

## PEARLS Practical Evidence About Real Life Situations

### Home-based care has benefits for those with HIV/AIDS

Clinical question	What are the effects of home-based care on morbidity and mortality in those with HIV/AIDS?
Bottom line	Intensive home-based nursing significantly improved self-reported knowledge of HIV and medications, self-reported adherence and difference in pharmacy drug refill. It also significantly impacted on HIV stigma, worry and physical functioning but not depressive symptoms, mood, general health or overall functioning. One study, comparing the proportion of participants with greater than 90% adherence, found statistically significant differences over time but no significant change in CD4 counts and viral loads. Comprehensive case management by transprofessional teams and that provided by primary care nurses had the same impact in the short term (six months). Two trials comparing computers with brochures/nothing/standard medical care found no significant effect on health status, and decision-making confidence and skill, but a reduction in social isolation after controlling for depression. Two trials evaluating home exercise programmes found opposing results. Home-based safe water systems reduced diarrhoea frequency and severity among persons with HIV in Africa.
Caveat	Studies were generally small (31Đ549 participants), and very few studies were done in developing countries. There was a lack of studies looking at the effect of homebased care itself or looking at significant end points (death and progression to AIDS).
PRIM C	Along with tuberculosis and malaria, HIV/AIDS is the major cause of illness and death in low and middle-income countries where health services already struggle with limited resources (staff, drugs, equipment, etc) and poor infrastructure.¹ Thirty three million people are living with HIV and, in 2007, an estimated 2.5 million people became newly infected with HIV/AIDS and 2.1 million people died.² Home-based care is used in many countries to promote quality of life and limit hospital care, especially where public health services are overburdened.
Cochrane Systematic	Young T and Busgeeth K. Home-based care for reducing morbidity and mortality in people infected with HIV/AIDS.

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are funded by the New Zealand Guidelines Group.

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.

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## **PEARLS**

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Review Cochrane Reviews 2010, Issue 1. Article No. CD005417.

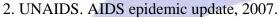
DOI: 10.1002/14651858. CD005417.pub2. This review contains 13 studies (total number of participants is not

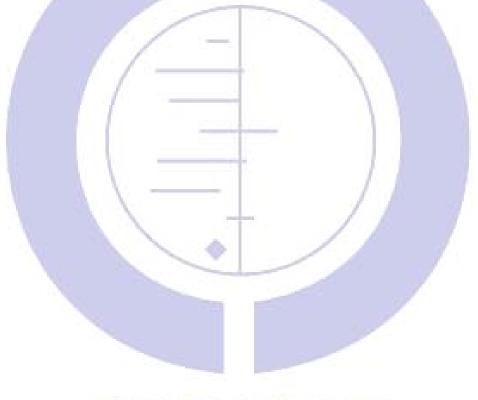
stated).

Pearls No. 250

#### [References]

1. UNAIDS. Report on the Global AIDS epidemic, 2004.





# COCHRANE PRIMARY HEALTH CARE FIELD

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