19th Annual Conference of the British HIV Association (BHIVA)



Dr Fiona Lampe University College London

16-19 April 2013, Manchester Central Convention Complex



Psychological and physical symptoms and sexual behaviour among HIV-diagnosed MSM in the UK

Lampe F, Speakman A, Sherr L, Phillips A, Collins S, Gilson R, Johnson M, Fisher M, Wilkins E, Anderson J, Daskalopoulou M, Edwards S, McDonnell J, Perry N, Jones M, O'Connell R, Lascar M, Hart G, Johnson A, Miners A, Geretti A, Burman B, Elford J, Rodger A, for the ASTRA Study.

Background

- High burden of psychological and physical symptoms among people living with HIV
- Symptoms may impact on quality of life, HIV treatment success, and lifestyle factors such as sexual behaviour
- Reduced sexual interest and activity may be one feature of depression and anxiety
- Some evidence that psychological symptoms are associated with increased levels of sexual risk behaviour among HIVdiagnosed men who have sex with men (MSM)
- Assessing the link between symptoms and sexual behaviour among HIV-diagnosed MSM is important for HIV prevention and for understanding sexual health needs of this group

Objective

 Assess relationship between self-reported psychological and physical symptoms and patterns of recent sexual behaviour among HIV-diagnosed MSM in the UK

Methods (1)

- ASTRA (Antiretrovirals, Sexual Transmission Risk and Attitudes): questionnaire study of HIV-outpatients attending 8 UK centres (Royal Free; Mortimer Market; Homerton; Newham; Whipps Cross; North Manchester; Brighton; Eastbourne) in 2011/12
- N=3258 participants (64% response rate): 2246 MSM; 1012 heterosexual men and women
- Self-completed, confidential questionnaire (completed in clinic or returned by post) included range of demographic, socio-economic, lifestyle, HIV and health-related factors

Methods (2)

- Psychological and physical symptoms in past 2 weeks:
 -Depression score (PHQ-9 DS)
 -Anxiety score (GAD-7 AS)
 -Physical symptom distress score (PSS, using modified MSAS-SF*)
- Recent sexual activity category (based on anal or vaginal sex in past 3 months):
 - 1) Not sexually active
 - 2) Condom-protected sex or HIV-positive partner(s) only

3) Condom-less sex with discordant (HIV-negative/unknown) status partner(s) (CLS-D)

- 2172 (97%) MSM included in analysis who had useable information on recent sexual activity
- Mean (SD) age: 45.0 (9.6) yrs; 89% white ethnicity; 85% on ART

*Memorial Symptom Assessment Scale (Short Form)

Psychological and physical symptoms

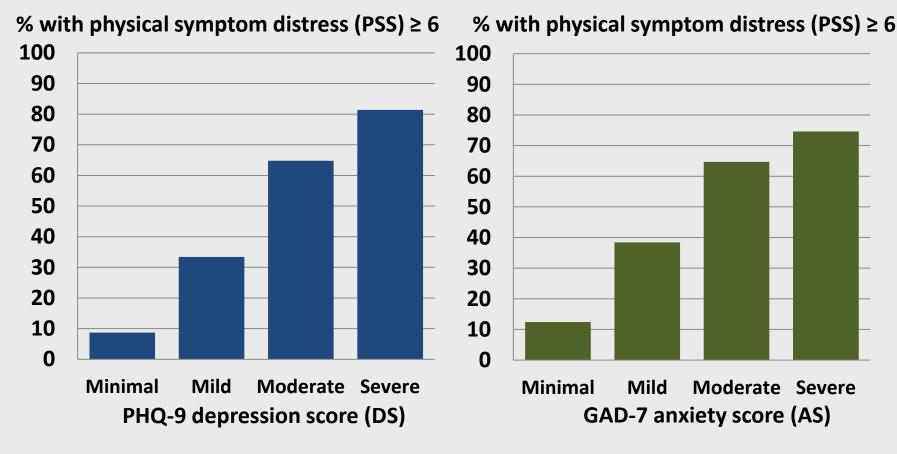
N=2172 MSM	Classification (score)	N (%)
PHQ-9 depression score	Minimal (0-4)	1122 (51.7)
(PHQ-9 DS)	Mild (5-9)	464 (21.4)
	Moderate (10-19)	457 (21.0)
9 symptoms,	Severe (20-27)	129 (5.9)
frequency scored 0 to 3	Score ≥10 (depression)	586 (27.0)
GAD-7 anxiety score	Minimal (0-4)	1225 (56.4)
(GAD-7 AS)	Mild (5-9)	497 (22.9)
	Moderate (10-14)	249 (11.5)
7 symptoms,	Severe (15-21)	201 (9.3)
frequency scored 0 to 3	Score ≥10 (anxiety)	450 (20.7)
Physical symptom distress	Minimal (0-1)	936 (43.1)
score (PSS)	Low (2-5)	582 (26.8)
	Moderate (6-11)	393 (18.1)
10 physical symptoms*,	High (12-30)	261 (12.0)
distress scored 0 to 3	Score ≥6	654 (30.1)

*1) pain 2) headache 3) numbness/tingling in hands or feet 4) muscle or joint aches

5) diarrhoea 6) feeling bloated 7) sweats or fever 8) breathlessness

9) skin problems (e.g. itching or rash) 10) changes in fat in face or body

Associations between psychological and physical symptoms



Spearmans correlation coefficients:	PHQ-9 DS versus PSS	r=0.66
	GAD-7 AS versus PSS	r=0.59
N=2172 MSM	PHQ-9 DS versus GAD-7 AS	r=0.83

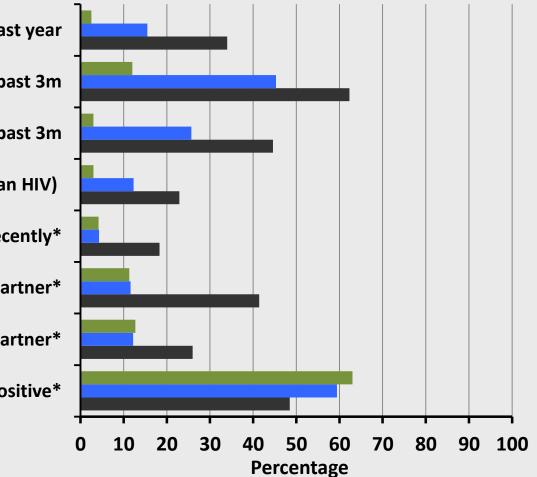
Ν

Recent sexual activity category

N=2172 MSM	Sexual activity (anal or vaginal sex) in past 3 months		
	Not sexually active	Condom-protected sex, or HIV +ve partner(s) only	Condom-less sex with HIV -ve or unknown status partner(s) (CLS-D)
N (%)	797 (36.7%)	1030 (47.4%)	345 (15.9%)
Mean (SD) age	48.0 (9.1)	43.1 (9.4)	43.9 (9.5)
Median (IQR) years since HIV diagnosis	11.7 (6.5, 18.0)	8.3 (3.9, 14.7)	8.5 (4.1 <i>,</i> 13.6)
% on ART	91%	82%	80%
% HIV +ve stable partner % HIV –ve stable partner % no stable partner	16% 31% 54%	32% 28% 40%	15% 42% 43%
% university education	40%	47%	45%
% white ethnicity	91%	89%	88%

Sexual lifestyle / attitude factors by recent sexual activity category

■ Not sexually active N=797 Condom or HIV+ve partner(s) N=1030 CLS-D N=345



> 20 new sexual partners in past year

Used internet to look for partner past 3m

Had group sex past 3m

Recent STI diagnosed (other than HIV)

Worried infected someone recently*

Less likely use condom with casual partner*

Difficult to discuss condom with new partner*

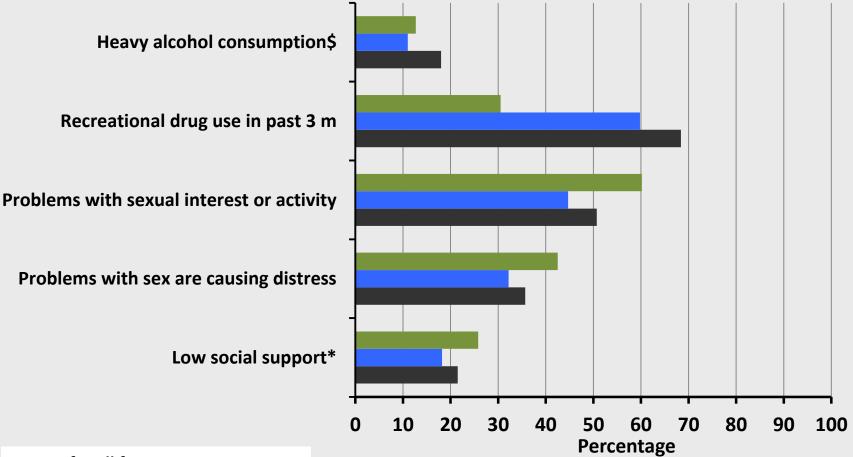
Expect to tell new partner I'm HIV-positive*

P<0.001 for all factors Chi-squared test, global p value, comparing sexual activity categories

*% who agree with statement. N=2172 MSM

Other factors by recent sexual activity category

■ Not sexually active N=797 ■ Condom or HIV+ve partner(s) N=1030 ■ CLS-D N=345

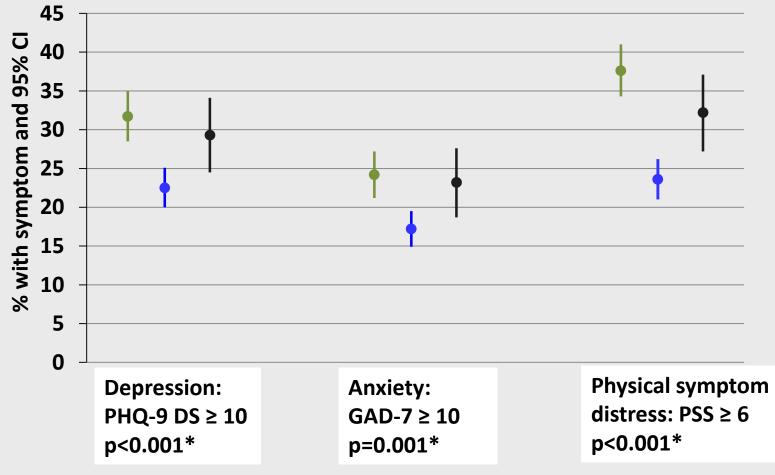


P<0.01 for all factors

Chi-squared test, global p value, comparing sexual activity categories *Using modified Duke UNC Functional Social Support questionnaire ^{\$}Defined on basis of frequency and amount for usual intake N=2172 MSM

Psychological and physical symptom prevalence by recent sexual activity category





N=2172 MSM

*Global p value comparing symptom prevalence across sexual activity categories, Chi-squared test

Associations of symptoms with recent sexual activity category

N=2172 MSM	Sexual activity in past 3 months			
Symptom measure	Not sexually active	Condom- protected sex, or HIV +ve partner(s) [#]	Condom-less sex with HIV -ve or unknown status partner(s) (CLS-D)	p value ^{\$}
	N=797	N=1030	N=345	
PHQ-9 DS ≥10: Unadjusted OR*(95%CI)	1.6 (1.3, 2.0)	1	1.4 (1.1, 1.9)	p<0.001
GAD-7 AS ≥10: Unadjusted OR*(95%CI)	1.5 (1.2, 1.9)	1	1.5 (1.1, 2.0)	p=0.001
PSS ≥6: Unadjusted OR*(95%CI)	2.0 (1.6, 2.4)	1	1.5 (1.2, 2.0)	p<0.001

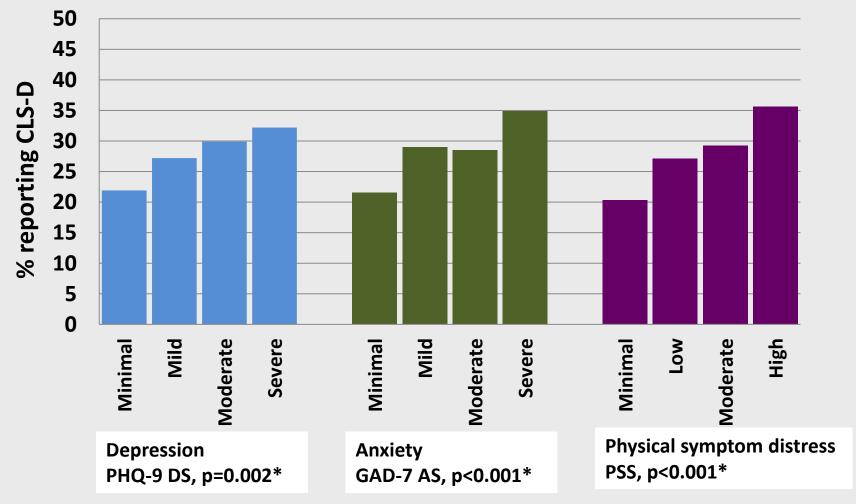
Separate multinomial logistic models fitted for each symptom measure. #Reference category. *OR=odds ratio. ^{\$}Global p value

Associations of symptoms with recent sexual activity category

N=2172 MSM	Sexual activity in past 3 months			
Symptom measure	Not sexually active	Condom- protected sex, or HIV +ve partner(s) [#]	Condom-less sex with HIV -ve or unknown status partner(s) (CLS-D)	p value ^{\$}
	N=797	N=1030	N=345	
PHQ-9 DS ≥10: Unadjusted OR*(95%CI) Adjusted OR*(95% CI)	1.6 (1.3, 2.0) 1.4 (1.1, 1.8)	1 1	1.4 (1.1, 1.9) 1.4 (1.0, 1.9)	p<0.001 p=0.003
GAD-7 AS ≥10: Unadjusted OR*(95%CI) Adjusted OR* (95% CI)	1.5 (1.2, 1.9) 1.4 (1.1, 1.8)	1 1	1.5 (1.1, 2.0) 1.5 (1.1, 2.0)	p=0.001 p=0.010
PSS ≥6: Unadjusted OR*(95%CI) Adjusted OR* (95% CI)	2.0 (1.6, 2.4) 1.7 (1.4, 2.1)	1 1	1.5 (1.2, 2.0) 1.6 (1.2, 2.1)	p<0.001 p<0.001

Separate multinomial logistic models fitted for each symptom measure. #Reference category. *OR=odds ratio. Each adjusted model includes: age; time since HIV diagnosis; stable partner status; university education; ART status; ethnicity. Adjusted models include 2129 MSM. ^{\$}Global p value

Symptoms and condom-less sex with HIVdiscordant-status partner(s) (CLS-D) among 1375 sexually active MSM



*P values by Chi-squared tests for trend

Conclusions

- Depression, anxiety, and physical symptoms are common among HIV-diagnosed MSM in the UK, and closely associated
- Symptoms have a complex relationship with sexual behaviour, being linked both with lack of sexual activity and, among sexually-active MSM, with condom-less sex with HIVdiscordant status partner(s)
- HIV-diagnosed MSM having 'low risk' sex have the lowest prevalence of psychological and physical symptoms
- Causal sequence in associations between symptoms and patterns of sexual behaviour may also be complex, and may operate in both directions
- Detection and management of symptoms among HIVdiagnosed MSM deserves high priority, and may be one component of HIV prevention strategies

Acknowledgments

Thank you to all ASTRA study participants



ASTRA clinic teams

Royal Free Hospital: Alison Rodger; Margaret Johnson; Jeff McDonnell; Adebiyi Aderonke

Mortimer Market Centre: Richard Gilson; Simon Edwards; Lewis Haddow; Simon Gilson; Christina Broussard; Robert Pralat

Brighton and Sussex University Hospital: Martin Fisher; Nicky Perry; Alex Pollard; Serge Fedele; Louise Kerr; Lisa Heald; Wendy Hadley; Kerry Hobbs; Julia Williams; Elaney Youssef; Celia Richardson; Sean Groth

North Manchester General Hospital: Ed Wilkins; Yvonne Clowes; Jennifer Cullie; Cynthia Murphy; Christina Martin; Valerie George; Andrew Thompson

Homerton University Hospital: Jane Anderson; Sifiso Mguni; Damilola Awosika; Rosalind Scourse

East Sussex Sexual Health Clinic: *Kazeem Aderogba; Caron Osborne; Sue Cross; Jacqueline Whinney; Martin Jones*

Newham University Hospital: Rebecca O'Connell, Cheryl Tawana

Whipps Cross University Hospital: Monica Lascar, Zandile Maseko, Gemma Townsend, Vera Theodore, Jas Sagoo

The ASTRA study presents independent research funded by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research funding scheme (RP-PG-0608-10142). The ASTRA Study Group acknowledges the support of the NIHR, through the Comprehensive Clinical Research Network. The views expressed in this presentation are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.



19th Annual Conference of the British HIV Association (BHIVA)

16-19 April 2013

#BHIVA2013

Manchester Central Convention Complex