



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

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The question

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

The answer

The authors used the results from a scale that tests psychological distress among OHTN Cohort Study (OCS) participants. The scale—called the Kessler Psychological Distress Scale (or K10, for short)—is administered to all OCS participants, but the authors were interested specifically in seeing how women experienced distress. The study findings showed that while almost 60% of the 337 women surveyed reported no psychological distress; moderate, high, and very high levels of psychological distress were reported by 16.9%, 10.4%, and 15.1% of the women.

Why is this question 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 spend more time in the hospital, their HIV symptoms are worse, and they report lower life satisfaction / quality of life. By understanding the influence of psychological distress and related factors, different interventions and services can be offered to women with HIV living in Ontario, which would ultimately lead to improved health outcomes for this population.

What else did we learn?

In this study, the following factors were related to psychological distress among women living with HIV:

- Unemployment
- Having achieved lower education
- Low CD4 cell counts
- 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 K10 scale. It is a short scale with 10 questions designed to assess psychological distress. This scale is routinely used in large population health surveys



by countries such as Australia, the USA, and Canada.

The authors used the 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. The authors then compared the different groups of women against demographic (e.g., age, sexual orientation, ethnicity/race, education, employment status, etc.) and clinical factors (e.g., number of years living with HIV, CD4 cell count, viral load, etc.) to see if any of these factors were related to psychological distress.

What's next?

The authors of this study demonstrate that there are a large proportion of women living with HIV (42%) who report some degree of psychological distress. The authors 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 better 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>

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.