

DEPRESSION MEDIATES HIV STIGMA & ADHERENCE IN MEN WHO HAVE SEX WITH MEN (LIVING WITH HIV)

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ABSTRACT

The study examined whether the relationship between HIV stigma and medication adherence would be mediated by depression and anxiety among men who have sex with men (MSM) who are living with HIV (PLWH). Participants completed an online survey that measured HIV stigma, medication adherence (using the ARMS) and symptoms of depression (Patient Health Questionnaire-9) and anxiety (Generalised Anxiety Disorder-7). Results indicated depression mediated the association between HIV stigma and medication adherence more strongly than anxiety.

BACKGROUND

Importance of HIV Research

HIV/AIDS still a significant health issue globally & in Australia

- Currently, worldwide 36.9 million people are living with HIV/AIDS (2.6 million are children).
- Estimated 34 Million people have died since the beginning of the AIDS pandemic
- Australia's HIV transmission continues to be predominantly related to condomless sexual contact between men.

Unique Stressors

- HIV Positive diagnosis can cause significant emotional distress often associated with an altered self-view, revised view of the future and stigma (Gluhoski, 1996).
- Higher rates of mental health symptoms exhibited with an emphasis on anxiety and depression among PLWH (Bogart, Wagner, Galvan, Landrine, Klein & Sticklor (2011)).

INTRODUCTION

Previous Research

- Optimal self-management for PLWH includes adherence to highly active antiretroviral therapy (HAART) to adequately provide viral suppression (Weaver, Llabre, Duran, Antoni, Ironson, Penedo & Schneiderman, 2005).
- PLWH experience higher rates of stigma and discrimination associated with their health status, which can adversely affect self management (Brondani, Donnelly & Postnikoff, 2016).
- Understanding modifiable psychological factors that affect adherence is important in optimising health among people living with HIV.

HIV Stigma

- Is an attribute that discredits and brings a whole person down to a discounted person (Goffman, 1963).
- Research shows that HIV-related stigma greatly negatively impacts mental and physical health of PLWH (Logie & Gadalla, 2009).

Purpose of Study

- To examine the role of depression and anxiety in explaining potential differences in adherence regarding HIV stigma among MSM living with HIV.

Research Question

- To what extent does depression and anxiety mediate HIV stigma and adherence? Are either psychological phenomena of greater concern?

METHOD

Participants

- 85 gay, bisexual and other men who have sex with men (MSM)
- Average age 46 years (range: 25 - 72)
- 92% identified as gay/homosexual
- 57% single, 41% in a long-term relationship
- 35% employed full-time; 20% part-time
- 73% born in Australia, 85% currently living in Australia
- Average year of HIV diagnosis: 1998
- 100% currently on HAART, 62% reporting no current health problems nor side effects, 91% reporting undetectable viral load

Procedure

- Assessed through Bunn et al.'s (2007) 32-item HIV Stigma Scale
- Measures how stigmatised individuals feel in regard to living with HIV

Adherence

- Assessed using Adherence to Refills and Medications Scale (ARMS; Kripalani et al., 2009)

Depression

- Assessed using Patient Health Questionnaire (PHQ-9)
- Measures depressive symptoms experienced in the last 2 weeks

Anxiety

- Measured using Generalized Anxiety Disorder Questionnaire (GAD-7; Spitzer et al., 2006)
- Assesses how much an individual has been bothered by anxiety symptoms in the last 2 weeks

Ethics approval was granted by Queensland University of Technology. Participation was voluntary and anonymous, and participants provided informed consent

Figure 1. Standardised coefficients for the depression mediational model.

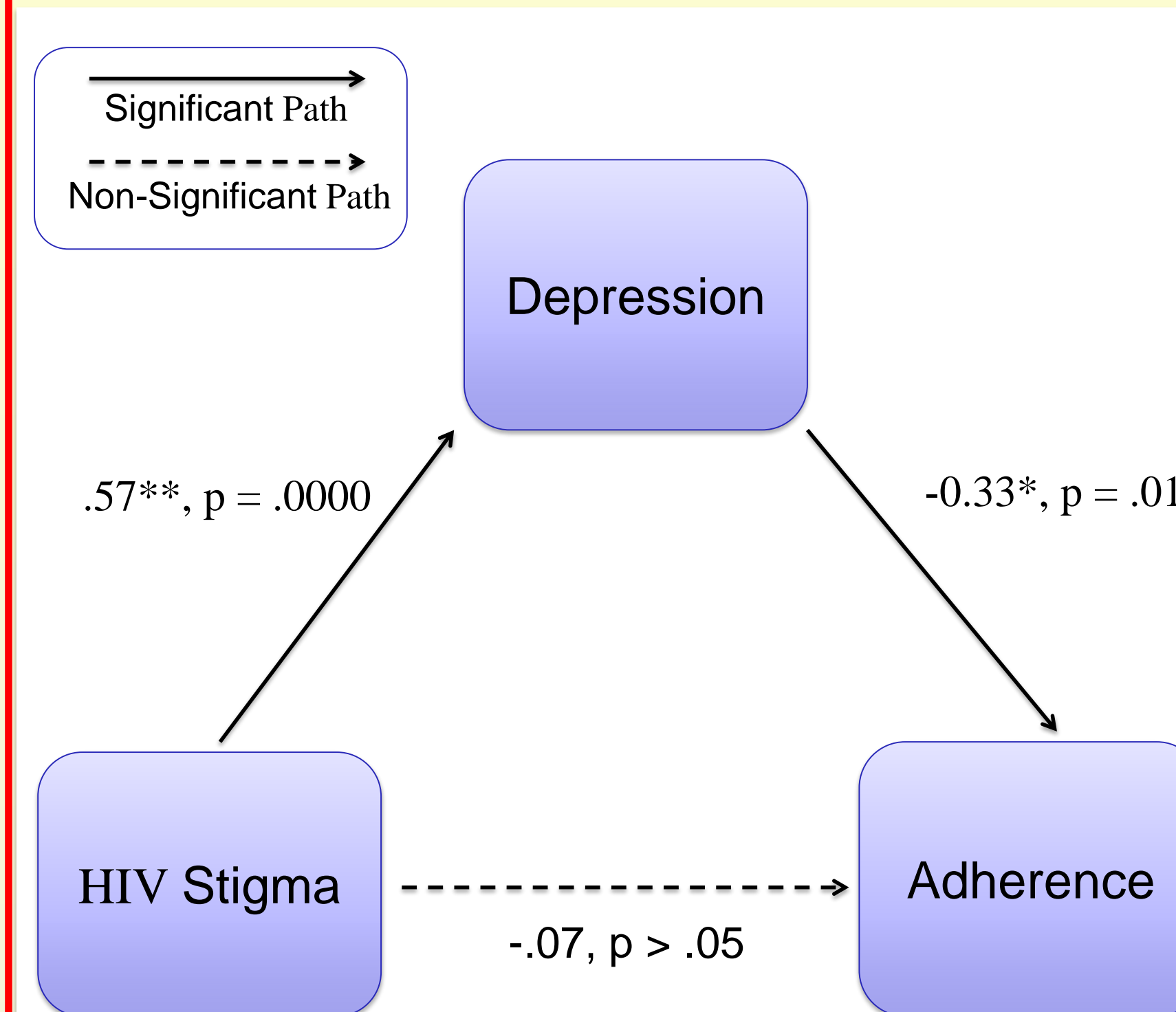
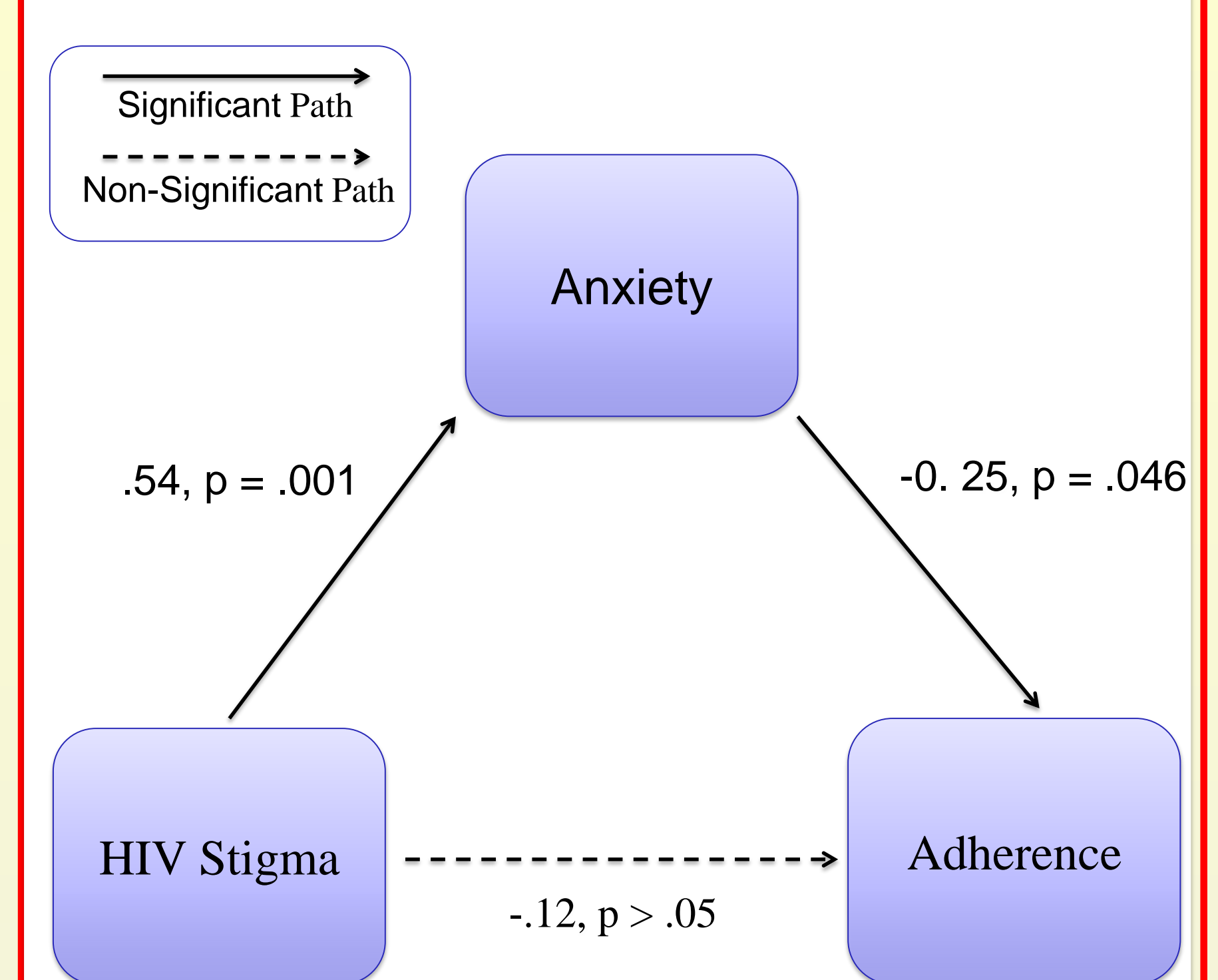


Figure 1. Standardised coefficients for the anxiety mediational model.



RESULTS

Both models indicated that depression and anxiety significantly mediated HIV stigma and adherence however non-significant results were shown in each for HIV stigma directly mediating adherence. However, the depression model more strongly mediates adherence than the anxiety model.

CONCLUSIONS

Implications:

- Role of screening for and treat depression and anxiety among PLWH, which can impact on self management (e.g. medication adherence). Improving adherence can result in treatment outcomes, including reducing viral load and onward transmission
- Role of screening for depression and anxiety among PLWH.
- Potential benefits of trying reduce HIV stigma (among MSM and wider community).
- Role of psychological interventions to improve adherence, including psychosocial factors.

Recommendations for Future Research

- Research into stigma within MSM and the wider communities.
- Investigation of other psychological factors/resilience among MSM and PLWH.
- Effectiveness of screening and treatment for depression/anxiety among PLWH.
- Effectiveness of adherence interventions among PLWH.
- Training clinicians to be mindful of role that mental health plays on adherence and referring PLWH appropriately for treatment.

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