Factors associated with depressive symptoms among women living with HIV in England, 2017 – data from 2017 Positive Voices survey

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PositiveVoices
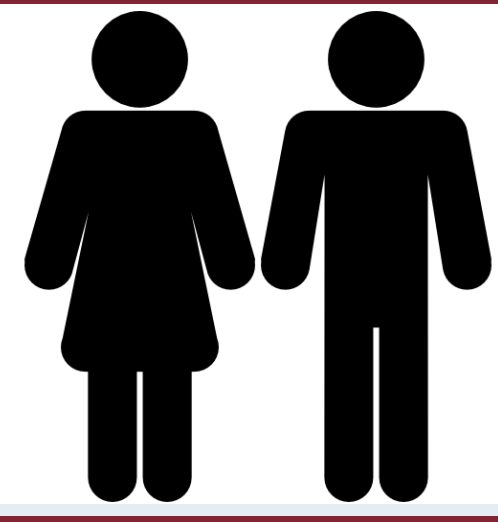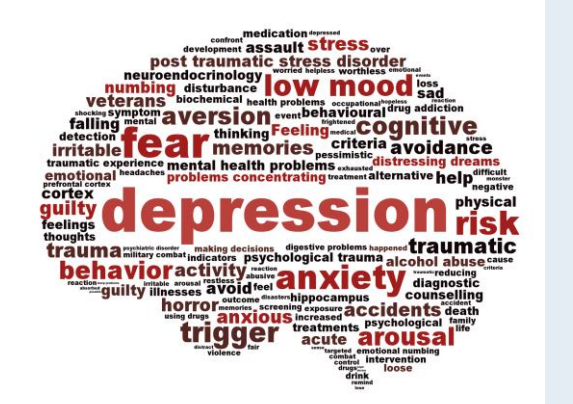the national survey of people living with HIV

BACKGROUND AND OBJECTIVE

- Women living with HIV lack representation in research
- Mental health issues, such as depression and anxiety, impact on quality of life and other health outcomes
- This study aims to identify risk factors for depressive symptoms among women living with HIV

METHOD

Study design: Cross-sectional study

Dataset: Positive Voices is a cross-sectional, probability survey of people with HIV, conducted between January and September 2017.

Outcome: Depressive symptoms as measured by GHQ-12 which measures mental state "over the past few weeks" with a score of 4 or higher, out of 12.

Statistical analysis: Risk factor analysis using directed acyclic graph (DAG) to identify confounders for consideration in multivariable logistic regression (Figures 1a & 1b).

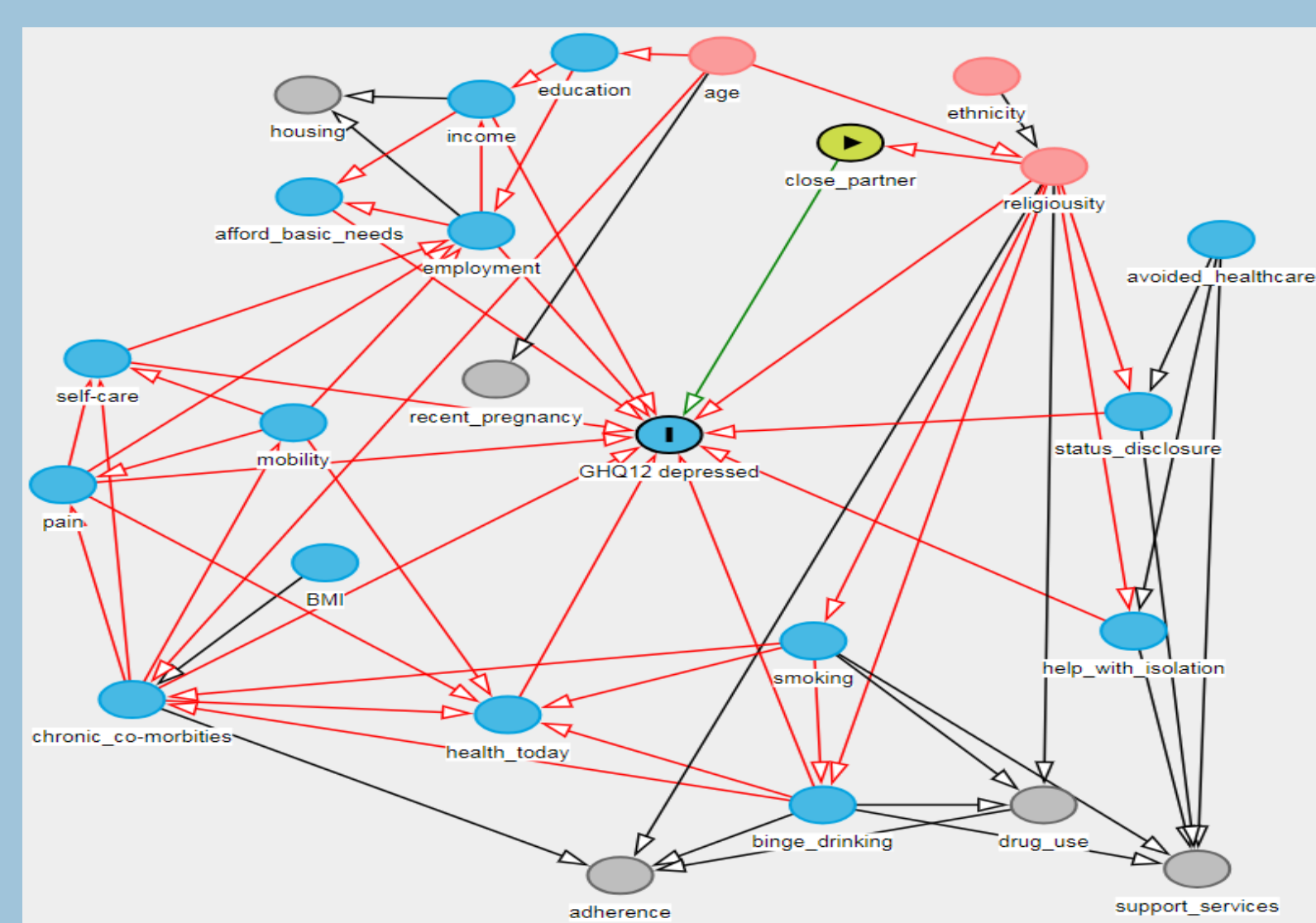**Risk factors**: Demographic, lifestyle, health-related factors

Figure 1a. Directed acyclic graph (DAG), showing closeness to partner as the main exposure of interest for having depressive symptoms
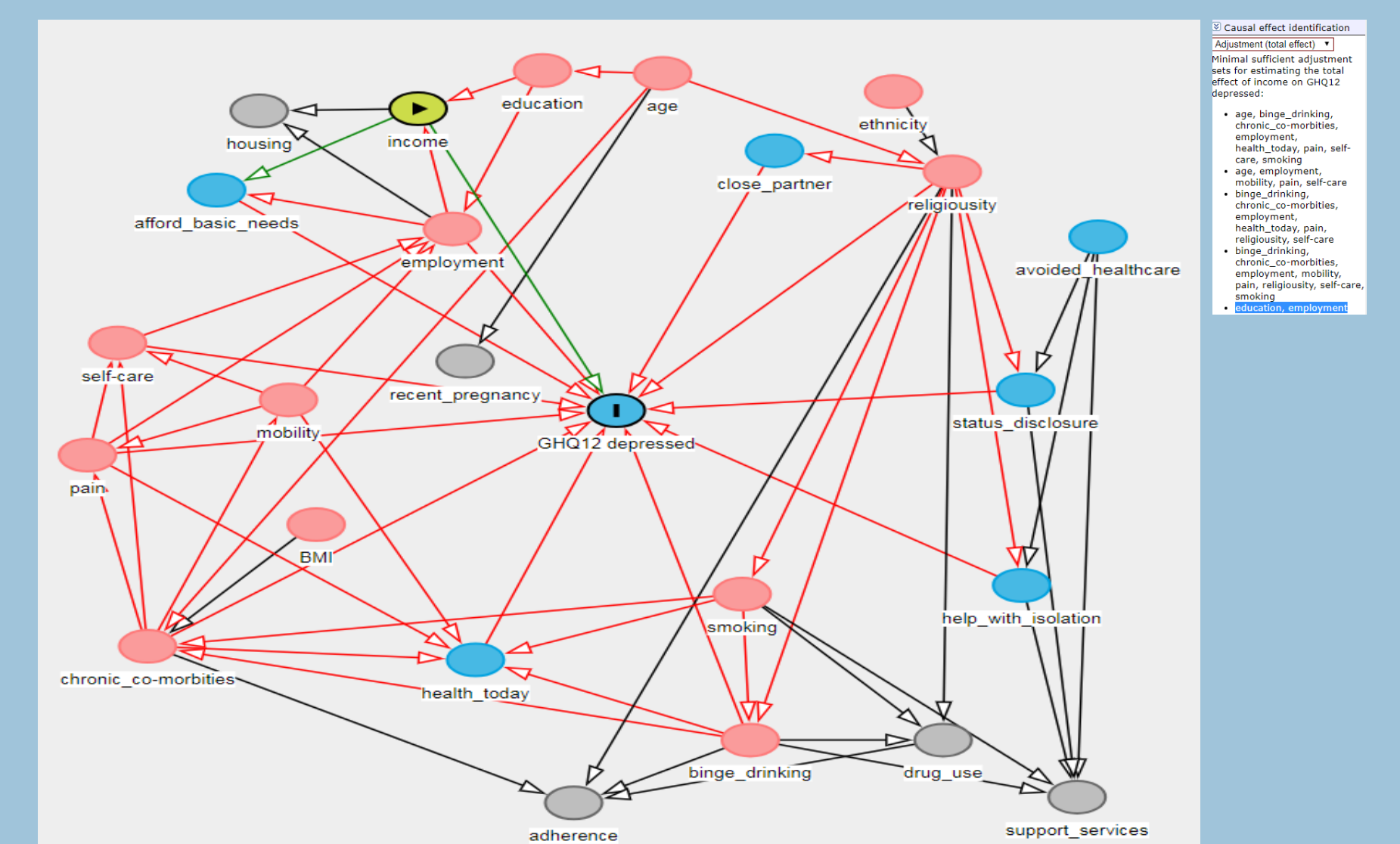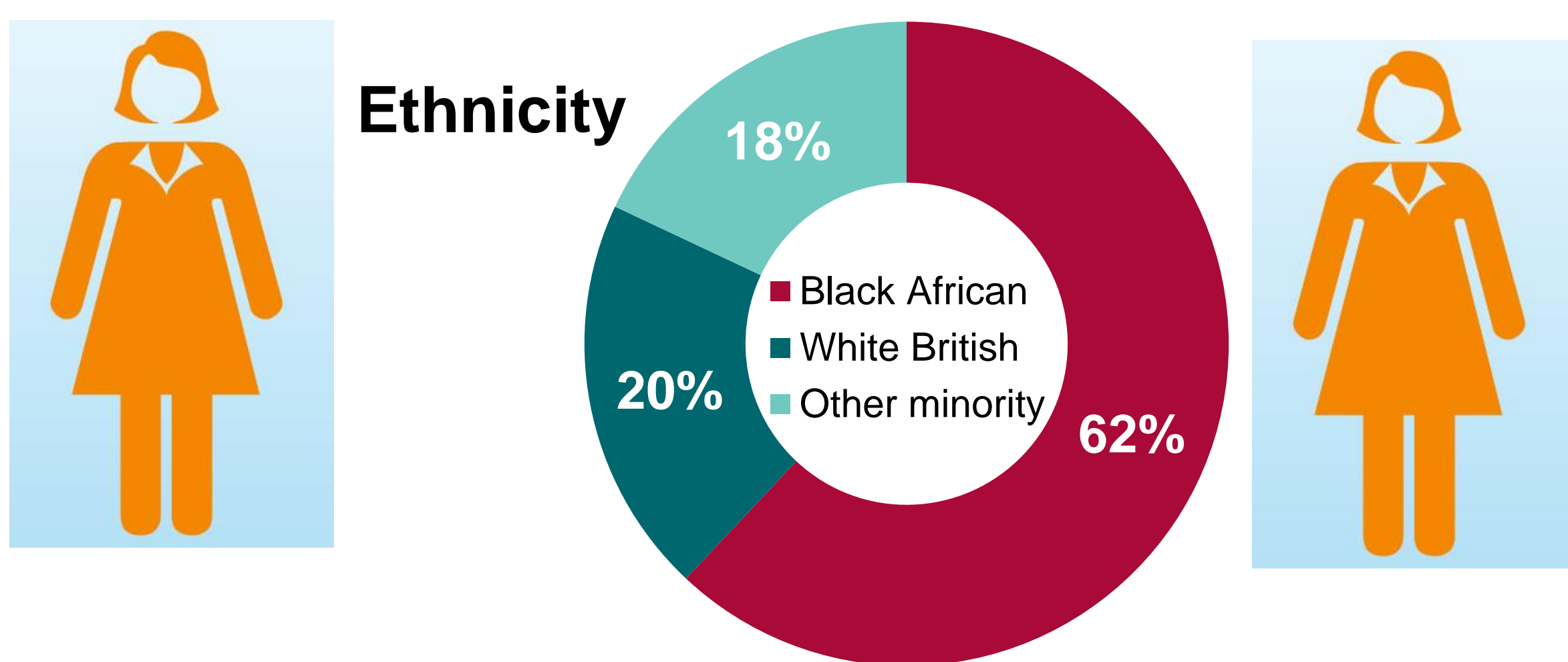
Figure 1b. Directed acyclic graph (DAG), showing income as the main exposure of interest for having depressive symptoms

RESULTS

DEMOGRAPHIC CHARACTERISTICS

n=1,016 women
included in the analysis

Ethnicity
- Black African: 62%
- White British: 20%
- Other minority: 18%

Median age: 44 years (range 20-84)

56% had a total household income of less than £20,000 per year

- Under £20,000: 56%
- £20,000 - 29999: 19%
- £30,000 - 39999: 12%
- £40,000 & above: 13%

PREVALENCE OF DEPRESSION
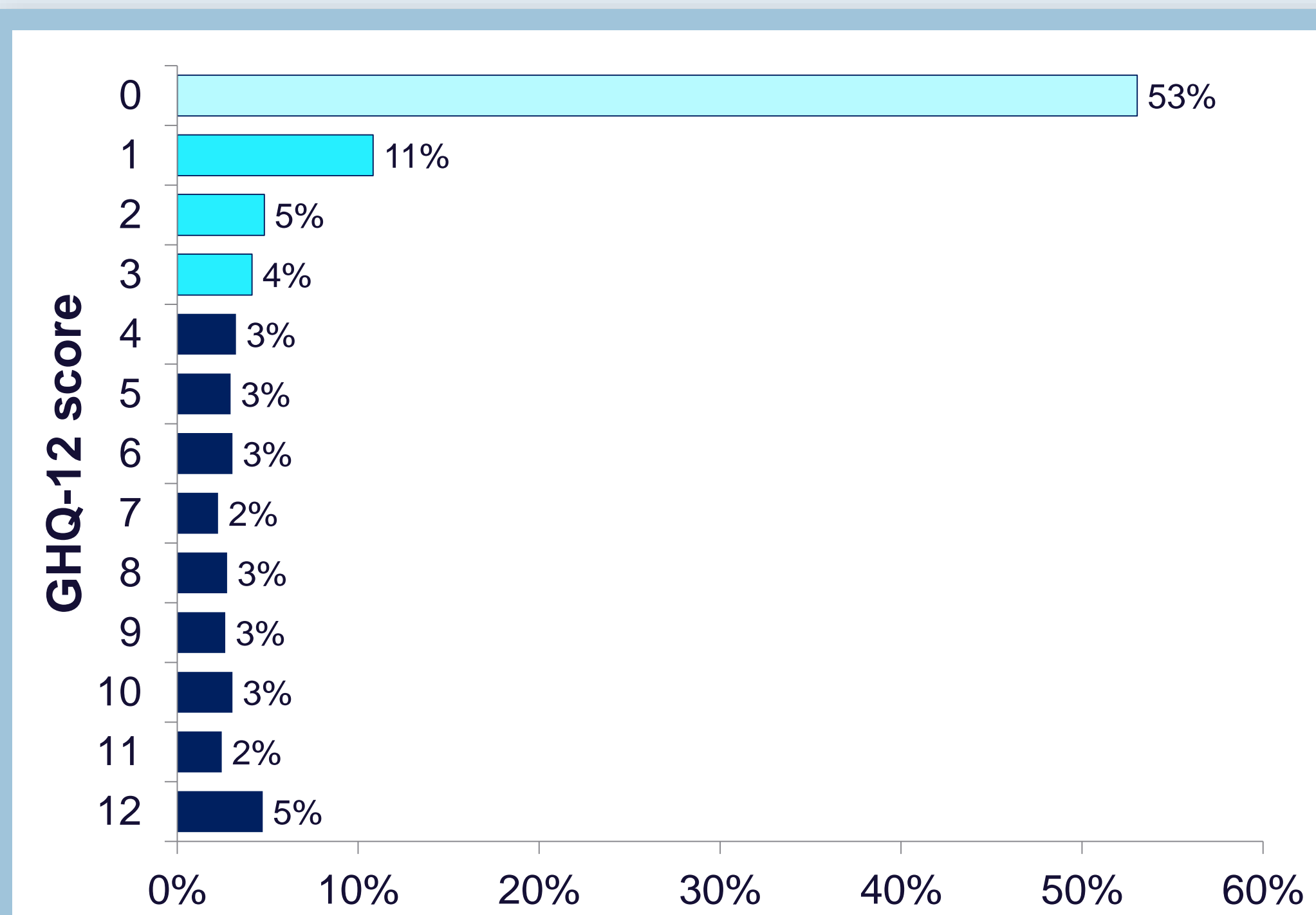
Figure 2. Distribution of GHQ-12 score

GHQ-12 score:
- 0: 53%
- 1: 11%
- 2: 5%
- 3: 4%
- 4: 3%
- 5: 3%
- 6: 3%
- 7: 2%
- 8: 3%
- 9: 3%
- 10: 3%
- 11: 2%
- 12: 5%

27% of women reported having depressive symptoms (GHQ12 score 4-12)

More than half **(53%)** reported GHQ-12 score 0 (no depressive symptoms)

A further 1 in 5 **(20%)** reported very few symptoms (GHQ-12 score 1-3)

RISK FACTORS ASSOCIATED WITH DEPRESSION

- The strongest risk factors associated with depressive symptoms in women were having **unmet needs for help with isolation** and **poor ART adherence**
- Factors also associated with depressive symptoms in women were: financial instability, recent pain symptoms, mobility problems, not having a partner or having a partner they were not close to, avoiding healthcare when needed due to fear of discrimination in the previous year and higher burden of diagnosed chronic conditions.
- Depression was **not associated** with substance use or other demographic factors such as age, body mass index (BMI), religion and ethnicity.

Risk factors (Adjusted Odds Ratio, AOR):
- Don't need help with isolation: 1.0
- Needed & rcvd help with isolation: 2.6
- Needed but did not rcv help with isolation: 5.5
- ART adherence (90-100%): 1.0
- ART adherence (<90%): 4.9
- Always afford basic needs: 1.0
- Sometimes affod basic needs: 2.45
- Cannot afford basic needs: 4.46
- No pain reported: 1.0
- Self-reported pain and discomfort: 4.56
- No mobility problems: 1.0
- Self-reported mobility problems: 2.06
- Close to main partner: 1.0
- Not close to main partner: 3.9
- No partner: 1.8
- Sought healthcare when needed: 1.0
- Avoided seeking healthcare when needed: 1.4
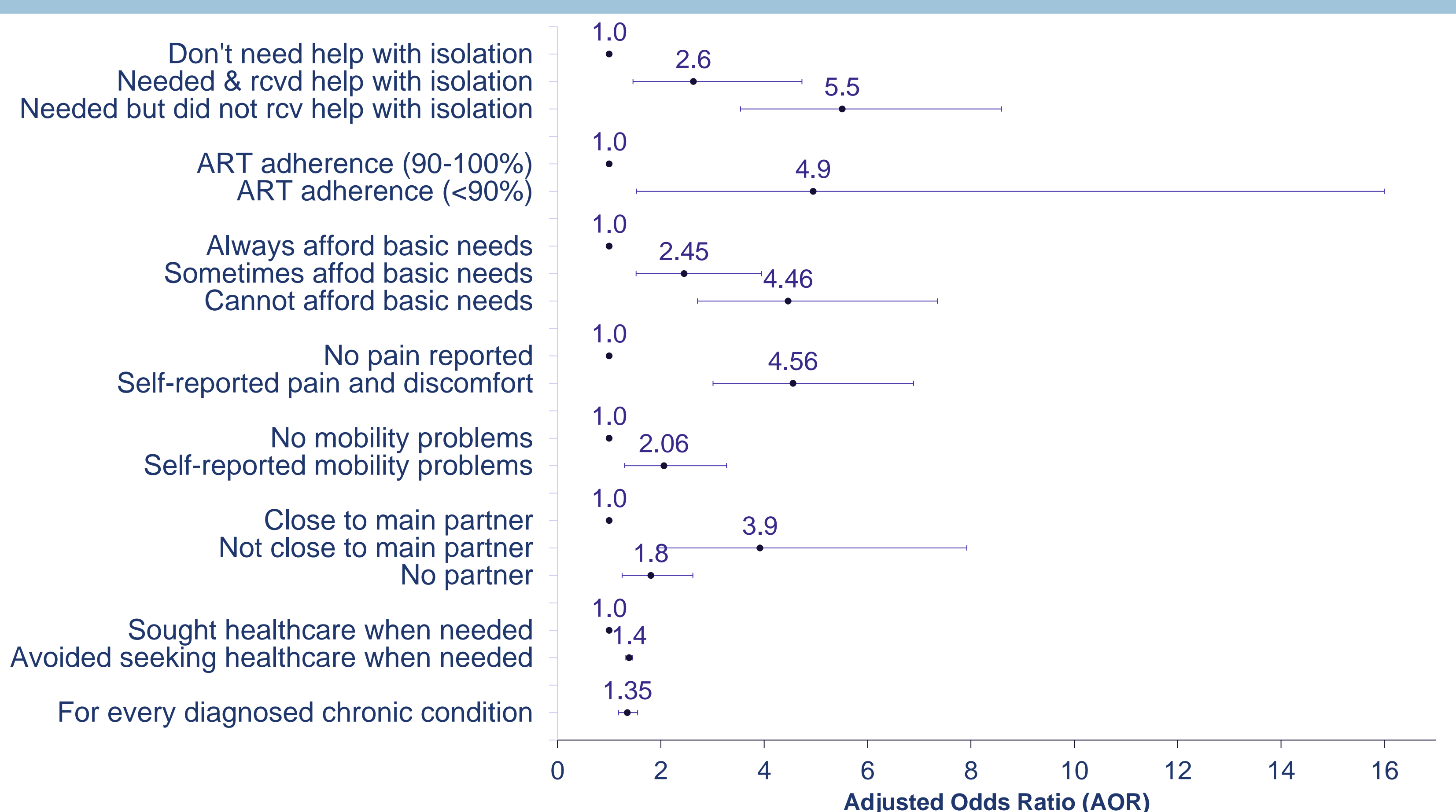- For every diagnosed chronic condition: 1.35

Figure 3. Risk factors associated with depressive symptoms among women

DISCUSSION

- Economic, health and social factors were associated with depression in women.
- These modifiable risk factors can be mitigated through targeted, bespoke, holistic interventions to acknowledge, address and improve the mental health and well-being of women.
- The excellent cascade of care for HIV results in low numbers of women reporting lower ART adherence. Hence, assessing the association of ART adherence with depression lacks precision, resulting in wide confidence intervals (CI).

ACKNOWLEDGEMENTS