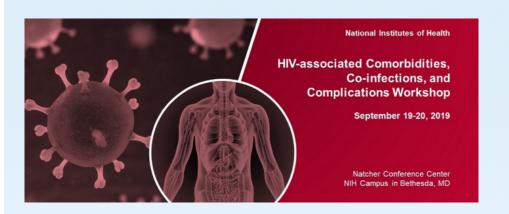
In Memory of Kevin Robertson, PhD









Epidemiologic/Population Research Group:

What patient salient outcomes are most useful to gauge health related quality of life & prognosis?

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Patient Salient Outcomes

- Reflect quantity and/or quality of life
- Commonly measured:
 - Mortality, hospitalization
 - HIV disease progression
 - -Comorbid disease incidence, progression
- Less commonly measured, often patient reported:
 - -Symptoms: pain, fatigue, sadness, nausea, diarrhea, etc.
 - Function: hearing, vision, mobility, cognition*, mental health*

^{*}covered under Topic #2

Measurement Tools

- Prognostic indexes predict mortality, may predict hospitalization, falls, etc.,
 e.g. Veterans Aging Cohort Study Index
- Disease incidence/progression, e.g. Framingham Risk Index or FRAX
- Symptom Indexes determine burden of bothersome symptoms,
 e.g. HIV Symptom Index
- Health Related Quality of Life, e.g. SF-12
- Frailty, e.g. Frailty Phenotype or Rockwood Score
- Function, e.g. timed walk, cognitive batteries, etc.

Three Major Measurement Issues

- Want to compare aging with and without HIV
 - Metrics need to be equally valid in both groups
- Validity may differ among important subgroups
 - -Gender, race, age, and resource rich vs limited settings
- If using them as outcomes in research or care
 - Responsiveness to interventions is imperative

Key Research Questions: Prognostic Indexes

- What are the most accurate and generalizable risk indices for mortality, hospitalization, and common comorbid diseases for those aging with HIV infection:
 - Do they demonstrate similar accuracy among subgroups?
 - Are they sufficiently responsive?

Key Research Questions:Patient Reported Outcomes

- What are the most valid & reproducible measures to study aging with HIV?
 - Do they demonstrate similar validity among subgroups?
 - Are they sufficiently responsive?

Key Research Questions: Cross Cutting Issues

- Is frailty a useful independent concept in the study of aging with HIV? Do appropriate measures of frailty differ from those aging without HIV?
- How can useful indices of prognosis, quality of life, and frailty be integrated into routine clinical care and research?