

Poster presentation

Depression in HIV patients is associated with low adherence: a cross-sectional study among HIV patients in Denmark

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Purpose of the study

Depression is a common co-morbidity to HIV. International studies suggest that between 20–37% of HIV-positives may have a diagnosable depression. The current estimates may be underestimated as there is evidence that depression may be underdiagnosed. There are no studies on the number of Danish HIV-positives who have or have had a diagnosable depression. Our aim was to investigate the prevalence of depression among HIV-patients in an outpatient clinic in Denmark.

Methods

From May 2005 to September 2005, a population of HIV-positives over 18 years (341) treated at the Department of Infectious Diseases at Aarhus University Hospital was included in a questionnaire-based study. The Beck Depression Inventory II (BDI-II) was used to assess the prevalence and severity of depressive symptoms.

Summary of results

The response rate to the questionnaire was 73.9% (252); in 205 of these the questionnaire was sufficiently filled in to enable BDI scoring. Symptoms of depression (BDI>14) were seen among 77 (38%) and symptoms of major depression (BDI >20) were seen among 53 (26%). In all 205 patients, 64 (32%) stated that they had had a diagnosed depression previously. Psychiatric assessment was accepted by 36 of the 53 patients with a major depression BDI score; 18 started antidepressive treatment after the assessment while six had their treatment changed and 13 continued their treatment. In univariate analyses, symp-

toms of depression were associated with: no education, receiving unemployment benefit, hopeless financial situation and psychological variables. In multivariate analyses, self-reported stress, loneliness, constant thoughts about HIV and experiences of hopeless financial situation were associated with risk of depression. Risk of low adherence was almost six times higher among depressed patients.

Conclusion

This study provides evidence that depression is underdiagnosed among HIV-positives and strongly associated with low adherence. We recommend BDI screening as a routine part of the standard screening procedure in HIV-positives.