

TITLE

Psychiatric multimorbidity among people with HIV aged ≥ 40 years in low- and middle-income countries in the Senti Network of leDEA

PRESENTER

Angela Parcesepe

AUTHORS

A. Parcesepe¹, M. Stockton², C. Bernard³, T. Kanguya⁴, E. Kwobah⁵, A. Lopez⁶, G. Murenzi⁷, J. Ross⁸, A. Minga⁹, M. Tlali¹⁰, S. Perazzo¹², C. Ingabire⁷, S. Nimkar¹³, K. Lancaster¹⁴, leDEA Consortium

INSTITUTIONS

¹University of North Carolina at Chapel Hill, Chapel Hill, United States, ²Columbia University, New York, United States, Bordeaux, National Institute for Health and Medical Research (INSERM), Research Institute for Sustainable Development Bordeaux Population Health Research Centre, Bordeaux, France, ⁴Centre for Infectious Disease Research in Zambia, I ⁵Moi Teaching and Referral Hospital, Eldoret, Kenya, ⁶Instituto Nacional de Ciencias Médicas y Nutrición, Mexico City, ⁷Research for Development (RD Rwanda) and Rwanda Military Hospital, Kigali, Rwanda, ⁸TREAT Asia/amfAR – The Four Research, Bangkok, Thailand, ⁹Centre Médical de Suivi des Donneurs de Sang/ CNTS-CI, Abidjan, Cote D'Ivoire, ¹⁰Unive Town, Centre for Infectious Disease Epidemiology & Research (CIDER), Cape Town, South Africa, ¹¹Indiana University Sc Medicine, Indianapolis, United States, ¹²National Institute of Infectious Diseases Evandro Chagas-Oswaldo Cruz Four (INI/FIOCRUZ), Rio de Janeiro, Brazil, ¹³Byramjee Jeejeebhoy Government Medical College – Johns Hopkins University Site, Pune, India, ¹⁴The Ohio State University, Columbus, United States

BACKGROUND: Mental and substance use disorders (MSD) are common among people with HIV (PWH) and have been poor HIV care outcomes. Psychiatric multimorbidity, the presence of two or more co-occurring MSD, has been associated with psychiatric symptom severity and worse mental health treatment outcomes. Research into the prevalence of psychiatric multimorbidity among PWH in low- and middle-income countries (LMIC) remains limited.

METHODS: We analyzed baseline data from the International epidemiology Databases to Evaluate AIDS (leDEA) Senti Network (SRN), a cohort of PWH aged ≥ 40 years on antiretroviral therapy at eight HIV clinics within the Asia-Pacific, Latin America, Central, East, Southern, and West Africa leDEA regions. Baseline data were collected between October 2020 and September 2021. We documented the prevalence and co-occurrence of symptoms of moderate to severe depression (PHQ-9 ≥ 10), anxiety (GAD-7 ≥ 10), post-traumatic stress disorder (PTSD) (PCL-5 ≥ 33), as well as hazardous alcohol use (AUDIT-C ≥ 3 for women, ≥ 4 for men) and drug use (ASSIST >3 for cannabis, cocaine, amphetamines, inhalants, sedatives, hallucinogens, or opioids). Psychiatric multimorbidity was defined as the co-occurrence of symptoms of two or more disorders assessed.

RESULTS: Among 2,074 participants, the median age was 50 (IQR: 45-56) years and 54% were female. The prevalence of depression, anxiety, and PTSD was 15%, 10%, and 6%, respectively. The prevalence of hazardous alcohol use and hazardous drug use was 20% and 4%, respectively. Overall, the prevalence of psychiatric multimorbidity was 12%. Among those with symptom of psychiatric multimorbidity, the prevalence of symptoms of psychiatric multimorbidity was 35%. The prevalence of symptoms of psychiatric multimorbidity with hazardous alcohol use 29%, hazardous drug use 62%, depression 60%, anxiety 79%, and PTSD 89%.

CONCLUSIONS: In this cohort, psychiatric multimorbidity was common among PWH aged ≥ 40 across LMIC. Integration of mental health and treatment into HIV care should be prioritized. The effectiveness and implementation of transdiagnostic or multi-systemic health treatment approaches in HIV care settings should be examined.