

PSYCHOLOGICAL BURDEN AND THE IMPACT ON ENGAGEMENT WITH CARE AMONG ETHNICALLY DIVERSE OLDER WOMEN WITH HIV

4th April 2019

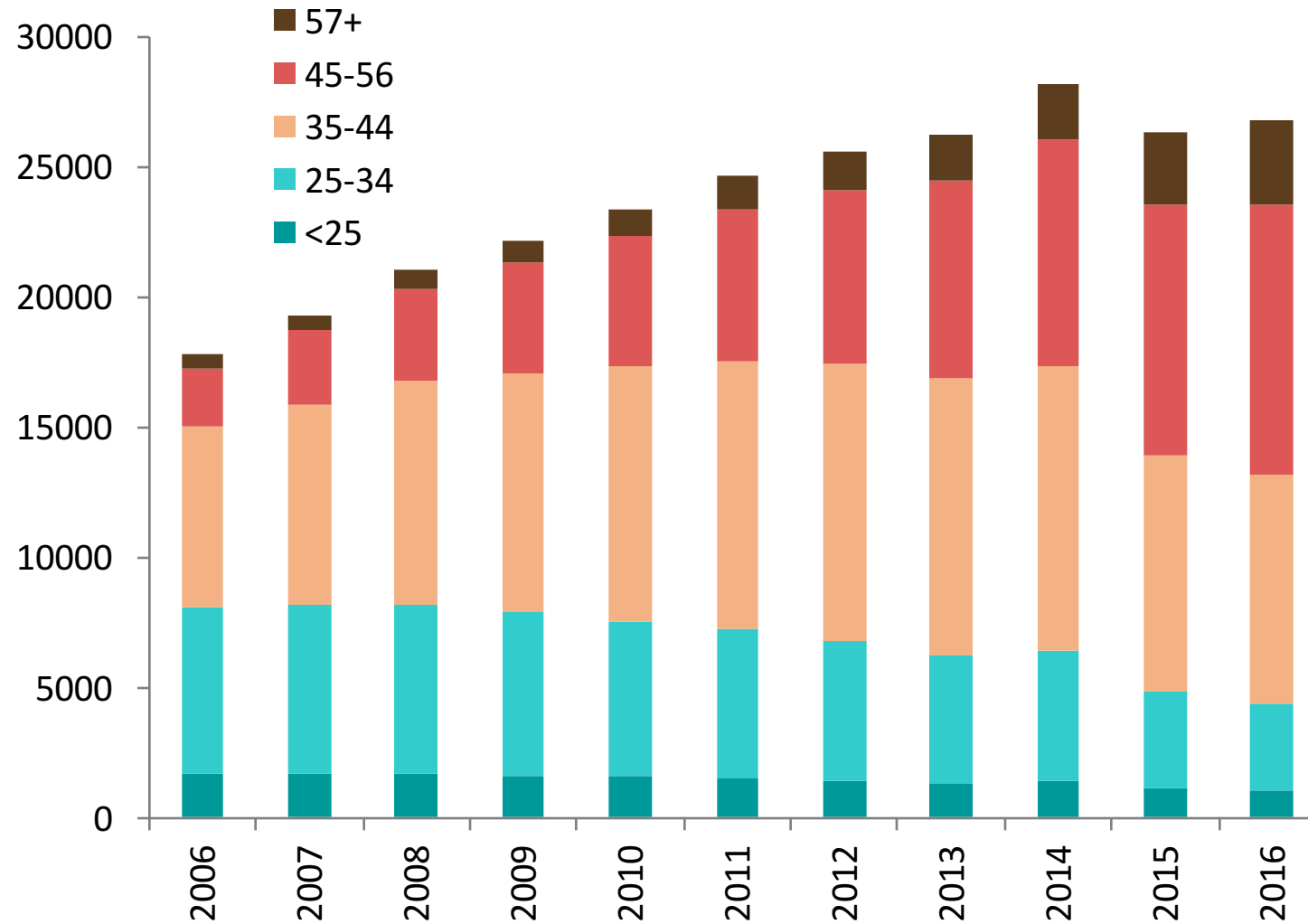
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PRIME

Number of women accessing HIV care by age group, 2006-2016



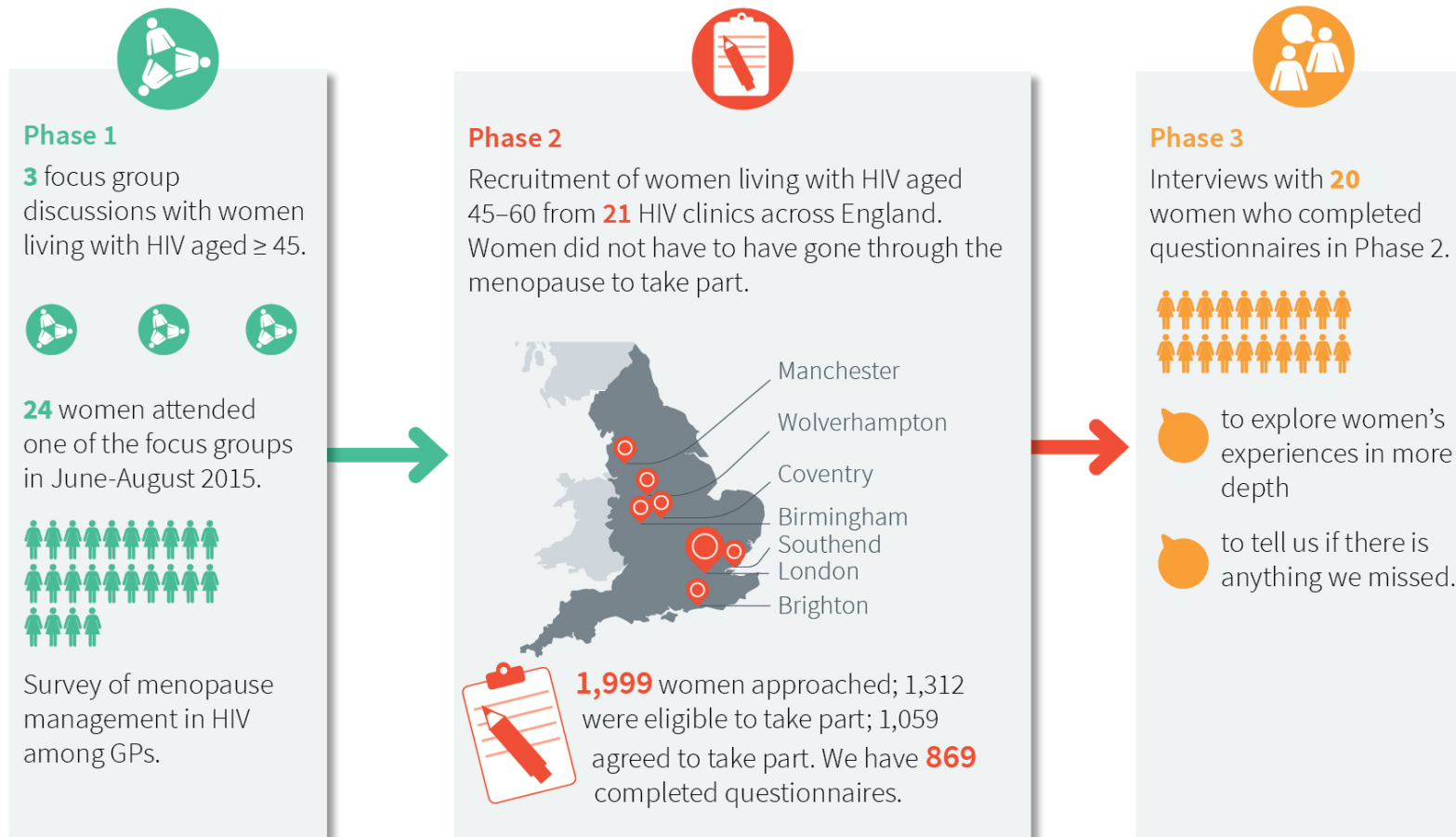
- Female gender linked to poorer health-related quality of life in older people¹
- Lower socioeconomic status linked to poorer health outcomes in older women²
- Black, Asian and Minority Ethnic (BAME) status linked to poorer mental health-related quality of life in older women³

- Women living with HIV more likely to experience depressive symptoms than men living with HIV¹
- Depressive symptoms linked to poorer HIV-related outcomes among women²
- 45% of women living with HIV in the UK live below the poverty line³
- Lower socioeconomic status associated with poorer HIV-related outcomes⁴

Among older women living with HIV, to explore the association between:

- 1. Ethnicity and socioeconomic factors**
- 2. Ethnicity and mental health**
- 3. Mental health and HIV-related outcomes**

Design of the PRIME Study



- Quantitative questionnaire and clinical data
- Analysis restricted to women of White UK, Black African and Black Caribbean ethnicity (N=724)
- Poor mental health: PHQ-4 (score ≥ 6), reported history of depression and current use of antidepressants
- Social isolation: modified Duke-UNC Functional Social Support Scale (score > 12)

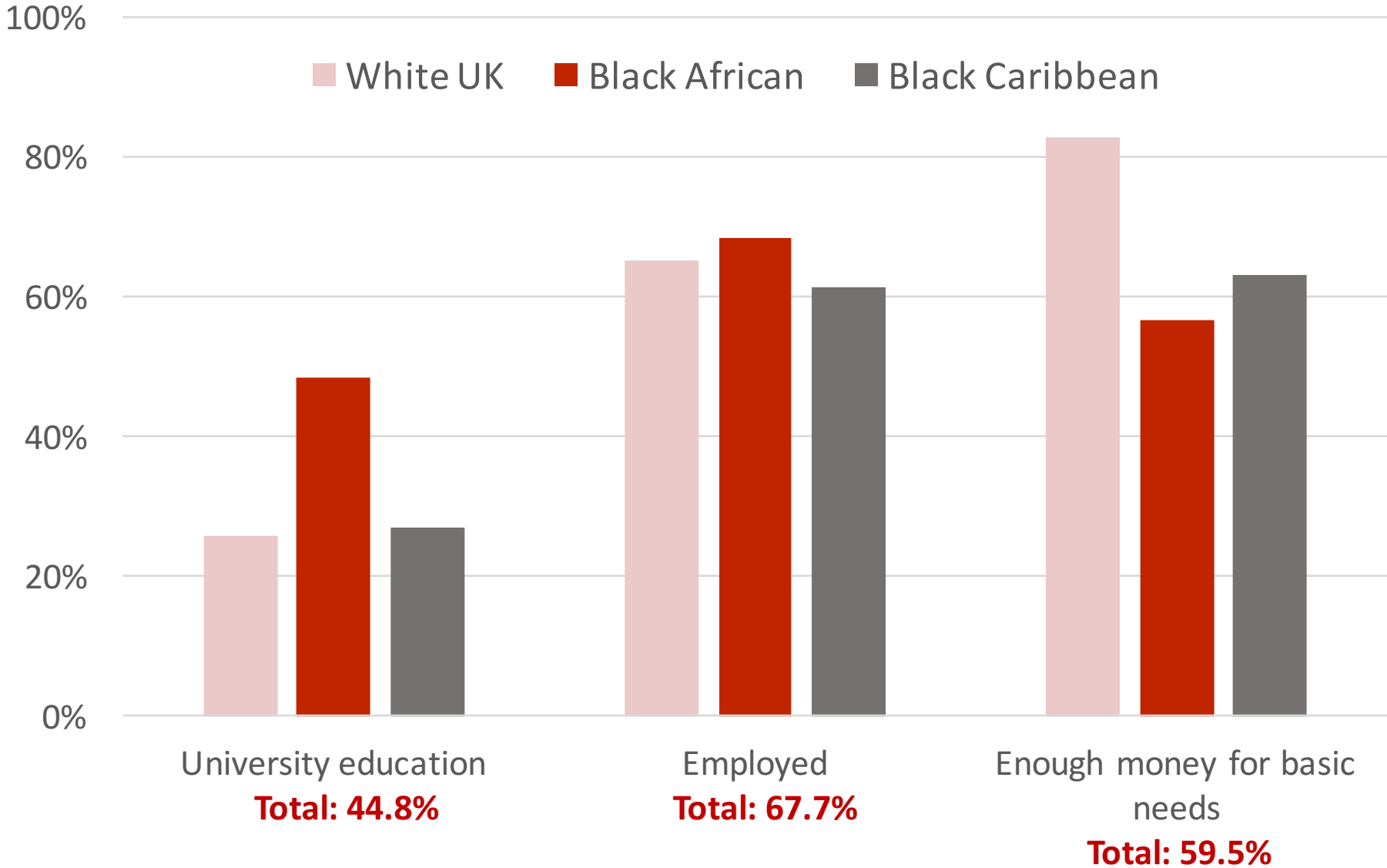
- Engagement in HIV care:
 - Suboptimal adherence: less than complete adherence in last 7 days
 - Suboptimal attendance: any appointments missed in last 12 months
 - Detectable HIV VL: clinically reported as >50 or self-reported as detectable
- Chi squared tests to identify associations between outcome and exposure variables
- Confounders: variables associated with outcome AND exposure ($p < 0.2$) and not on causal pathway
- Multivariable logistic regression to obtain adjusted odds ratios (AORs)

RESULTS: Baseline characteristics of PRIME participants (N=869)



		Total, n (%)
Median age		49.5 (IQR 45 – 59)
Ethnicity	Black African	607 (71.6)
	White UK	71 (8.4)
	Black Caribbean	46 (5.4)
	Other	117 (13.9)
Born outside of the UK		728 (85.3)
Median years since migration (if not born in the UK)		19 (IQR 3 – 43)
Secure immigration status		603 (91.6)
	British citizen	526 (63.2)
	Indefinite leave to remain	179 (21.5)
	EU Citizen	58 (7.0)
Insecure immigration status		70 (8.4)
	Refugee / seeking asylum	31 (3.7)
	Right to stay for a fixed amount of time	21 (2.5)
	Visa	13 (1.6)
	No papers to be in the UK	5 (0.6)

RESULTS: Association between ethnicity & education and socioeconomic status



RESULTS: Ethnicity and education/socioeconomic status – multivariable analysis

	White UK AOR*	Black African AOR (95% CI)	Black Caribbean AOR (95% CI)
University education ¹	1.0	2.64 (1.40 – 4.99)	0.95 (0.35 – 2.55)
Employed ²	1.0	0.76 (0.41 – 1.40)	0.93 (0.38 – 2.27)
Basic needs met all/most of the time ³	1.0	0.23 (0.11 – 0.46)	0.31 (0.13 – 0.78)

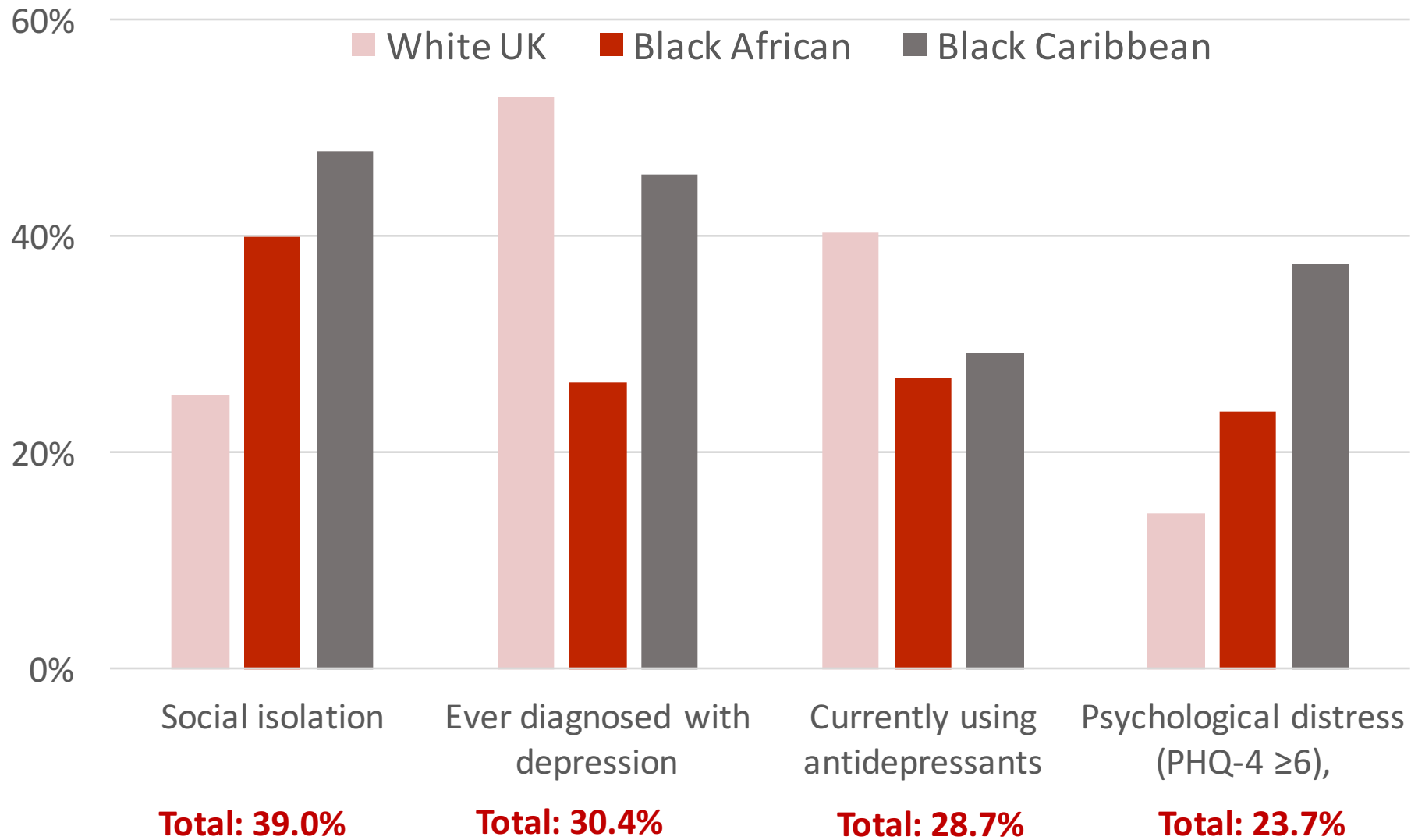
*Adjusted odds ratio

¹ Adjusted for alcohol consumption, smoking, recreational drug use

² Adjusted for alcohol consumption, smoking

³ Adjusted for recreational drug use

RESULTS: Association between ethnicity and mental health

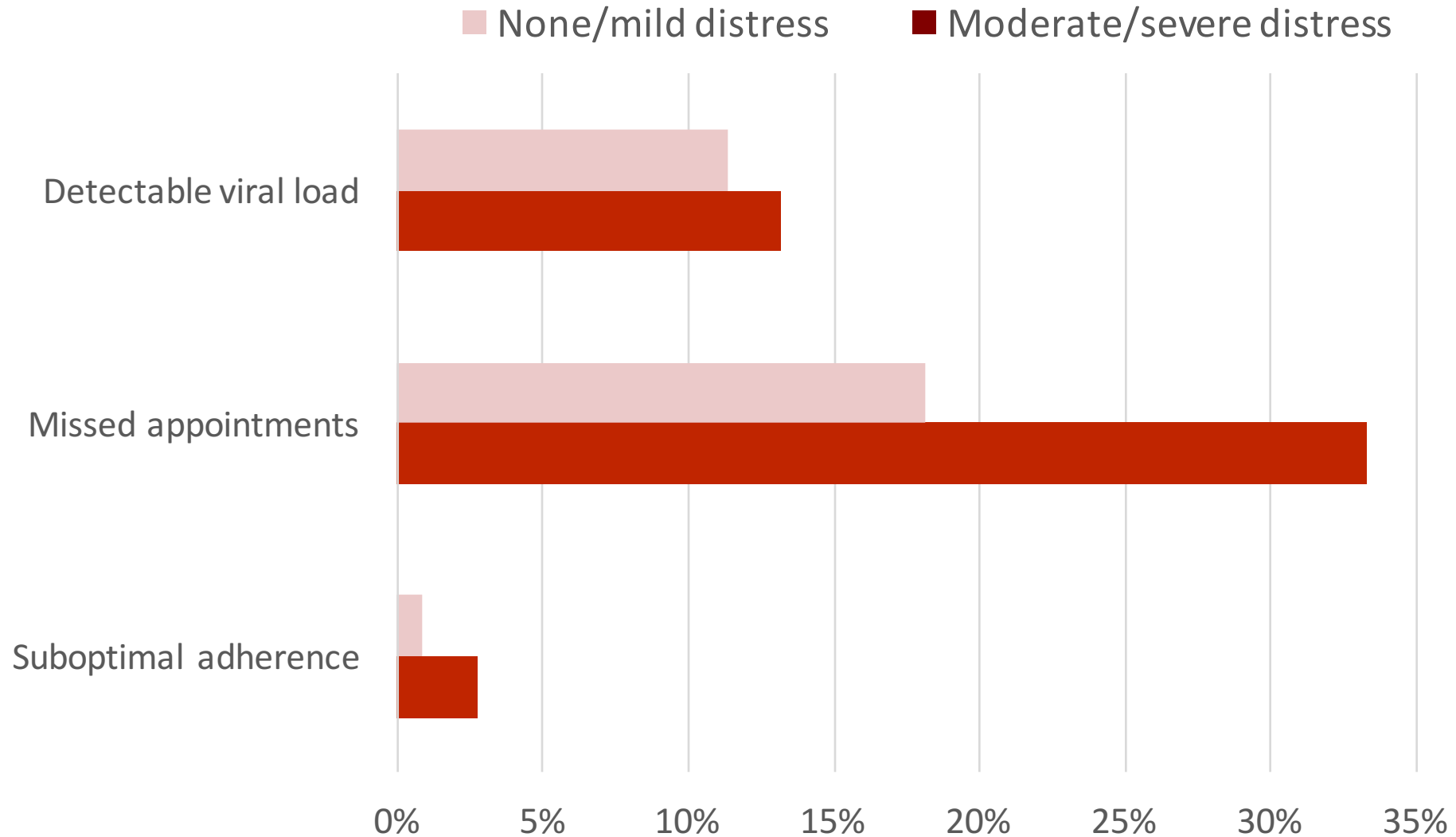


RESULTS: Ethnicity and education/socioeconomic status – multivariable analysis

	White UK AOR	Black African AOR (95% CI)	Black Caribbean AOR (95% CI)
Social isolation	1.0	1.95 (CI 1.12 – 3.41)	2.69 (CI 1.23 – 5.93)
Ever diagnosed with depression	1.0	0.40 (CI 0.22 – 0.71)	0.80 (CI 0.35 – 1.86)
Currently using antidepressants	1.0	0.54 (CI 0.28 – 1.02)	0.61 (CI 0.21 – 1.74)
Psychological distress (PHQ≥6)	1.0	3.34 (CI 1.38 – 8.13)	4.81 (CI 1.61 – 14.41)

Adjusted for alcohol consumption, smoking, recreational drug use

RESULTS: Association between psychological distress and HIV outcomes



RESULTS: Psychosocial distress and HIV outcomes – multivariable analysis

	None/mild distress AOR	Moderate/severe distress AOR (95% CI)
Missed HIV clinic appointments¹	1.0	1.75 (1.10 – 2.81)
Sub-optimal ART adherence²	1.0	2.31 (1.14 - 4.63)
Detectable HIV viral load¹	1.0	0.99 (0.53-1.87)

¹ Adjusted for ethnicity, employment, income, alcohol consumption, smoking, recreational drug use

² Adjusted for ethnicity, employment and income

- High levels of poverty, psychological distress and social isolation especially amongst Black African (BA) and Black Caribbean (BC) women
- BA and BC women more likely to experience psychological distress but less likely to have ever been diagnosed with depression
- Psychological distress associated with poorer engagement in HIV care

- Awareness of the psychosocial needs of midlife women living with HIV is important for holistic HIV care
- These needs may be more pronounced in women living with HIV from BAME communities
- Clinicians need be proactive about recognition of psychosocial needs, aware of support mechanisms - including psychology, peer support and advice around benefits and be proactive about referral

- National Institute of Health Research (NIHR)
- Teams at PRIME Study sites
- Our participants for their generous sharing of time and experiences