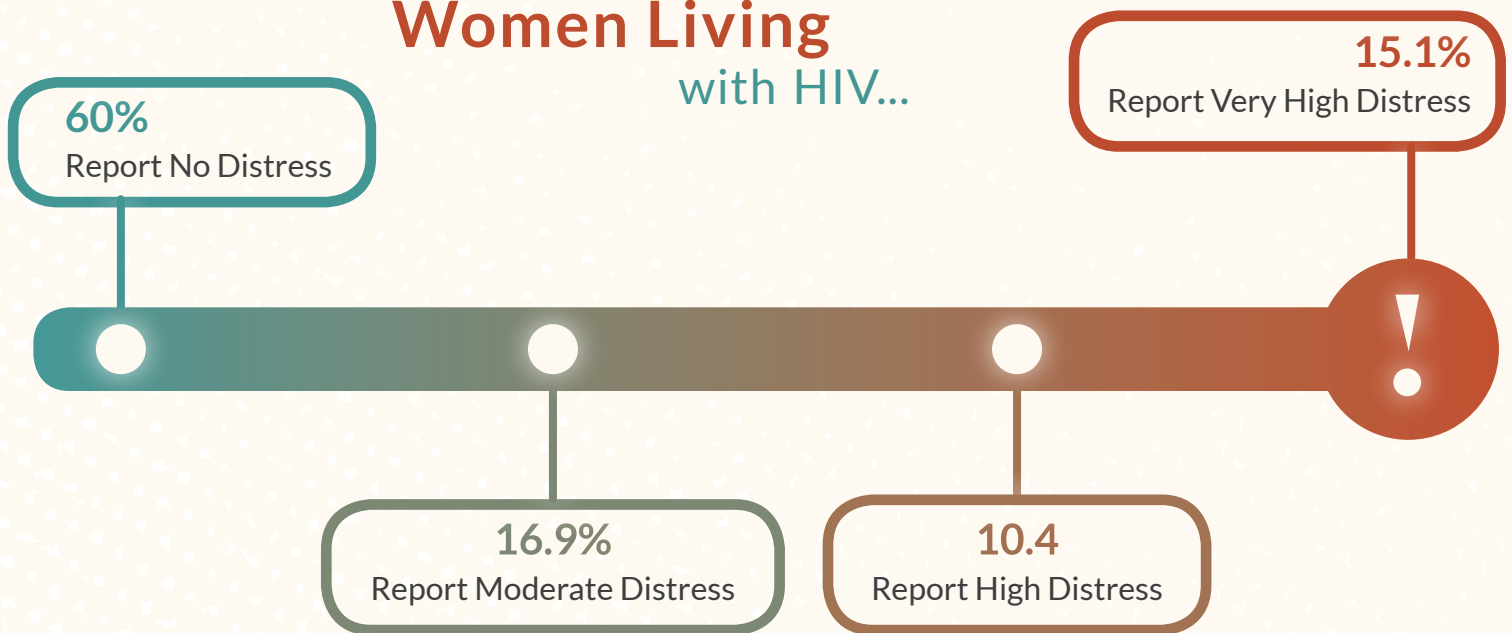


### Among **Women Living** with HIV...



#### The questions we asked:

- How many women living with HIV in Ontario experience psychological distress?
- How severe is the psychological distress?
- Are there other factors that influence psychological distress among women living with HIV?

#### The answers we found using OCS data

We used a scale to test for psychological distress among OCS participants. The scale—called the Kessler Psychological Distress Scale—is administered to all participants, but we were particularly interested in seeing how women experience distress. The results showed that, among the 337 women surveyed, 60% reported no psychological distress. However, 16.9% reported moderate, 10.4% reported high and 15.1% reported very high levels of psychological distress.

#### Why is this issue important?

Patients who suffer from psychological distress can present with different symptoms, including depression, anxiety or other somatic symptoms. Previous research has shown that, compared to people living with HIV who aren't depressed or anxious, those who experience depression and anxiety are less likely to take their antiretrovirals correctly. They also spend more time in the hospital, their HIV symptoms are worse, and they report lower life satisfaction and poorer quality of life. By understanding the influence of psychological distress and related factors, practitioners can offer different interventions and services to women living with HIV in Ontario, which should lead to improved health outcomes.

## What else did we learn?

In this study, we found that the following factors were related to psychological distress among women living with HIV: unemployment, lower levels of education, low CD4 cell counts and living in a household without their child(ren).

## How was the study conducted?

All OCS participants who complete the Core Questionnaire are asked to answer the Kessler Psychological Distress Scale. This is a short scale with 10 questions designed to assess psychological distress. The scale is routinely used in large population health surveys in countries such as Australia, the US and Canada.

We used scores from all of the women in the OCS who had completed this scale and ranked their responses into four distinct groups: not clinically significant, moderate psychological distress, high psychological distress, and very high psychological distress. We then compared the different groups of women against demographic factors (such as age, sexual orientation, ethnicity/race, education and employment status) and clinical factors (such as number of years living with HIV, CD4 cell count and viral load) to see if any of these factors were related to psychological distress.

## What's next?

We have demonstrated that there are a large number of women living with HIV (42%) who report some degree of psychological distress. We suggest that programs designed to serve women living with HIV in Ontario need to consider how to support and respond to some of the social needs of this population, including employment and education options, and how to work with mothers living with HIV to improve child care and custody issues and reduce psychological distress.

## Want to know more?

This study was published by AIDS Care. The full text version is available at: <http://www.ncbi.nlm.nih.gov/pubmed/24215281>

### Full title

*Demographic and clinical factors correlating with high levels of psychological distress in HIV-positive women living in Ontario, Canada*

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