

# *The Impact of Stressful Life Events, Symptom Status, and Adherence Concerns on Quality of Life in People Living With HIV*

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*Studies concerning persons living with HIV (PLWH) report that stressful life events (SLEs) contribute to an exacerbation of symptoms and reduced antiretroviral (ARV) adherence and quality of life (QOL). Little is known about whether these*

*findings are site-specific. Our study's aims were to characterize the type and frequency of SLEs for PLWH in Puerto Rico, South Africa, and the United States, and to assess the impact of SLEs by national site, symptoms, and ARV adherence concerns on*

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*QOL.* The sample consisted of 704 participants. The total number of SLEs correlated significantly with the total number of symptoms, adherence concerns, and QOL ( $p \leq .001$ ). Overall, 27.2% of the variance in QOL was explained by the aforementioned variables. Although SLEs were of concern to PLWH, worries about ARV adherence were of even greater concern. Routine assessment of ARV concerns and SLEs can promote ongoing ARV adherence and improved QOL.

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Living with HIV infection encompasses a number of infection-related challenges. Such challenges include acute infection, decline of immune function, lifelong adherence to antiretroviral therapy (ART), the potential for developing opportunistic infections, and death. We will not describe these challenges further as they have been extensively covered elsewhere (Hester, 2012; Kumari & Singh, 2012; Sax, Cohen, & Kuritzkes, 2011). Increasing interest, however, has focused on life challenges that are not associated with HIV disease itself but can have a powerful impact on the course of the disease. The list of circumstantial challenges is extensive and includes loss of employment; financial worries; arrest and imprisonment; being the victim of physical or sexual violence; stigma due to race, disability, or sexual orientation; or the loss of a significant loved one by death or divorce, to name a few (Pence et al., 2012; Whetten, Reif, Whetten, & Murphy-McMillan, 2008). All of these issues have been found to be stressful life events (SLEs) that can contribute to a variety of negative health consequences. Reda and Biadgilign (2012) have identified categories of factors in persons living with HIV (PLWH) that affect antiretroviral (ARV) adherence, including patient and family/caregiver-related issues, medication-related factors, health care delivery system-related factors, and social–environmental factors. Other challenges for PLWH include the development or exacerbation of physical and psychological symptoms and/or a reduction in the ability to maintain

ARV adherence and quality of life (QOL; Holzemer & Uys, 2004; Sayles, Wong, Kinsler, Martins, & Cunningham, 2009).

The definition of psychological stress by Cohen, Janicki-Deverts, and Miller (2007) highlighted the relationship between the stressor and the individual's adaptive capacity. They stated, "Psychological stress occurs when an individual perceives the environmental demands tax or exceed his or her adaptive capacity" (p. 1685). Such demands may be associated with positive or negative events, including marriage and engagement as well as major motor vehicle accidents, illness, and death. Tosevski and Milovancevic (2006) highlighted the negative impact of SLEs on physical health in a review article. Such events were found to be related to immune dysregulation and predicted progression to AIDS (Glaser, 2005). In addition, Leserman and colleagues (2007) found that stressful events resulted in a higher rate of HIV-related deaths. Both the type and number of SLEs have an impact on psychological and physical functioning (Leserman et al., 2002). Elliott-DeSorbo, Martin, and Wolters (2009) found that financially related SLEs had a significant impact on reducing CD4+ T cell count ( $p \leq .05$ ) and the likelihood of more frequent hospitalization in children and adolescents who were infected with HIV ( $p \leq .01$ ). Finances, a social and environmental factor, were also noted by Leserman (2008) in a discussion of SLEs and HIV disease progression. Higher SLE scores predicted faster progression to AIDS and, in a more recent study, contributed to risky sexual behaviors (Pence et al., 2010). We know little about whether recent SLEs (occurring in the past month) have a similar impact on physical and psychological symptoms (number and types of symptoms across different countries) and how SLEs affect concerns about ART adherence and QOL.

Therefore, the aims of our study were as follows:

- Aim 1: To characterize the type and calculate the frequency of SLEs experienced by men and women living with HIV in a convenience sample from the United States, Puerto Rico, and South Africa.
- Aim 2: To compare the impact of SLEs by national site, symptoms (number and type of symptoms), and ART adherence concerns on QOL.

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