Effective HIV Treatment Drove Swift Decline in Suicides

However, an analysis of Swiss people with HIV found no significant change in the suicide rate in more recent years.

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The introduction of highly effective combination antiretroviral (ARV) treatment in 1996 precipitated a steep drop in the suicide rate among people living with HIV in Switzerland, aidsmap reports. However, this decline ultimately leveled off and has not seen a significant shift in more recent years, even as treatments have continued to improve.

Publishing their findings in the Journal of the International AIDS Society, researchers led by Matthias Egger, MD, of the Institute of Social and Preventive Medicine in Bern, Switzerland, analyzed data on 20,139 people with HIV who were followed for a cumulative 184,402 years between 1988 and 2017. Among them 204 people died by suicide, for a suicide rate of 111 per 100,000 cumulative years of follow-up.

The researchers compared data on the HIV cohort members with data on the general population drawn from the Swiss National Cohort.

Among men and women with HIV, the suicide rate per 100,000 cumulative years of follow-up was a respective 446 and 149 cases during 1988 to 1996, a respective 99 and 75 cases during 1996 to 1998, and a respective 72 and 34 cases during 2009 to 2017.

By comparison, between 1988 and 2017, the suicide rate in the general population fell from 33 to 20 cases per 100,000 cumulative years of follow-up.

Among men, the standard mortality rate (SMR), which indicates the factor by which the suicide rate was higher among those with HIV compared with those without the virus, was 12.9 prior to 1996—meaning the suicide rate was 12.9-fold higher in the HIV cohort. After combination ARV treatment was introduced, the SMR declined to 2.4; in more recent years, it increased to 3.1. Among women, the SMR during these three periods declined from 14.2 to 10.2 to 3.3, respectively.

Looking at the HIV cohort, the study authors found that those who died by suicide were more likely to be male, of Swiss nationality, a gay or bisexual man, have a history of injection drugs, have had psychiatric treatment and have more advanced HIV disease.

The study found no association between taking Sustiva (efavirenz), which is included in various combination tablets such as Atripla (efavirenz/tenofovir disoproxil fumarate/emtricitabine), and suicide. Sustiva has been associated with suicide and suicidal behaviors in some other studies. It is possible no such association was seen here because clinicians avoided prescribing the drug to those with mental health problems.

Similarly, no association was seen between Tivicay (dolutegravir) and suicide.

“Suicide rates have decreased substantially among people living with HIV in the last three decades but have remained about three times higher than in the general population since the introduction of [combination ARV treatment],” the study authors concluded. “Continued emphasis on suicide prevention among men and women living with HIV is important.”

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