

Pain, walking, and mobility play essential roles for activities of HIV/HCV-infected people with hemophilia in Japan

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OBJECTIVES

Background: People with hemophilia in Japan are suffered from complicated physical dysfunction due to hemophilia and HIV/HCV. Based on our enormous studies and supports for them since 1997, we have already reported 3 posters in 2012 WFH congress in Paris and 2014 in Melbourne.

Aim: Evaluate life functional difficulties including ICF-based activity function among HIV/HCV-infected people with hemophilia.

METHODS

We used WHO international classification of functioning, disability and health, ICF core sets (7 items) developed for them to clarify their difficulties.

Our selected sets consisted of the followings: 1) Energy and drive functions, 2) Emotional functions, 3) Carrying out daily routine, 4) Remunerative employment, 5) Walking, 6) Moving around, 7) Sensation of pain . Each item was graded from according to five-point scale: 0 = minimal damage, 1 = mild damage, 2 = moderate damage; 3 = severe damage; and 4 = maximal damage.

We used analysis of covariance and quantified liver function to obtain disease-specific factor such as HIV viral load, and adherence to highly active antiretroviral therapy (HAART) in comparison with age groups based on ICF-coded guideline. These processes were implemented by semi-structured interviews with them (n=93, average age 44.9, age: 30 to 64, S.D=9.1).

RESULTS

An analysis of covariance showed a dual-factor model that was reflected by participation and activity. Participation and activity is constructive concepts of ICF (AGFI=0.930, GFI=0.975, RMSEA<0.001).

Factor I includes

- 1) Energy and drive functions, 2) Emotional functions, 3) Carrying out daily routine, 4) Remunerative employment

Factor II includes

- 5) Walking, 6) Moving around, 7) Sensation of pain

Important activity factors are walking, moving around , and Sensation of pain among our selected 7 factors, suggesting that over 40's people life progressively have difficulties as visualized J-shaped curve by age group. Interestingly, liver function and kidney function is in a similar manner.

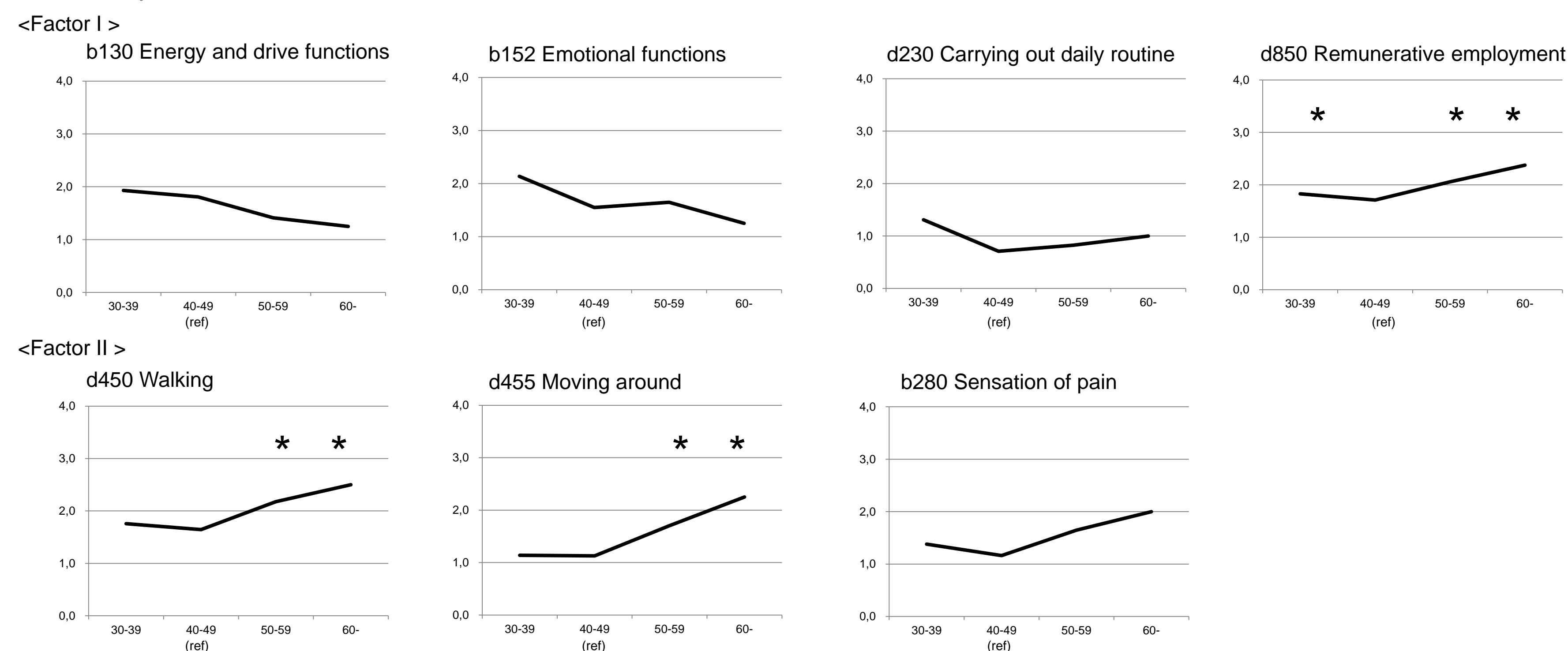
GRAPHS AND TABLES

table.1: ICF score (generic set : 7items) hemophiliacs with HIV in JAPAN

	age	N	%	mean	SD	p ¹⁾
b130 Energy and drive functions	total	85	(100.0%)	1.72	1.45	
	30-39	29	(34.1%)	1.93	1.56	
	40-49	31	(36.5%)	1.81	1.30	(ref)
	50-59	17	(20.0%)	1.41	1.27	
60-	8	(9.4%)	2.25	1.62	*	
b152 Emotional functions	total	85	(100.0%)	1.74	1.41	
	30-39	29	(34.1%)	2.14	1.51	
	40-49	31	(36.5%)	1.55	1.12	(ref)
	50-59	17	(20.0%)	1.65	1.46	
60-	8	(9.4%)	1.25	1.83	*	
d230 Carrying out daily routine	total	85	(100.0%)	0.96	1.42	
	30-39	29	(34.1%)	1.31	1.63	
	40-49	31	(36.5%)	0.71	1.10	(ref)
	50-59	17	(20.0%)	0.82	1.42	
60-	8	(9.4%)	1.00	1.85	*	
d850 Remunerative employment	total	85	(100.0%)	1.41	1.77	
	30-39	29	(34.1%)	1.38	1.86	
	40-49	31	(36.5%)	1.16	1.70	(ref)
	50-59	17	(20.0%)	1.65	1.77	
60-	8	(9.4%)	2.90	1.85	*	
b280 Sensation of pain	total	85	(100.0%)	1.87	0.75	
	30-39	29	(34.1%)	1.76	0.74	
	40-49	31	(36.5%)	1.65	0.61	(ref)
	50-59	17	(20.0%)	2.18	0.73	*
60-	8	(9.4%)	2.50	0.93	*	
d450 Walking	total	85	(100.0%)	1.26	0.92	
	30-39	29	(34.1%)	1.14	0.88	
	40-49	31	(36.5%)	1.13	0.62	(ref)
	50-59	17	(20.0%)	1.71	1.05	*
60-	8	(9.4%)	2.25	1.16	*	
d455 Moving around	total	85	(100.0%)	1.85	0.71	
	30-39	29	(34.1%)	1.63	0.66	
	40-49	31	(36.5%)	1.71	0.78	(ref)
	50-59	17	(20.0%)	2.06	0.66	*
60-	8	(9.4%)	2.38	0.92	*	

1) One-way analysis of variance (one-way ANOVA), Tukey B, * p<0.05

fig1: ICF age-specific trends (generic set : 7items) hemophiliacs with HIV in JAPAN



CONCLUSIONS

Liver and kidney function of over 40's become progressively deteriorated with aging. Pain, walking, and mobility are highly likely to correlate with controlling AIDS.

We suggest these follows: 1) designing the concrete preventive system in cooperation with hospital, 2) developing support needs with non-governmental health care services, and 3) strengthening rehabilitation to improve physical function.

Based on our studies, we plan to conduct strengthening muscle and an appropriate rehabilitation approach for five people selected by ages (30 to 64) from starting on April 2015.

What is Social Welfare Corporation HABATAKI Welfare project?

What is Habataki?

The Philosophy of Habataki Fukushima Jigyoudan (Social Welfare Corporation, Habataki Welfare Project). When the patients get a positive frame of mind, medical system will certainly change the attitude.

*Increase awareness of the power of living.

*Achieve the idea of medical and welfare

When the patients get a positive frame of mind, medical system will certainly change the attitude.

We aim at creating a society where we protect our life and well-beings with care. We think it is important to recognize and esteem the presence of individual.

The starting line of our activities came from the following idea.

*Realize a society where people cherish all their lives.

*Patients pursue for independent living with self-determination and self-respect.

On the background of lessons learned from the HIV-tainted blood scandal, we would like to create a warm society where all HIV patients achieve easily access to treatment for HIV and AIDS without any concern for prejudice/discrimination, regardless of any type of infection route. We have been continuously engaged towards achieving it since establishment in 1997.

While ensuring high quality and adequate medical care and welfare, it is important for persons with diseases and disabilities to live in comfort. We help them to actively participate in society for themselves and make efforts to create a society which become more accepting them with strong comprehension.

We contribute public welfare with sharing our accomplishments in every corner of our society.

In addition, our activities work in partnership with volunteer, company, NPO (Nonprofit organization), healthcare provider, and governmental agency.

Habataki will continuously and permanently engage with these works.

Please keep up all the support.

