

# Correlation of General Health Questionnaire (GHQ-12) Values with Quality of Life (QOL) of Subjects Living with HIV in University of Port Harcourt Teaching Hospital

Type of Article: Abstract

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## BACKGROUND

HIV, a communicable disease, with an epidemic dimension is associated with psychiatric manifestations and comorbidity which further affect the quality of life of the sufferers.

## AIM

The aim of this study, therefore, was to determine the relationship between GHQ-12 scores and quality of life in PLWHIV.

## METHODOLOGY

Following ethical approval from the appropriate committee of the hospital and informed consent from the participants, 230 subjects as the study group (PLWHIV), were recruited based on the study's inclusion and exclusion criteria. This was after a pilot study. Subjects were further administered with the study's instruments including the socio-demographic questionnaire; GHQ-12, the brief version of the WHO Quality of Life instrument (WHOQOL-Bref) and WHO Composite International Diagnostic Interview (WHO CIDI). The socio-demographic questionnaire, GHQ-12 and WHOQOL-Bref were self-administered while the WHO CIDI was based on interview by the researcher. The data were analyzed using the SPSS version 16 statistical package. Confidence interval was set at 95% while P- value of less than 0.05 was considered statistically significant.

## RESULTS

The study found a prevalence of psychiatric comorbidity of 17.3% among PLWHIV. Depressive illness had the highest prevalence of 47(29.4%). For the PLWHIV domain scores quality of life were as follows; 60.71±15.57,

62.34±26.32, 61.57±25.04, 55.15±14.00 and 65.81±21.84 for physical, psychological, social relationship, environment domains and general health facet respectively. Furthermore, GHQ-12 values were significantly inversely correlated with quality of life on all domains except general facet; physical ( $p<0.001$ ), psychological ( $p=0.006$ ), social relationship ( $p=0.04$ ), environment ( $p<0.001$ ). Among the subjects, the only significant relationship between QOL and psychosocial factors were that (i) those who indicated no feelings of stigma had significantly higher quality of life than those who admitted having stigma in the physical domain ( $p=0.017$ ); (ii) those who were widowed had significantly lower quality of life than all the other marital groups in the social domain ( $p=0.002$ ).

## CONCLUSION

The findings in this study indicate that HIV infection is a chronic debilitating illness associated with psychiatric co-morbidity. Furthermore, GHQ-12 values were significantly inversely correlated with quality of life in the medical condition and being divorced was associated with lower quality of life in some domains. The results indicate that the management of HIV should include attention to their mental health status and subjective quality of life of these patients in order to enhance the quality of care.

**Keywords:** Correlation, GHQ-12 Scores, QOL, PLWHIV, UPTH

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