

Improving quality of life among HIV-infected adults: The importance of addressing depression

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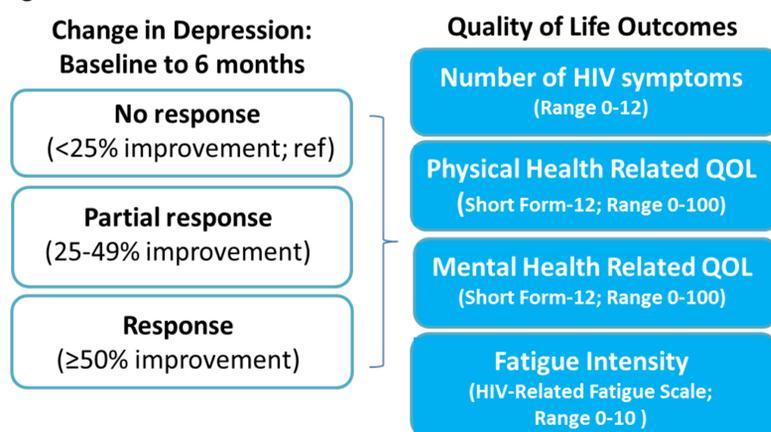
BACKGROUND

Depression affects 20-30% of people living with HIV (PLWH) and is associated with low quality of life (QOL). Addressing depression among PLWH may improve measures of QOL, including HIV symptoms, fatigue and overall physical and mental health.

METHODS

We analyzed data from 115 HIV+ adults with depression enrolled in a randomized controlled trial to evaluate the effectiveness of improved depression care on antiretroviral drug adherence. We excluded individuals with little evidence of depression at baseline (N=7) or whose depression measurement was taken >14 days after their baseline clinic interview (N=13).

Figure 1.



The exposure, change in depression score between baseline and 6 months, was measured using the Hamilton Depression Rating Scale (HAM-D) and categorized. We used linear regression to estimate the association between change in depression and 4 continuous measures of quality of life at 6 months (Figure 1).

RESULTS

At 6 months, number of HIV symptoms decreased on average by 0.2 symptoms (SD: 2.6), physical health declined on average 1.6 points (SD 9.4), mental health improved on average 8.1 points (SD: 13.0) and fatigue improved on average 1.2 points (SD: 2.6).

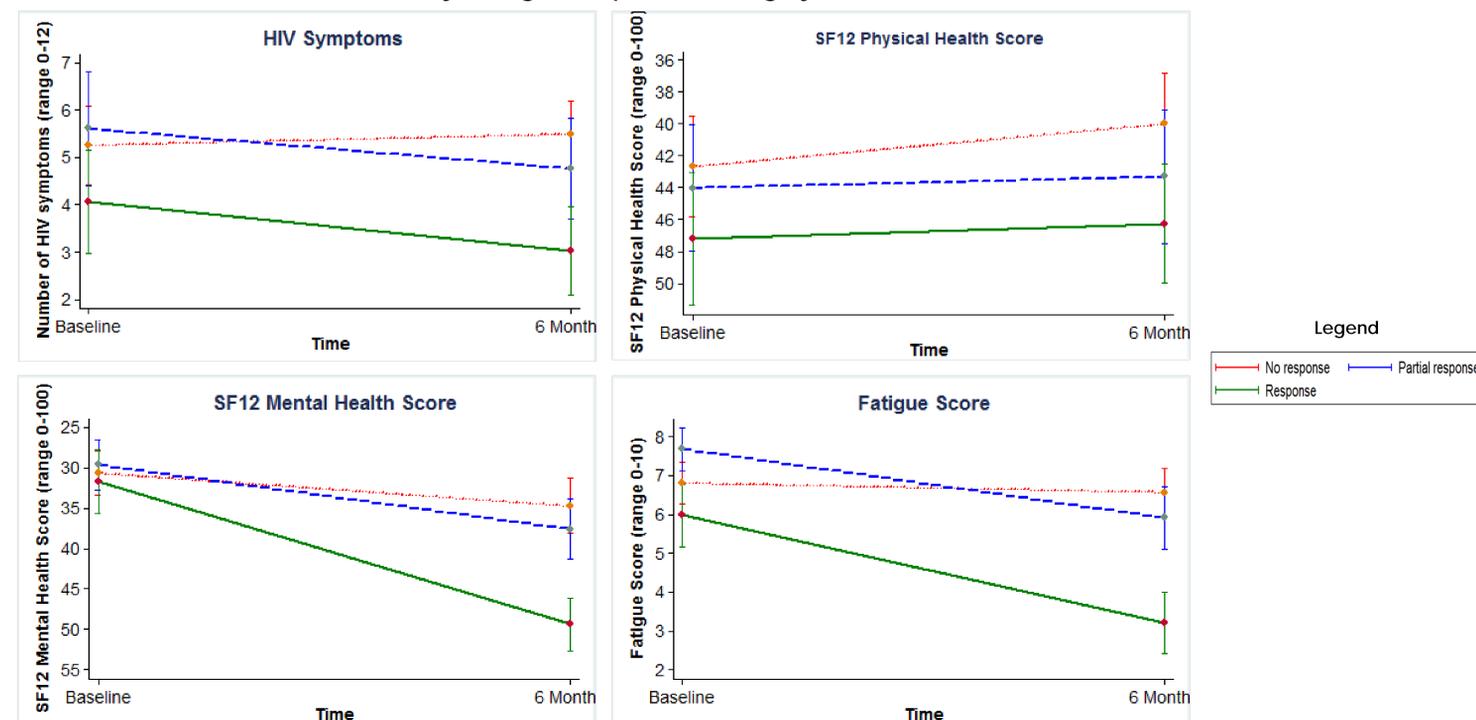
Table 1. Association of depression response with outcomes at 6 months, adjusted for baseline measures.

Depression response: baseline to 6 months	HIV symptoms [*]		Physical QOL ^{**}		Mental QOL [†]		Fatigue intensity ^{**}	
	Mean Difference [‡]	95% CI	Mean Difference	95% CI	Mean Difference	95% CI	Mean Difference [‡]	95% CI
No response (ref)	-	-	-	-	-	-	-	-
Partial response	-0.76	(-1.76, 0.23)	2.09	(-1.87, 6.06)	3.13	(-1.63, 8.25)	-0.94	(-1.94, 0.07)
Full response	-1.47	(-2.47, -0.47)	4.17	(0.26, 8.07)	13.89	(9.02, 18.76)	-3.00	(-3.98, -2.02)

^{*}Adjusted for baseline HIV symptoms and CD4. ^{**}Adjusted for baseline physical QOL and fatigue intensity (respectively), age and gender. [†] Adjusted for baseline mental QOL and primary partner. [‡]Negative value indicates a decrease in HIV symptoms/fatigue.

In general, improvement in depression was associated with improvements in all 4 measures of QOL at 6 months. Participants whose depression responded had greater improvements than those who partially responded, compared to those with no response (Table 1; Figure 2).

Figure 2. Baseline and 6 months means for each outcome measure, by change in depression category



CONCLUSIONS

Our results suggest that treating depression in PLWH may significantly improve a range of QOL measures, including HIV symptoms, overall physical and mental health and fatigue.