

Poster presentation

Factors associated with anxiety, depression and cognitive impairment in elderly patients receiving HAART

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Background

Although depression, anxiety and cognitive impairment are commonly seen in HIV-positive patients, to date most studies have not focused on aging subjects. We examined frequency and determinants of depression, anxiety and cognitive impairment in patients aged >50 years.

Methods

Cross-sectional study of 169 HAART-treated HIV-infected patients aged >50 years. Patients were administered the IPAT Anxiety Scale Questionnaire (ASQ), the IPAT Depression Scale Questionnaire (CDQ), and a battery of 17 standardized neuropsychological tests (NPT) as part of psychiatric, medical, and laboratory assessment.

Summary of results

Patient characteristics: age 56.8 years (mean, range 50–85), male gender 82.8%, CD4 count 555/cmm (mean, SD +347), subjects with HIV-RNA <50 cp/mL 70.7%, patients with previous AIDS events 43.8%, current HAART schemes: EFV-based 32.5%, PI-based 63.3%, and NVP-based 4.1% patients. Overall, scores consistent with anxiety (ASQ score>6) and depression (CDQ score>5) were observed in 66.9% and in 54.4% of patients. Cognitive impairment (<1 SD from the normative mean on >2 age and gender adjusted NPT, or <2 SD from the mean on >1 adjusted NPT) was present in 46.8% patients. Cognitive performance was not influenced by anxiety and depression scores. Similarly, age, sex, risk factors, CDC stage, plasma HIV-RNA, duration of HAART exposure were not

related to anxiety and depression scores. Patients aged >60 years had greater impairment at NPT than patients aged 50–60 years (mean NPT-Z4 score: -2.0 vs. -0.7; $p = 0.002$). Moreover, patients with ASQ scores consistent with anxiety had CD4 counts lower than patients reporting no anxiety (mean CD4 count/cmm 447 vs. 598; $p = 0.026$). Finally, EFV-treated patients were more likely to show summary scores consistent with absence of both depression (CDQ<5: 41.8% vs. 60.5%; $p = 0.022$) and anxiety (ASQ<6: 54.5% vs. 72.8%; $p = 0.018$) than PI-treated subjects.

Conclusion

Anxiety and depression were reported in nearly two-thirds of patients aged >50 years. Anxiety was associated with low CD4 cell count. Cognitive impairment was present in almost 50% of patients aged >50 years. Cognitive decline increased with increasing age. By contrast, anxiety and depression did not influence cognitive performance. Anxiety and depression were less common in EFV-treated patients, suggesting a prescription bias. Physicians must be aware of the high prevalence of psychiatric and cognitive disturbances in HIV patients aged >50 years.