Psychiatric Symptoms In PLHIV: Prevalences, Interactions And Consequences

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Elise M.G. Meeder[1,2,3], Vasiliki Matzaraki[1], Marc J.T. Blaauw[1,4], Louise E. van Eekeren[1], Albert L. Groenendijk[1,5], Wilhelm A.J.W. Vos[1,6], Jan van Lunzen[7], Leo A.B. Joosten[1], Mihai G. Netea[1], Quirijn de Mast[1], Willem L. Blok[6], Annelies Verbon[5], Marvin A.H. Berrevoets[4], Andre J.A.M. van der Ven[1], Arnt F.A. Schellekens[1,2,3] for the 2000HIV Human Functional Genomics Partnership Program.
[1]Radboudumc, Nijmegen, Netherlands, [2]NISPA, Nijmegen, the Netherlands, [3]Donders Institute for Brain, Cognition and Behavior, Nijmegen, the Netherlands, [4]Elisabeth-Tweesteden Ziekenhuis, Tilburg, the Netherlands, [5]Erasmus MC, Rotterdam, the Netherlands, [6]OLVG, Amsterdam, the Netherlands, [7]ViiV Healthcare Translational Medical Research, Brentford, United Kingdom.

BACKGROUND

Psychiatric symptoms are highly prevalent in PLHIV. This may affect quality of life, sexual risk behaviour and cART adherence. Data from large cohorts are limited, and psychiatric symptoms are often analysed in isolation. Therefore, our aim is to assess the interrelatedness of psychiatric symptoms and their potential consequences in a large cohort of PLHIV.

METHODS

Design
Cross-sectional data from the 2000HIV cohort

Participants
Outpatient PLHIV on longterm cART, N = 1615

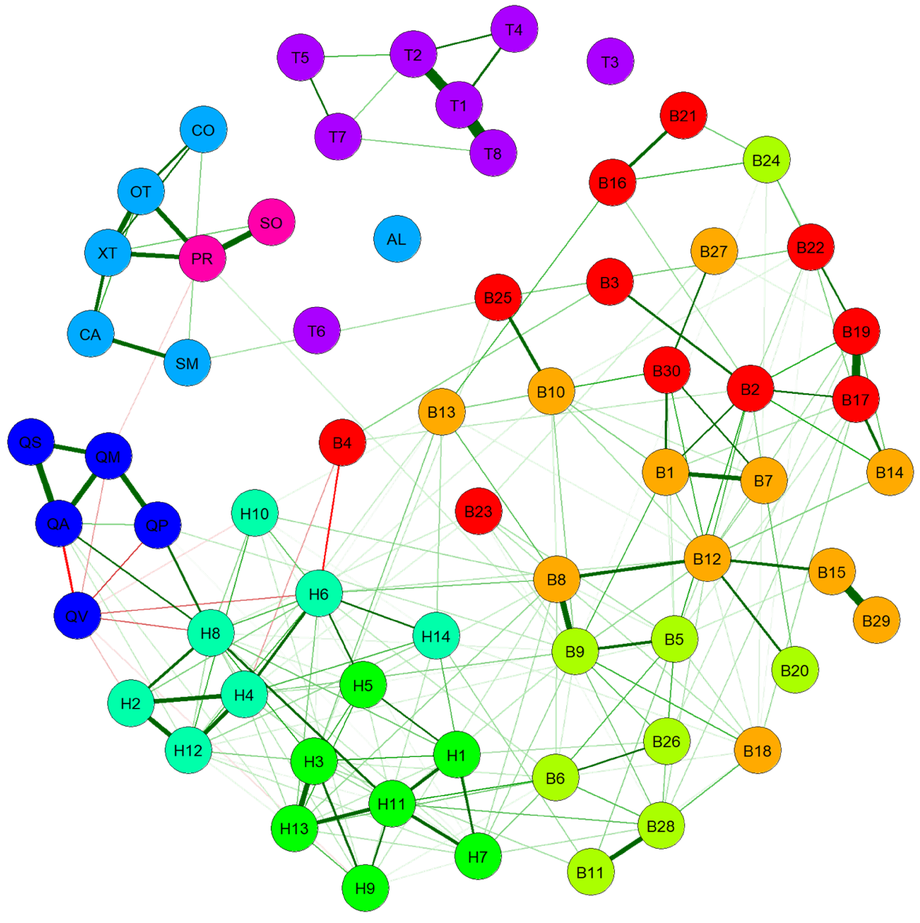
Instruments

Factors	*Self-questionnaires*
Depression	HADS
Anxiety	HADS
Motor impulsivity	BIS-11
Attentional impulsivity	BIS-11
Nonplanning impulsivity	BIS-11
Substance use	MATE-Q
Quality of life	EQ-5D-5L
cART adherence	MASS-8
Sexual risk behavior	STD's, nr sex partn

Statistical analysis
Ising network model
undirected network, consisting of:
- nodes: binary variables
- edges: conditional dependencies between the nodes

Accuaracy and stability testing (e.g. case dropping subset boostrap)

Quality of life in PLHIV is strongly impacted by symptoms of **depression**, whereas cART **adherence** is **not** related to **mental health issues**.



RESULTS

Baseline characteristics

HADS	severe depression sympt	98 (6.1%)
	severe anxiety sympt	150 (9.3%)
BIS-11	high impulsivity	135 (8.4%)
MATE-Q	alcohol, heavy	179 (11.1%)
	tobacco	463 (28.7%)
	cannabis	218 (13.5%)
	cocaine	95 (5.9%)
	ecstasy	148 (9.2%)

Network analysis
The network analysis revealed that symptoms of depression and anxiety were most strongly interrelated. Substance use was associated with a higher occurrence of sexually transmitted diseases (STD's), and this relationship was mediated by a higher number of sexual partners. The depressive symptom "feeling slowed down" was most strongly connected with quality of life. Notably, cART adherence did not display any connections with any psychiatric symptom.

CONCLUSIONS

In PLHIV, the interrelatedness between symptoms of depression, anxiety and impulsivity is high, whereas the interrelatedness between substance use, impulsivity and cART adherence is low or non-existing. Strategies to prevent comorbid STD's and improve quality of care in PLHIV may focus on substance use, and symptoms of depression, respectively.

ADDITIONAL KEY INFORMATION

Elise.Meeder@radboudumc.nl **www.2000HIV.com**

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