



Mastery and Coping Moderate the Negative Effect of Acute and Chronic Stressors on Mental Health-related Quality of Life in HIV

- Gibson K, Rueda S, Rourke SB, Bekele T, Gardner S, Fenta H, Hart TA, and the Ontario HIV Treatment Network Cohort Study Team
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What research question is addressed by ‘Mastery and Coping Moderate the Negative Effect of Acute and Chronic Stressors on Mental Health-Related Quality of Life in HIV’?

Acute and chronic stressors have a negative effect on the health of people living with HIV (PHAs). Different psychosocial skills, such as mastery (e.g., the extent to which individuals believe they have control over what happens to them, the decisions they make, and whether they are able to deal effectively with problems) coping, and social support are skills that can moderate or reduce the negative effects of these stressors. This study had two major goals: 1) to evaluate the relationship between stressors and health-related quality of life among people with HIV, and 2) to determine whether selected psychosocial resources (mastery, coping, and social support) positively affect the relationship between stressors and health-related quality of life.

What was the study conclusion?

The study found that life stressors had a significant negative association with physical- and mental health-related quality of life. It also found that mastery and maladaptive coping had a positive effect on mental health, but not on physical health.

Why is this question important?

People with HIV experience stress related to living with the disease as well as disproportionate amounts of other stressors, including abuse, social rejection and trauma. These challenges are associated with a greater likelihood of psychological distress, decreased quality of life and a higher prevalence of psychiatric disorders. There is a need to better understand the relationship between life stressors and health outcomes for PHAs that incorporate psychological factors (in addition to biological factors) in the context of HIV disease.

How was the study conducted?

Researchers collected demographic, clinical, psychological and life stressor information from 758 OCS participants. Clinical data were collected from patient medical records and the Ontario Public Health Laboratory. Demographic (including age, gender, income, sexual orientation and education), life stressor (including childhood trauma, recent life events and ongoing stressors) and psychological resource (including mastery, coping mechanisms and social support) data were collected using semi-structured interviews, administered between December 2006 and March 2009 at three Toronto clinics.



What were the main results of the study?

A large proportion of study participants reported experiencing stressors in their lives. The top three stressors reported by participants were trying to take on too many things at once (51%), not having enough money to buy the things they needed (51%), and having something happen during childhood that scared them so much that they thought about it years later (42%).

Participants who reported a higher number of stressors also reported lower physical- and mental health-related quality of life. Participants who reported higher levels of mastery also reported better mental health-related quality of life, although not physical health-related quality of life. This suggests that people who feel capable of managing life challenges and retain a sense of personal control enjoy better mental health. Mastery also played a role in reducing the negative effects of life stressors, suggesting that people with high levels of personal control are less vulnerable to the damaging effects of life stressors.

In addition, participants who reported greater use of poor coping skills (such as denial or substance use) experienced lower mental health-related quality of life, and that the negative effects of poor coping skills were intensified by low levels of mastery. Those who reported high levels of mastery did not experience the same negative effects.

What do the study results mean for the treatment and care of people living with HIV?

These findings were consistent with other studies that indicate a correlation between high levels of mastery and other psychosocial resources with better mental health. They also support the idea that providing people with HIV the skills to deal with stressors in an effective manner (i.e., through improved mastery and positive coping skills) will improve their mental health and well-being. The study also suggests that there may be multiple complementary approaches to developing interventions intended to have a positive effect on mental health, and that access to effective counselling (among other interventions aimed at strengthening psychosocial resources) could help improve mental health for people with HIV.

Where can I find the full-length publication of this study?

This study was published in *AIDS Patient Care and STDs*. The full text version is available at:

<http://www.liebertonline.com/doi/abs/10.1089/apc.2010.0165>.

The **Ontario HIV Treatment Network Cohort Study (OCS)** is an ongoing research study that collects clinical, social and behavioural information about people living with HIV (PHA) in Ontario. Participation in the study is voluntary, and all personally identifying information of study participants is removed to ensure confidentiality. The OCS was established to improve our understanding of HIV and to inform HIV prevention, care and treatment strategies for people living with HIV and groups at increased risk of HIV infection. For more information about the OCS, please contact the OCS Research Coordinator, Brooke Ellis at: bellis@ohrn.on.ca.