

**15659: THE INTERSECTION OF SUBSTANCE
ABUSE, DEPRESSION, VIOLENCE AND HIV:
IMPLICATIONS FOR ENDING THE HIV
EPIDEMIC**

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INTRODUCTION

Substance abuse (SA), intimate partner violence (IPV), and depression are highly prevalent within individuals living with HIV (LWH)

- >50% women LWH have experienced IPV
- 12% new diagnoses of HIV among women thru IDU
- 30-40% individuals LWH have depression

These conditions have been associated with nonadherence to ART and adverse effects on clinical outcomes

The electronic medical record has validated tools to screen for these problems, but they are underused

METHODS/ACTIVITIES

Objectives:

- Maximize identification of SA, IPV and depression among WLWH seeking GYN services in the Johns Hopkins Bartlett HIV clinic
- Link women who screen positive for these problems to evaluation and care
- Assess outcomes of interventions on adherence indicators

Case-control design:

- Screen for SA, IPV and depression using validated screens in EMR
 - SBIRT, Abuse Assessment Screen, PHQ 2/9
- Women serve as their own controls for measures of adherence 12 mo before and 6 mo after screening period
- Measures of adherence: HIV RNA, #ED visits; no-show rate for HIV clinical visits

This poster presents our baseline results

RESULTS-BASELINE

	All N=116	Screen negative N=46 (39.7%)	Any positive screen N=70 (60.3%)
Age (mean)	52	49	53
Race/ethnicity		N=46	N=70
Black/AA	103 (88.8%)	39 (84.8%)	64 (91.4%)
White	6 (5.2%)	3 (6.5%)	3 (4.3%)
Hispanic	1 (0.9%)	0	1 (1.4%)
Other	6 (5.2%)	4 (8.7%)	2 (2.9%)
HIV Risk	N=116	N=46	N=70
IDU	22 (19.0%)	5 (10.9%)	17 (24.2%)
Sexual	85 (73.3%)	36 (78.2%)	49 (70.0%)
Perinatal	4 (3.4%)	2 (4.4%)	2 (2.9%)
Other/not documented	5 (4.3%)	3 (6.5%)	2 (2.9%)
HIV-RNA <20 c/ml	81/114 (71%)	29/44 (65.9%)	51/69 (73.9%)
CD4 <200	10/114 (8.8%)	6/45 (13.3%)	5/69 (7.2%)
# ED visits (12 mo)	119 (1.03/person)	52 (1.1/person)	72 (1.0/person)
No show rates (avg)	26.2%	20.0%	31.3%

RESULTS:

Of 116 women, 39.7% had neg screens; 33.6% +IPV; 16.7% + depression; 29.3% + alcohol abuse (score 4+); 29.3% + drug use

With Chi-square, the following comparisons were significant ($p < 0.05$):

- Women screening negative on all screens were more likely than those IPV+ to have $CD4 < 200$ (13.3% vs 0%)($p = 0.028$)
- Women screening IPV+ OR +depression OR +drug/alcohol OR any + screen had higher N/S (>20%) rates than those screening negative on all screens
- Women screening + on 2+ screens had a higher N/S rate (>20%) than those screening negative on all screens (57.7% vs 30.4%) ($p = 0.028$)

There were no significant differences in VL suppression when comparing women with + screens (individual screens or any screen) to those negative on all screens

LESSONS LEARNED

Substance Abuse, Intimate Partner Violence and depression are common among a population of WLWH and in care

These screens likely underestimate the true prevalence of these problems, given the time frame for questions, stigma surrounding these issues and desirability bias

Although we were unable to find a relationship between + screens and viral load suppression (VLS) in this cohort of WLWH in care, there was a significant correlation with + screens and higher no show rates, reflecting increased resources needed to optimize VLS

Screening for components of this syndemic should be routine in HIV care settings and should be performed at each visit

Resources for appropriate referral are critical

CHALLENGES/LIMITATIONS

Lack of time, especially if a patient screens positive

Stigma and desirability bias, as well as how questions are asked, may influence response to screening questions

Concern about increasing trauma by asking questions, especially in women with history of childhood or adult violence

Components of this syndemic are likely more prevalent in women who are not well engaged or retained in care

There is evidence that IPV, depression and drug/alcohol abuse are more prevalent/more severe in the COVID-19 era

There is a need for systems-level support and more comprehensive trauma-informed approaches to care