HIV Is Independently Linked to Poorer Mental Health

The longer people in a British study had been living with diagnosed HIV, the more likely they were to have depression and anxiety.

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People living with HIV have higher rates of depression and anxiety compared with their peers who do not have the virus, the National AIDS Treatment Advocacy Project (NATAP) reports. This disparity widens as people live with diagnosed HIV for longer.

Researchers assembled a cohort of 3,258 HIV-positive adults in a 2011 to 2012 study called ASTRA conducted in the United Kingdom as well as a matched control group of HIV-negative people at risk for the virus who participated in the British AURAH study between 2013 and 2014. Participants in each study completed a total of 5,730 questionnaires—2,865 from each study group—that informed this new analysis.

Findings were presented at the International AIDS Conference in Amsterdam (AIDS 2018).

The average age of each cohort was 45 years old. A total of 72.5 percent of each group was white, about 73 percent were men who have sex with men (MSM), 11 percent were heterosexual men and 17 percent were women. Forty-three percent of each group had a college degree.

The study looked at three mental health outcomes, including: having depressive symptoms, measured by a score of at least 10 on the PHQ-9 scoring system; having anxiety symptoms, measured by a score of at least 10 on the GAD-7 scoring system; and having depression overall, measured by having depressive symptoms or receiving treatment for depression.

A total of 27 percent of the HIV-positive individuals had depressive symptoms, compared with 10.5 percent of the HIV-negative individuals. A total of 21.6 percent of those with HIV and 9.6 percent of those without the virus had anxiety symptoms, and 34.6 percent of those with HIV and 16.2 percent of those without the virus had depression overall.

After adjusting the data to account for various differences between the two groups, the researchers found that having HIV, compared with not having the virus, was associated with a 3.3-fold greater rate of having depressive symptoms, a 2.7-fold greater rate of having anxiety symptoms and a 2.6-fold greater rate of having depression overall.

These higher rates of negative mental health outcomes based on HIV status held true even after the researchers divided their analysis into subgroups of HIV-positive individuals, including those taking antiretrovirals (ARVs) with a fully suppressed virus, those on ARVs with a detectable viral load and those not on ARVs and compared these groups with the HIV-negative individuals.

The increased risk of all three mental health outcomes among people with the virus increased based on the length of time since an individual's HIV diagnosis.

Factors that predicted an individual having any of the three mental health outcomes included being an MSM or a woman (compared with being a heterosexual man) and having less education.

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