

## INTRODUCTION

- Human immunodeficiency virus/ Acquired immunodeficiency syndrome (HIV/AIDS) has become a chronic illness in the 21<sup>st</sup> century
- The lifetime prevalence of depression in People living with HIV/AIDS (PLWHA) is 22% which is two-fold that of the general population (American Psychiatric Association, 2018).
- The project focused on screening for depression among PLWHA in a long-term HIV/AIDS care setting.
- The Patient Health Questionnaire (PHQ-9) is a validated depression screening tool.
- Early detection of depression among PLWHA will help promote viral suppression and reduce HIV related morbidity and mortality.

## OBJECTIVES

- To implement the use of PHQ-9 in screening for depression among PLWHA.
- To identify the differences in PHQ-9 scores within the sociodemographic subgroups.
- To estimate the prevalence of depression among PLWHA.
- To recommend the incorporation of depression screening as part of routine HIV care in a HIV care setting.

## BACKGROUND AND SIGNIFICANCE

- Depression among PLWHA can lead to Antiretroviral therapy (ART) non-adherence, risky sexual behaviors (Arseniou, Arvaniti, & Samakouri, 2014), reduced work productivity and income (Wagner et al., 2017).
- Undiagnosed or under-diagnosed depression can also impede better clinical outcomes of HIV care (Chaudhury, Bakhla & Saini, 2016).
- People living with HIV/AIDS require holistic health care the same way as patients with other chronic illness.
- Routine mental health screenings for PLWHA are not implemented uniformly across the nation (World Health Organization, 2017)

## CLINICAL QUESTION

Will implementation of the use of the PHQ-9 (I) assist providers in the detection of depression (O) in people living with HIV/AIDS (P) in a HIV care setting?

## METHODOLOGY

### Study design

Cross-sectional study design with a convenience sample.

### Setting

HIV/AIDS long term care health facility located in North Newark New Jersey.

### Sample

- Thirty-two (32) individuals living with HIV/AIDS
- Age: 18 through 89 years

### Study Procedure

- Distribution of flyers.
- Obtained inform consent and sociodemographic information
- Administered PHQ-9 tool.

### Analysis

- Descriptive statistics and nonparametric statistics (Kruskal-Wallis Test) using SPSS
- Descriptive analyses were reported as frequencies and proportions.

### Results

- Possible depression was determined by PHQ-9 score greater than or equal to 5
- Based on the PHQ-9 cut-off point of  $\geq 5$ , twelve (52.2%) of the total participants (n=23) screened positive for depression
- The PHQ-9 scores differed significantly with the level of functional difficulty (H (2) = 7.993,  $p=.018$ )
- There was no significant difference between PHQ-9 total scores and the sociodemographic sub-groups including age, gender, race, employment, education level, marital status, income level and health insurance

## DISCUSSION

### Impact on healthcare/safety

- Identification of PLWHA who are at risk for depression and referral for further diagnostic evaluation.
- Unidentified and/or poorly depression can impede HIV care, medication adherence and retention in HIV care, reduce motivation to participate in activities of their daily living, result in risky health behaviors increase in viral load and mortality rate.
- Early identification of depression and treatment will help increase life expectancy, treatment adherence and decrease the risk of suicide among PLWHA

### Economic/cost benefits

- PLWHA who suffer from depression are likely to be less motivated to seek for job or retain jobs.
- HIV/AIDS imposes a substantial non-medical cost on an infected person and their caregivers in terms of time, effort, and commitment.
- Early detection and treatment of depression among PLWHA can help offset the economic burden posed to society by undiagnosed and untreated depression.

### Policy implications

- The United States Preventive Services Task Force (USPSTF) (2016) recommends screening for depression in general adult population
- The New Jersey HIV Planning Group (NJHPG) identified depression as impeding the attainment of zero new HIV infection in New Jersey by the year 2020 (Integrated HIV Prevention and Care Plan 2017-2021 Update, 2018)
- The implementation of the use of depression screening tool will help address the issues of undiagnosed or untreated depression among PLWHA.

## CONCLUSION

- Depression is a common psychiatric disorder among PLWHA.
- Depression screening should be a routine and harmonized practice.
- The integration of depression screening into HIV care continuum is expected to promote retention and engagement in HIV care, improve antiretroviral therapy (ART) adherence and viral suppression

## REFERENCES

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