coefficient of determination (R2) were computed from the results of the linear regression analyses. Possible interactions were tested via the regression models. All reported p values are two-tailed. Statistical significance was set at $p<0.05$ and analyses were conducted using SPSS statistical software (version 19.0).

Results

Eighty-six STI patients participated in a matched-pairs study (43 from the UK and 43 from Greece) equalized in terms of type of STI disease (i.e., HIV/AIDS or GW/GH), gender and age (table 1). In each country-sample, 60.5% were men and 39.5% women, 65.1% with HIV (n=28), and 34.9% with GW/GH (n=15). Their mean age was 38 years, and the two country-samples were found similar (p>0.05) with SDs=11.68 and 11.98, respectively.

Table 1. Socio-demographic characteristics of UK and Greek STI samples (n=86).

	HIV/AIDS (N=28)	GW/GH (N=15)	TOTAL Gr (N=43)	HIV/AIDS (N=28)	GW/GH (N=15)	TOTAL UK (N=43)
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Gender						
Male	21 (75.0)	5 (33.3)	26 (60.5)	21 (75.0)	5 (33.3)	26 (60.5)
Female	7 (25.0)	10 (66.7)	7 (39.5)	7 (25.0)	10 (66.7)	17 (39.5)
Married/living as married	6 (21.4)	4 (26.6)	10 (23.3)	13 (46.4)	3 (20.0)	16 (37.2)
Completed secondary/tertiary education	27 (96.4)	15 (100.0)	42 (97.7)	25 (89.2)	14 (95.3)	39 (90.7)
Age/years M (SD)	41 (11.12)	32 (10.54)	38 (11.68)	41 (11.47)	31 (10.80)	38 (11.98)

Note. UK: United Kingdom; STI: sexually transmitted infection; HIV: human immunodeficiency virus; AIDS: acquired immune deficiency syndrome; GW: genital warts; GH: genital herpes.

According to the median CD 4 count of white blood cell fighting infection, twenty-four patients (85.7%) in UK and twenty seven (96.4%) in Greece were asymptomatic. The median time since first HIV diagnosis-announcement ranged from 5–8 years in HIV and 4–5 years for GW/GH.

Regarding depressive symptoms, scores were high in all STI groups with no significant mean differences between UK and Greek participants or between HIV and GW/GH patient groups (as seen in the CES-D scores). Proportionally, in the UK, 33.3% of the GW/GH participants and 37.0% with HIV reported significant depressive symptomatology and around half (46.7%) of Greek participants with GW/GH and 38.5% with HIV respectively, reported experiencing substantial depressive symptomatology (table 2). Furthermore, in both country-samples, more women reported depressive symptomatology (UK 37.5% women, 34.6% men; Greece 50.0% women, 36.0% men). Also, 35.7% (N=15) of UK participants and 41.5% (N=17) of Greek participants recorded scores >16 on the CES-D, indicating the presence of significant self-assessed depressive symptomatology.

QoI mean comparisons were calculated according to disease type (HIV and GW/GH) and country-healthcare-setting (UK and Greece) (table 2). Lower scores on the environment domain and the overall QoL/general health facet were found for the Greek STI sample particularly for the GW/GH group compared to HIV.

Further analysis investigated differences across the eight (8) items-facets of the environment domain (table 3). Mann Whitney U analysis showed five (5) significant differences between UK and Greek samples with Greek participants reporting lower scores in: physical safety and security, participation in and opportunities for recreation and leisure, home environment, accessibility and quality in health and social care, and in transport. Furthermore, compared to HIV, the GW/GH group reported lower values in three (3) facets: financial resources, home environment and accessibility and quality in health and social care.

Multiple regression analysis was performed using the WHOQOL domains as dependent variables (tables 4 and 5). The results showed that the type of STI and country-healthcare-setting were both associated with the environment domain. Specifically, lower scores were found for the Greek sample compared with the UK, while higher scores were found for patients with HIV compared with GW/GH. No significant interaction of country-healthcare-setting with type of STI was found, indicating that the effect of type of STI was similar in both country-samples.

Additionally, linear regression indicated a significant effect of depression on all WHOQOL domains. Higher scores on level of independence and social relationships domains were associated with subjects

Table 2. CES-D depressive symptoms and WHOQOL–HIV/STI BREF QoL domains: Mean score differences between UK and Greek samples and between STI types.

	Gr	UK	HIV	GW/GH		
	M (SD)	M (SD)	p	M (SD)	M (SD)	p
CES-D Depression scale	15.0 (35.7)	24.0 (58.5)	0.591**	33.0 (62.3)	18.0 (60.0)	0.839**
WHOQOL Domains						
Physical health	74.6 (16.6)	72.3 (14.8)	0.511*	75.4 (16.4)	69.9 (13.8)	0.123*
Psychological health	66.3 (17.6)	61.9 (16.5)	0.233*	65.5 (18.6)	61.3 (13.8)	0.280*
Level of independence	78.3 (16.3)	76.4 (13.7)	0.551*	77.0 (16.8)	78.0 (11.1)	0.763*
Social relationships	68.9 (22.8)	66.4 (13.1)	0.531*	68.4 (19.2)	66.2 (17.4)	0.597*
Environment	71.5 (14.9)	58.6 (13.5)	<0.001*	68.0 (14.9)	59.7 (15.6)	0.018*
Spirituality/religion/personal beliefs	66.3 (22.2)	58.9 (22.1)	0.127*	61.9 (21.1)	63.8 (24.8)	0.711*
Overall QoL/general health	15.8 (2.8)	15.4 (2.7)	0.529*	16.1 (2.7)	14.7 (2.5)	0.015*

Note: *Student's t-test; **Pearson's x^2 test.

UK: United Kingdom; STI: sexually transmitted infection; HIV: human immunodeficiency virus; AIDS: acquired immune deficiency syndrome; GW: genital warts; GH: genital herpes; CES-D: Centre for Epidemiological Studies-Depression scale; WHOQOL:WHO Quality of life scale

Table 3. Environment Domain facets of WHOQOL-HIV/STI BREF: Mean scale score differences for STI types and for UK and Greek samples.

WHOQOL Environment Domain	HIV	GW/GH		UK	Greece	
	M (SD)	M (SD)	p*	M (SD)	M (SD)	p*
Physical safety and security	3.6 (0.8)	3.4 (0.8)	0.232	3.8 (0.8)	3.4 (0.8)	0.011
Physical environment	4.1 (0.8)	4.1 (0.7)	0.801	4.2 (0.9)	4.0 (0.7)	0.127
Financial resources	3.3 (1.0)	2.9 (0.8)	0.039	3.3 (1.0)	3.0 (0.9)	0.067
Opportunities for acquiring new information and skills	4.0 (0.7)	3.7 (0.7)	0.064	4.0 (0.7)	3.8 (0.8)	0.102
Participation in and opportunities for recreation and leisure	3.5 (0.9)	3.4 (1.0)	0.727	3.7 (1.0)	3.2 (0.7)	0.014
Home environment	4.0 (0.9)	3.4 (1.1)	0.032	4.0 (0.9)	3.5 (1.1)	0.014
Health and social care: accessibility and quality	3.9 (1.0)	3.2 (1.2)	0.008	4.3 (0.8)	3.0 (1.1)	<0.001
Transport	3.6 (0.9)	3.3 (1.1)	0.373	3.9 (0.9)	3.1 (0.9)	<0.001

Note: *Mann-Whitney test

with higher educational level. Furthermore, higher scores on social relationships were associated with those being married or living with partners, while lower scores on overall QoL/general health facet were related to women rather than men. The amount of variance explained from all models concerning WHOQOL domains, according to adjusted R^2, ranged from 0.25 to 0.61, while CES-D total score had the greatest effect according to standardized coefficients for all WHOQOL domains.

Table 4. Effects of sociodemographic variables and depressive symptomatology on QoL domains: Multiple linear regression models/regression coefficients ± standard error.

	WHOQOL–HIV/STI BREF DOMAINS			
	Physical Health	**Psychological Health**	**Level of Independence**	**Social Relationships**
	β±SE	**β±SE**	**β±SE**	**β±SE**
Country (Greece vs UK)	–0.88±2.79	–2.63±2.43	–1.97±2.96	–0.48±3.36
Type of STI (HIV/AIDS vs GW/GH)	0.03±3.24	–0.42±2.82	–2.45±3.43	0.55±3.91
Gender (women vs men)	–1.55±3.5	–4.7±3.05	0.74±3.71	2.83±4.22
Age (years)	0.27±0.16	–0.02±0.12	0.01±0.15	–0.03±0.17
Education (tertiary vs secondary/primary)	0.89±3.01	2.52±2.62	5.82±3.19*	7.4±3.63*
Marital status (Married/living as married vs other)	3.23±3.05	3.45±2.66	1.58±3.24	14.02±3.68***
CES-D total score	–0.81±0.12***	–1.12±0.11***	–0.7±0.13***	–0.86±0.15***
Adjusted R2	0.40	0.61	0.25	0.37

*p<0.05; **p<0.01; ***p<0.001

Table 5. Effects of sociodemographic variables and depressive symptomatology on QoL domains: Multiple linear regression models/regression coefficients ± standard error.

	WHOQOL-HIV/ STI BREF DOMAINS		
	Environment	**Spirituality/religion/ personal beliefs**	**Overall QoL/general health'**
	β±SE	**β±SE**	**β±SE**
Country (UK vs Greece)	–12.77±2.59***	–6.38±4.29	–0.12±0.5
Type of STI (HIV/AIDS vs. GW/GH)	5.21±2.61*	–5.84±5.01	0.7±0.58
Gender (women vs. men)	0.26±3.25	3.7±5.45	–1.4±0.62**
Age (years)	0.16±0.13	0.32±0.21	–0.01±0.03
Education (tertiary vs. secondary/ primary)	3.93±2.79	6.98±4.62	0.5±0.54
Marital status (Married/living as married vs other)	3.51±2.84	1.25±4.73	0.53±0.55
CES-D total score	–0.63±0.11***	–1.08±0.19***	–0.12±0.02***
Adjusted R2	0.47	0.30	0.34

*p<0.05; **p<0.01; ***p<0.001

Discussion

The present study aimed to investigate differences of QoL and depressive symptomatology between patients with HIV/AIDS and those with GW/GH, and across those followed medically in different country-healthcare-settings in UK and Greece. Comparisons regarding QoL and self-assessed depressive symptoms in country-samples were performed, using a

matched–pairs design equalizing for type of STI illness, sex and age.

The results provide important evidence for the presence of depressive symptomatology in these STI groups. As measured by the CES-D, both country-samples of HIV/AIDS and GW/GH subgroups of participants reported quite similar rates with 41.5% of Greek STI patients exceeding the criterion for depression (>16), and followed by a 35.7% by UK patients, rate that is much higher than in the general population.[7] Research findings suggest that there may be co-morbidity between chronic viral STI and depression.[7] Some researchers argue that people with self-reported depression could be more likely to have unprotected sex, with multiple partners, risking to contract a disease of STI type.[47–48] Such findings seem to argue for the co-presence of depression with other psychopathological manifestations, such as self-harming behaviors and self-defeating acting out instances, which may be a cover up of depressive symptomatology. It is important to investigate such issues since few detailed studies are conducted investigating cross-national comparisons of QoL in different types of STI groups.[32–34, 49]

Regarding QoL, the results of the present study provide a significantly specific difference between the two country-samples of STI patients raising the issue of patients' unmet needs in environmental-social and healthcare facilities. Specifically, the total of Greek STI participants reported lower QoL in five areas of the WHOQOL environment domain: (i) physical safety and security, (ii) participation in and opportunities for recreation/leisure activities, (iii) home environment, (iv) accessibility and quality in health and social care, and (v) transport. Low ratings in the above 5 facets may reflect patients' unmet needs about important aspects of their environment affecting everyday life, due to deficits in healthcare services, transport facilities, but also poor home conditions, and low safety in their neighborhood or lack of recreational resources. QoL deficits in the environment domain may relate to different factors including current limitations of economic resources in Greece.

Besides these differences in the environment domain, other WHOQOL domains presented minimum score variation between the two STI country-samples; this finding is in similar direction with other cross-cultural/national studies, as for example in reference to treatment impact with less variation found across different countries and with homogeneity within countries.[49]

It is important to take into consideration that QoL in participants with GW/GH seems to be equally or even more "vulnerable" than in HIV. GW/GH patients may be less clinically discussed and it is possible that their unmet Qol/health needs may not be directly recognized as in HIV patients who may receive more public and medical attention. In reference to sociodemographic characteristics, there is evidence that family status and gender need to be taken into consideration, since poorer Qol is reported by women participants and by people living without a partner, in the domains of level of independence and social relationships. Also, patients' higher educational level was found to exert a favorable effect in these domains.

In terms of QoL and depression, the findings provide evidence of depression being significantly associated with all WHOQOL domains in the total STI sample from UK and Greece. Such evidence is consistent with other studies, which indicate that depression may be associated with diminished health-related quality-of-life and health status.[50] Also, according to meta-analysis findings on the relationship between HIV infection and risk for depressive symptomatology, depression is one of the most prevalent problems among individuals living with HIV/AIDS, being significantly higher compared to healthy groups.[7]

Additionally, in a recent study, mood and emotion dysregulation in HIV patients may interact with HIV symptom severity to negatively impact certain aspects of QOL.[51] Given the profound impact that HIV or other STI types have on patients' QOL, our findings strengthen understanding interactions among different psychological and social-environmental variables and may contribute to the development of healthcare policies and client-centered interventions addressing mood problems and quality of life deficits in individuals with chronic viral STI.

Limitations of the study

QoL differences between HIV and GW/GH groups of participants were identified but were rather limited and possibly attributed to restricted sample sizes. However, implementing a matched-pairs design is strengthening the validity of findings regarding cross patient-groups and cross healthcare-setting comparisons. It would be valuable to replicate the study

recruiting larger STI samples extending investigation of QoL STI type, symptomatology and clinical setting.

The present results refer to groups of patients with HIV that were largely asymptomatic, and so the potential positive effect on patients' QoL needs to be acknowledged. Furthermore, the results refer to a population which is predominantly male in both countries. This may be due to recruitment availability, as for example women with GW/GH in Greece are more likely to visit a private gynecologist rather than a public hospital. Finally, the study participants were selected from hospitals in urban areas, not representing population from other regions.

Conclusion

A significant finding of the present study refers to the depressive symptomatology affecting QoL in both STI country-samples. Furthermore, the discriminant validity of WHOQOL-HIV/STI BREF environment domain was found strong in differentiating the two country-samples, with the Greek STI sample reporting poorer environment QoL. Also, STI groups with GW/GH patients seem to suffer lower QoL reporting unmet needs in several environmental dimensions, including healthcare services that need to be placed under healthcare policy consideration.

In view of these findings, long-term monitoring of depressive symptoms in chronic STI could be used to support medically and psychologically these patients. Social-environmental support and mental health services for individuals with STI and their families need to be considered along with specialized interventions anchored in the present STI healthcare services. On these premises, it is crucial to increase policy awareness at social and administrative levels.

Ποιότητα ζωής και κατάθλιψη σε χρόνια σεξουαλικώς μεταδιδόμενα νοσήματα στην Ελλάδα και στη Μ. Βρετανία: Εκτίμηση με το WHOQOL-HIV/STI BREF

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Η παρούσα διαπολιτισμική μελέτη μεταξύ Ελλάδας και Ηνωμένου Βασιλείου της Μ. Βρετανίας αποσκοπεί στη διερεύνηση της εκτίμησης της ποιότητας ζωής και καταθλιπτικών συμπτωμάτων σε άτομα με σεξουαλικώς μεταδιδόμενα νοσήματα (STI), και συγκεκριμένα στη σύγκριση μεταξύ ατόμων που έχουν διαγνωστεί με τον ιό της ανθρώπινης ανοσοανεπάρκειας, δηλαδή το σύνδρομο της επίκτητης ανοσολογικής ανεπάρκειας (HIV/AIDS) και εκείνων με κονδυλώματα (GW) ή με έρπητα (GH) των γεννητικών οργάνων. Πραγματοποιήθηκαν διαπολιτισμικές συγκρίσεις κατά ζεύγη και χρησιμοποιήθηκαν δύο εξομοιωμένα δείγματα ασθενών από την Ελλάδα (n=43) και το Ηνωμένο Βασίλειο (n=43). Ως προς την εκτίμηση της ποιότητας ζωής χρησιμοποιήθηκαν: (α) WHOQOL-HIV BREF για ασθενείς με HIV/AIDS, και (β) WHOQOL-STI BREF, ένα νέο ερωτηματολόγιο

προσαρμοσμένο ειδικά για ασθενείς με κονδυλώματα ή έρπητα των γεννητικών οργάνων. Η καταθλιπτική συμπτωματολογία εκτιμήθηκε με την Κλίμακα του Κέντρου Επιδημιολογικών Ερευνών για την Κατάθλιψη (CES-D). Τα αποτελέσματα της μελέτης καταδεικνύουν ότι και στις δύο χώρες, ένα υψηλό ποσοστό των συμμετεχόντων ανέφεραν συμπτώματα κατάθλιψης: 41,5% από το δείγμα στην Ελλάδα και 35,7% από το Ηνωμένο Βασίλειο. Επίσης, οι συμμετέχοντες από την Ελλάδα ανέφεραν σημαντικά χαμηλότερα επίπεδα ποιότητας ζωής στη θεματική ενότητα του περιβάλλοντος, ιδιαίτερα οι ασθενείς με κονδυλώματα ή έρπητα των γεννητικών οργάνων. Συγκεκριμένα, στο ελληνικό δείγμα ασθενών, χαμηλότερες τιμές παρουσιάζονται σε πέντε υποενότητες του περιβάλλοντος των ερωτηματολογίων WHOQOL–HIV/STI BREF και αναφέρονται στα εξής θέματα: (α) ασφάλεια από εξωτερικούς κινδύνους και αίσθημα ασφάλειας, (β) δυνατότητες και συμμετοχή σε ψυχαγωγικές δραστηριότητες και ελεύθερος χρόνος, (γ) περιβάλλον κατοικίας, (δ) διαθεσιμότητα και ποιότητα υπηρεσιών υγείας και κοινωνικής πρόνοιας, και (ε) μέσα μεταφοράς. Χαμηλές βαθμολογίες στις συγκεκριμένες παραμέτρους φαίνεται να σηματοδοτούν μη καλυπτόμενες ανάγκες του ελληνικού δείγματος ασθενών όσον αφορά στις υπηρεσίες υγείας και κοινωνικής πρόνοιας, καθώς και την έλλειψη σημαντικών πόρων που σχετίζονται με σημαντικές πτυχές του περιβάλλοντος και επηρεάζουν αρνητικά την καθημερινή ζωή τους. Επίσης, η κατάθλιψη σχετίζεται αρνητικά με όλους τους τομείς της ποιότητας ζωής των WHOQOL–HIV/ STI BREF ερωτηματολογίων. Τα ευρήματα της μελέτης είναι ιδιαίτερα χρήσιμα και μπορεί να αξιοποιηθούν από τις υπηρεσίες υγείας στο πλαίσιο αντιμετώπισης καταθλιπτικών συμπτωμάτων και ελλειμμάτων στην ποιότητα ζωής ασθενών με σεξουαλικώς μεταδιδόμενα νοσήματα. Φαίνεται ότι είναι απαραίτητο ένα ολιστικής θεώρησης σύστημα υγείας με θεραπευτικές παρεμβάσεις ειδικά σχεδιασμένες για τη βελτίωση της ποιότητας ζωής και της σωματικής και ψυχικής υγείας του εν λόγω πληθυσμού.

Λέξεις ευρετηρίου: Ποιότητα ζωής, κατάθλιψη, WHOQOL-HIV BREF, WHOQOL-STI BREF, χρόνια σεξουαλικώς μεταδιδόμενα νοσήματα.

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