

¿Es la edad un determinante en la salud mental de las personas con VIH?

Dra. Irene Portilla Tamarit

Departamento de Psicología de la Salud de la Universidad de Alicante

Unidad de Enfermedades Infecciosas del Hospital General Universitario Dr.
Balmis, Alicante

Instituto de Investigación Sanitaria y Biomédica de Alicante (ISABIAL)



¿Es la edad un determinante en la salud mental de las personas con VIH?

La edad se asocia a **mayor prevalencia de comorbilidades, deterioro neurocognitivo y trastornos relacionados con la salud mental en población general.**

El riesgo de problemas relacionados con la salud mental puede ser mayor en las personas que viven con VIH en comparación con las personas sin VIH.

- Trastornos del estado del animo
- Trastornos del sueño
- Deterioro Neurocognitivo
- Disfunción Sexual
- Menopausia

- Soledad



Trastornos del Estado del Animo

Participantes: 566 personas con > 50 años VIH en Asia.

HIV/AIDS strategies should focus on outcomes and the psychological status of older patients diagnosed with HIV

Yuan Guan^{1,2,§}, Han Zhu^{1,2,§}, Tangkai Qi², Renfang Zhang², Jun Chen², Li Liu², Yinzong Shen², Hongzhou Lu^{1,2,§,*}, Qi Tang^{1,2,*}

[§] Scientific Research Center, Shanghai Public Health Clinical Center, Fudan University, Shanghai, China;

² Department of Infection and Immunology, Shanghai Public Health Clinical Center, Fudan University, Shanghai, China;

Table 2. Clinical outcomes and psychological characteristics of older patients

Clinical indicators	n (%)				P
	< 60	60-70	> 70	Total	
Virologic suppression					
Recent viral load < 20 copies/mL	112 (82.4)	250 (77.2)	84 (79.2)	446 (78.8)	0.46
Immunological indicators					
Increase in CD4 cells > 100 cells/uL or an Increase > 30% after 1 year of HAART	103 (75.7)	237 (73.1)	70 (66)	410 (72.4)	0.22
Effective treatment*	83 (61.0)	187 (57.7)	54 (50.9)	324 (57.2)	0.28
Immune reconstitution					
CD4 cells >350 cells/uL after 3 years of HAART	76 (55.9)	172 (53.1)	61 (57.5)	309 (54.6)	0.72
Psychological conditions					
Anxiety	6 (4.4)	26 (8.0)	7 (6.6)	39 (6.9)	0.37
Depression	26 (19.1)	82 (25.3)	35 (33.0)	143 (25.3)	0.04

*Treatment was deemed to be effective with an increase in CD4 cells > 100 cells/uL or > 30% after 1 year of HAART and a viral load < 20 copies/mL.



Trastornos del Estado de ánimo

Participantes: 566 personas con > 50 años

	Total	Univariate P-value	OR (95%CI)	Multivariate P-value	OR (95%CI)
Age (years)					
< 60	26 (19.1)	0.00	1	0.08	1
60 ~	82 (25.3)	0.15	1.43 (0.87-2.35)	0.25	1.46 (0.76-2.80)
≥ 70	35 (33.0)	0.01	2.08 (1.16-3.76)	0.03	2.33 (1.08-5.02)
Gender					
Male	127 (25.6)				
Female	16 (22.9)	0.62	0.86 (0.48-1.56)		
BMI (Kg/m)					
< 18.5	119 (34.4)	0.66	1		
18.5-23.9	91 (25.1)	0.26	0.64 (0.30-1.38)		
24-28	35 (24)	0.23	0.60 (0.26-1.37)		
≥ 28	6 (23.1)	0.35	0.57 (0.18-1.84)		
Marital status					
Married	109 (26.1)	0.00	1		
Unmarried	5 (11.6)	0.10	0.52 (0.24-1.14)		
Divorced or widowed	29 (27.6)	0.72	1.09 (0.67-1.77)		
Level of education					
Primary school or lower	13 (25)	0.00	1		
Middle school or High school	124 (27.1)	0.75	1.11 (0.58-2.17)		
University or higher	6 (10.7)	0.06	0.36 (0.13-1.03)		
Employment status					
Working	14 (15.2)	0.02	1		
Retired	118 (26.5)	0.03	2.00 (1.09-3.68)		
Unemployed	11 (39.3)	0.008	3.61 (1.40-9.30)		
Travel time to medical appointments					
0.5 h	6 (10.3)	0.005	1	0.007	1
0.5-1 h	48 (21.6)	0.06	2.39 (0.97-5.90)	0.024	2.94 (1.15-7.52)
1-3 h	84 (31)	0.003	3.89 (1.61-9.42)	0.001	4.44 (1.78-11.1)
> 3 h	5 (33.3)	0.035	4.33 (1.11-16.99)	0.031	4.79 (1.15-19.9)
Route of infection					
Heterosexual transmission	41 (23.7)	0.14	1		
Homosexual transmission	39 (21.4)	0.61	0.88 (0.53-1.45)		
Unknown	63 (29.9)	0.18	1.37 (0.87-2.17)		
Smoking					
Yes	48 (25.1)		1		
No	96 (25.3)	0.002	0.33(0.68-1.51)		
Drinking					
Yes	27 (18.4)		1		
No	116 (27.7)	0.000	0.13 (1.06-2.72)		
Exercise					
Yes	64 (18.9)		1		1
No	79 (34.8)	0.000	0.10 (1.56-3.37)	0.000	0.45 (1.68-4.32)
Chronic diseases					
Yes	86 (31.3)		1		1
No	57 (19.6)	0.001	0.54 (0.36-0.79)	0.04	0.64 (0.41-0.98)
Sleep quality					
Good	68 (20.3)	0.00	1	0.001	1
Fair	24 (21.6)	0.77	1.08 (0.64-1.83)	0.80	1.08 (0.61-1.90)
Poor	51 (42.5)	0.00	2.90 (1.85-4.55)	0.000	2.56 (1.54-4.25)

cus on outcomes and the psychological sed with HIV

Renfang Zhang¹, Jun Chen², Li Liu², Yinzong Shen²,

er, Fudan University, Shanghai, China;
h Clinical Center, Fudan University, Shanghai, China;
center for Infectious Diseases, The Third People's Hospital of Shenzhen, Shenzhen,



Trastornos del Estado del Animo

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PLOS ONE

Excess Burden of Depression among HIV-Infected Persons Receiving Medical Care in the United States: Data from the Medical Monitoring Project and the Behavioral Risk Factor Surveillance System

Ann N. Do^{1*}, Eli S. Rosenberg², Patrick S. Sullivan², Linda Beer¹, Tara W. Strine³, Jeffrey D. Schulden⁴, Jennifer L. Fagan¹, Mark S. Freedman¹, Jacek Skarbinski¹

¹ Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention, Atlanta, Georgia, United States of America, ² Emory University Rollins School of Public Health, Atlanta, Georgia, United States of America, ³ Office of Public Health Preparedness and Response, Centers for Disease Control and Prevention, Atlanta, Georgia, United States of America, ⁴ National Institute on Drug Abuse, Rockville, Maryland, United States of America

Participantes: 4,168 personas con VIH en USA, que completaron el Cuestionario de Salud del Paciente⁹ (PHQ-9)

CONCLUSIÓN:

PMVIH presentan síntomas “menos habituales” en la depresión: quejas somáticas, ira e irritabilidad.

Y a su vez que pueden ser concomitantes al propio envejecimiento y al VIH.

La depresión PMVIH esta infradiagnosticada y tratada.

Table 2. Weighted percentage of HIV-infected adults receiving medical care in the United States who met criteria for current depression^{*}, by type of depression and selected self-reported characteristics — Medical Monitoring Project, 2009.

	Major depression			Other depression			Any current depression		
	n	wgt. row %	(95% CI)	n	wgt. row %	(95% CI)	n	wgt. row %	(95% CI)
Total	506	12.4	(11.2, 13.7)	535	13.2	(12.0, 14.4)	1,041	25.6	(23.8, 27.4)
Gender									
Male	305	10.6	(9.2, 12.0)	367	12.7	(11.2, 14.2)	672	23.3	(21.4, 25.3)
Female	189	17.0	(14.6, 19.3)	160	14.4	(12.4, 16.3)	349	31.3	(28.2, 34.4)
Transgender [†]	12	17.5	(6.7, 28.4)	8	11.7	(3.7, 19.8)	20	29.3	(16.7, 39.9)
Age at interview									
18–24	13	12.1	(3.9, 20.2)	11	12.0	(4.7, 19.4)	24	24.1	(12.8, 35.3)
25–34	71	13.8	(10.3, 17.3)	66	13.7	(10.4, 17.0)	137	27.4	(23.1, 31.8)
35–44	151	15.0	(12.8, 17.2)	146	13.3	(11.3, 15.2)	297	28.3	(25.0, 31.6)
45–54	202	12.4	(10.3, 14.5)	216	14.0	(12.2, 15.9)	418	26.4	(23.8, 29.1)
≥ 55	69	8.4	(6.5, 10.3)	96	11.1	(8.8, 13.4)	165	19.5	(16.7, 22.2)
Race/ethnicity									
Black/African American	200	11.7	(9.8, 13.6)	252	15.0	(13.0, 17.1)	452	26.7	(24.0, 29.5)
Hispanic or Latino	118	13.8	(11.0, 16.5)	111	12.8	(10.4, 15.1)	229	26.5	(23.1, 29.9)
White	170	13.0	(11.0, 15.0)	145	11.0	(9.2, 12.7)	315	24.0	(21.3, 26.7)
Other	18	9.6	(6.4, 12.8)	27	14.3	(7.4, 21.2)	45	23.9	(16.8, 31.1)
Education									
< High school (HS)	153	16.2	(13.8, 18.7)	155	15.8	(13.4, 18.1)	308	32.0	(28.8, 35.1)
HS diploma or equivalent	138	11.8	(9.7, 14.0)	167	15.3	(13.4, 17.3)	305	27.2	(24.6, 29.7)
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Annual Income									
\$0 to \$9,999	239	16.5	(14.1, 18.9)	232	17.0	(15.0, 19.0)	471	33.5	(30.4, 36.6)
\$10,000 to \$19,999	137	12.6	(10.1, 15.1)	150	12.5	(10.0, 15.0)	287	25.1	(21.2, 29.0)
\$20,000 to \$49,999	79	9.4	(7.4, 11.3)	98	11.7	(9.6, 13.8)	177	21.1	(18.0, 24.1)
\$50,000+	20	4.0	(2.5, 5.6)	26	5.8	(4.3, 7.3)	46	9.8	(7.7, 11.9)
Time since HIV diagnosis									
0 – 5 years	117	11.9	(8.7, 15.1)	124	13.4	(10.6, 16.2)	241	25.3	(20.3, 30.3)
5 – 10 years	113	11.9	(9.5, 14.2)	136	14.9	(12.7, 17.1)	249	26.8	(23.9, 29.7)
10+ years	276	12.9	(11.2, 14.7)	274	12.3	(10.6, 13.9)	550	25.2	(22.7, 27.8)
Sexual orientation									
Homosexual, gay, or lesbian	182	11.2	(9.6, 12.9)	187	11.6	(9.8, 13.4)	369	22.8	(20.2, 25.5)
Bisexual	44	14.2	(10.0, 18.5)	55	16.5	(12.2, 20.7)	99	30.7	(23.9, 37.5)
Heterosexual or straight	267	13.0	(11.2, 14.7)	286	14.0	(12.5, 15.6)	553	27.0	(24.6, 29.3)
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^{*}Based on 4,168 persons who completed the *Eight-item Patient Health Questionnaire* (PHQ-8) depression scale; [†]Male-to-female or female-to-male. wgt. row% = weighted row %; 95% CI = 95% confidence intervals.

Responses to the PHQ-8 were used to define “Major depression” and “Other depression” according to criteria from the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition*. Any depression is the presence of either major depression or other depression.

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Trastornos del Sueño

No hay muchos estudios, se da por hecho que es similar que en población general.

scientific reports

OPEN **Sleep traits and associated factors among people living with HIV/AIDS in Iran: a two-step clustering analysis**
Safieh Mohammadnejhad¹, Arezu Najafi², Valerie A. Earnshaw³, Mohammad Ebrahimzadeh Mousavi⁴, Akbar Fotouhi⁵ & Samaneh Akbarpour⁶

Variables	First cluster (n:540)	Second cluster (n:329)	Third cluster(n:316)	p-value [†]
Age, mean ± SE	33.98 ± 0.41	37.31 ± 0.57	36.01 ± 0.80	<0.001
BMI, mean ± SE	23.43 ± 0.27	23.40 ± 0.34	23.15 ± 0.33	0.09
Sex				
Male	312 (78.59)	218 (84.72)	187 (82.43)	0.03
Female	228 (22.41)	111 (15.28)	129 (17.57)	
Education				
Illiterate to middle	326 (44.23)	224 (61.97)	204 (49.58)	<0.001
High school	164 (38.51)	88 (29.68)	90 (44.56)	
College	50 (17.24)	17 (8.34)	22 (5.85)	
Occupation				
Clerk	26 (3.91)	8 (1.83)	5 (1.27)	0.21
Free lancer	53 (11.18)	32 (14.38)	28 (8.61)	
Worker	146 (34.38)	115 (40.77)	77 (34)	
Married				
Married	288 (42.7)	173 (42.09)	153 (38.91)	
Divorced or widowed				
Divorced or widowed	131 (15.55)	90 (17.15)	86 (14.08)	
CD4 count at the time diagnosis				
CD4 < 500	170 (33.17)	99 (36.9)	74 (23.61)	0.064
CD4 ≥ 500	370 (66.83)	230 (63.1)	242 (76.39)	
Initial viral load				
Undetectable	236 (42.92)	132 (37.06)	126 (32.3)	0.13
Detectable	304 (57.08)	197 (62.94)	190 (67.7)	
Disease duration, mean ± SE	10.45 ± 31.51	9.15 ± 39	10.48 ± 86.09	0.13
High risk behavior				
Drug injection	163 (26.51)	119 (41.65)	122 (38.67)	0.003
Sexual behaviors	290 (65.63)	168 (56.28)	147 (68.03)	0.09
Unknown	72 (14.82)	36 (12.57)	37 (8.5)	0.14
Blood injection, mother to child, job exposure	15 (4.4)	6 (1.05)	10 (1.42)	0.2
Co-infection with tuberculosis	33 (4.21)	22 (6.48)	29 (6.3)	0.3
Co-infection with hepatitis B	11 (2.22)	8 (1.43)	15 (3.35)	0.37
Co-infection with hepatitis C	71 (11.65)	63 (17.1)	59 (15.1)	0.18
Co-infection with tuberculosis, hepatitis B and hepatitis C diseases	102 (15.4)	77 (21.06)	85 (20.86)	0.14

Participantes: 1,185 personas > 18 años con VIH en ASIA

Cluster 1: Problemas menores de sueño

Cluster 2: Ronquidos y apnea del sueño

Cluster 3: Mala calidad del sueño e insomnio

Table 4. The baseline information of participants in each cluster. *Fisher exact test. †ANOVA analysis for the quantitative and chi-square test for the qualitative variables.

Deterioro Neurocognitivo

Participantes: 119 personas con VIH en USA

■ 67 personas > 50 años

□ 52 personas < 50 años

Effects of HIV-1 infection and aging on neurobehavioral functioning: preliminary findings

Mariana Cherner^a, Ronald J. Ellis^b, Deborah Lazzaretto^c,
Corinna Young^a, Monica Rivera Mindt^a, J. Hampton Atkinson^{a,d},
Igor Grant^{a,d}, Robert K. Heaton^a and the HNRC Group

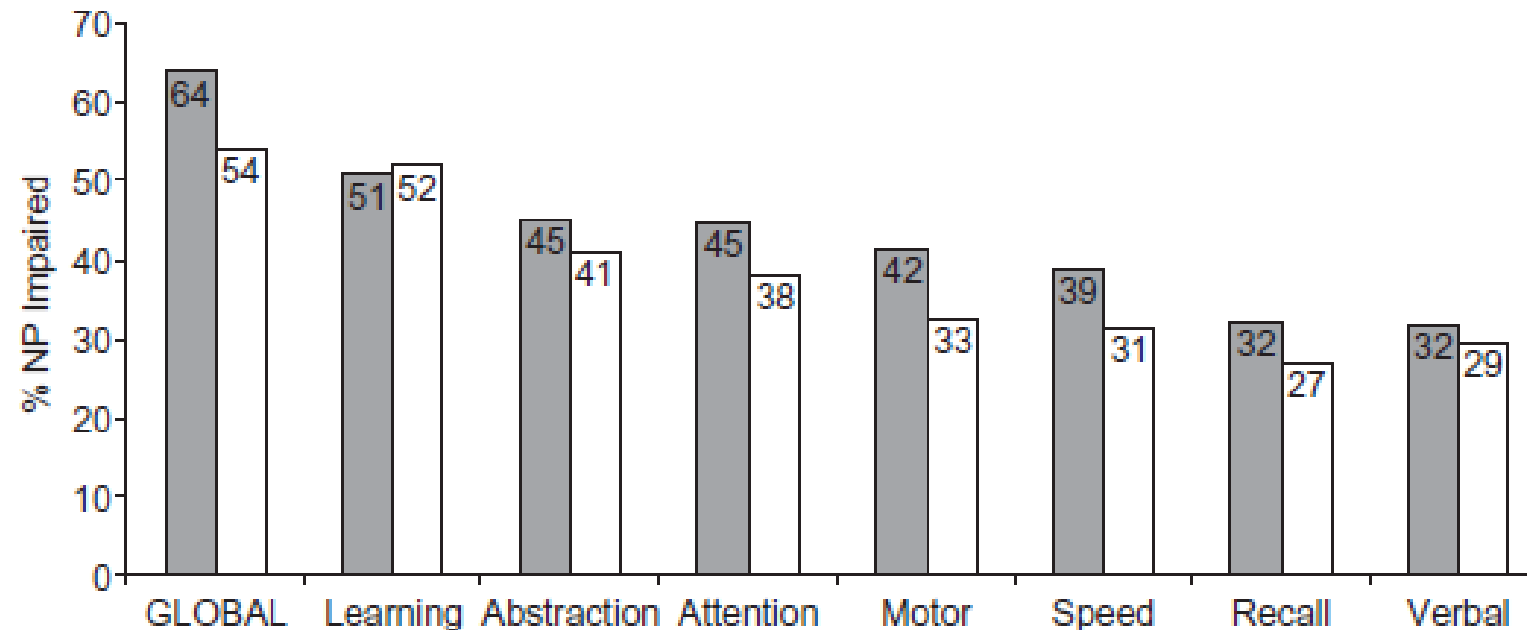


Fig. 1. Rates of global and domain-specific neuropsychological impairment by group. NP, Neuropsychological ■ Older; □ younger.



Deterioro Neurocognitivo

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Neuropsychology

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Medication and finance management among HIV-infected adults: The impact of age and cognition

April D. Thames^a, Michelle S. Kim^b, Brian W. Becker^b, Jessica M. Foley^c,
Lindsay J. Hines^a, Elyse J. Singer^a, Robert K. Heaton^d, Steven A. Castellon^{a,b} &
Charles H. Hinkin^{a,b}

Participantes: PVIH de Los Ángeles (USA).

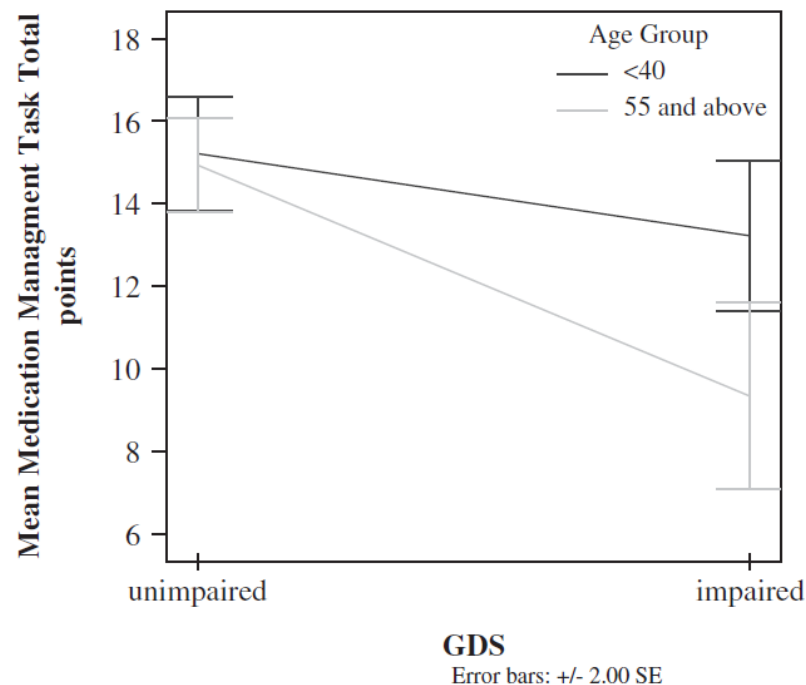


Figure 1. Age and cognitive group differences on Medication Management Task (mean scores represented for ease of interpretation). GDS = Global Deficit Score.

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SUBSTANTIVE REVIEW



Is There Any Evidence of Premature, Accentuated and Accelerated Aging Effects on Neurocognition in People Living with HIV? A Systematic Review

Htein Linn Aung^{1,2,3} · Maral Aghvinian⁴ · Hetta Gouse⁵ · Reuben N. Robbins⁶ · Bruce J. Brew^{1,3,7} · Limin Mao⁸ · Lucette A. Cysique^{1,2,3}

En una revisión sistemática:

- PMVIH (>55 años) tenían entre (OR) 1,18 - 4,8 veces más riesgo de tener DNC que las personas más jóvenes con VIH.

La edad avanzada en el momento de la seroconversión aumenta el riesgo de deterioro cognitivo.



Disfunción Sexual

RESEARCH ARTICLE

A ‘hidden problem’: Nature, prevalence and factors associated with sexual dysfunction in persons living with HIV/AIDS in Uganda

Brian Byamah Mutamba¹, Godfrey Zari Rukundo^{2*}, Wilber Sembajwe³, Noeline Nakasujja⁴, Harriet Birabwa-Oketcho¹, Richard Stephen Mpango^{5,6}, Eugene Kinyanda^{3,5}

¹ Butabika National Referral Mental Hospital, Kampala, Uganda, ² Department of Psychiatry, Mbarara University of Science and Technology, Mbarara, Uganda, ³ Statistical Section, MRC/UVRU and LSHTM Uganda Research Unit, Entebbe, Uganda, ⁴ Department of Psychiatry, College of Health Sciences, Makerere University, Kampala, Uganda, ⁵ Mental Health Section, MRC/UVRU and LSHTM Uganda Research Unit & Senior Wellcome Trust Fellowship, Entebbe, Uganda, ⁶ Department of Mental Health, School of Health Sciences, Soroti University, Soroti, Uganda

Participantes: 710 personas con VIH de Uganda

Prevalencia Disfunción Sexual:

Hombres: 17,6 % (IC: 15,1-19,1)

Mujeres: 38,7% (IC: 19,1-35,)

CONCLUSIÓN:

La Disfunción Sexual no suele evaluarse en las consultas médicas. Según los resultados del estudio, el 89,3% de los hombres y el 66,3% de las mujeres no buscaron ayuda para esta disfunción.

Table 5. Factors associated with sexual dysfunction (Multivariate model).

Factor	Level	Women aOR (95%CI)	Men aOR (95%CI)
Age		P < 0.001*	P < 0.001*
	18–44 years	1	1
	45 years and above	2.92(1.78–4.79)	3.90(1.02–6.01)
Religion		P = 0.104	P = 0.000*
	Christians	1	1
	Muslims & Others	1.40(0.85–2.20)	4.83(1.50–15.74)
Employment status		P = 0.030*	P = 0.461
	Farmer	1	1
	Professionals	0.96(0.34–2.72)	1.05(0.19–5.72)
	Self-employed/Business	0.86(0.57–1.32)	1.56(0.57–4.30)
	Unemployed	0.52(0.33–0.82)	0.75(0.2–2.73)
Marital status		P < 0.001*	P = 0.120
	Currently married	1	1
	Widowed	2.64(1.62–4.30)	0.52(0.62–4.35)
	Separated	1.78(1.16–2.71)	1.42(0.52–3.81)
	Single	1.14(0.60–2.16)	0.62(0.13–3.0)
Major Depressive disorder		P = 0.032*	-
	Yes	1.61 (1.04–2.48)	
	no	1	
Severity of depressive symptoms		-	P = 0.050
	0 symptoms		1
	1–10 symptoms		0.29(0.10–0.83)
	11–20 symptoms		0.27(0.74–0.99)
CD4 count		P = 0.05	-
	<500	1	
	> = 500	1.42(1–2.01)	
Stroke		P = 0.016*	P = 0.023*
	Yes	2.89(1.95–8.81)	2.54(1.03; 6.61)
	No	1	1
Social support		-	P = 0.065
	Yes		1
	No		0.37(0.15–0.89)

*Significant at 5% level of significance



Menopausia

Association between HIV status and psychological symptoms in perimenopausal women

Sara E. Looby, PhD,^{1,2} Christina Psaros, PhD,³ Greer Raggio, PhD,³ Corinne Rivard, BA,¹ Laura Smeaton, MS,⁴ Jan Shifren, MD,⁵ Steven Grinspoon, MD,¹ and Hadine Joffe, MD, MSc^{6,7}

Participantes: Mujeres entre 45 y 52 años con infección por VIH o sin VIH con perimenopausia: presencia de 1 ciclo menstrual de más de 60 días de duración en los últimos 6 meses, o menstruaciones irregulares en 2 o más ciclos menstruales en los últimos 6 meses.

TABLE 2. Mood and menopause symptoms at baseline and 12 months

	Baseline			12 mos			Between-group change over 12 mos ^a <i>P</i>
	HIV+ (n=33)	HIV- (n=33)	<i>P</i>	HIV+ (n=31)	HIV- (n=32)	<i>P</i>	
Mood symptoms							
Depresión → Total CES-D Scale	21 (12, 29)	10 (5, 14)	0.0006 ^b	19 (10, 31)	10 (5, 19)	0.005 ^b	0.89
Ansiedad → CESD score ≥16% (n)	67% (22)	21% (7)	0.0002 ^b	61% (19)	41% (13)	0.10	
Total GAD-7 Scale	7 (5, 15)	2 (1, 7)	0.0003 ^b	9 (5, 14)	3 (0, 7)	0.001 ^b	0.89
Menopause symptoms							
Total MRS	15 ± 8	10 ± 7	0.008 ^b	17 ± 8	11 ± 7	0.002 ^b	0.59
MRS item 1: hot flash severity	2 (1, 3)	1 (0, 3)	0.03 ^c	2 (1, 3)	1 (0, 2)	0.09	0.41
Interferencia en el día a día → Total HFRDIS	37 (10, 60)	6 (0, 20)	0.001 ^b	36 (19, 53)	8 (0, 27)	0.001 ^b	0.99

Data are reported as % (n) for categorical variables. Normally distributed data are reported as mean/SD and non-normally distributed data are presented as median (IQR).

CES-D, Center for Epidemiologic Studies Depression; GAD-7, General Anxiety Disorder-7; HFRDIS, Hot Flash Related Daily Interference Scale; MRS, Menopause Rating Scale.

^aRepresents between-group change (HIV+ vs HIV-) at 12 months. Within group change for both HIV+ and HIV- women at 12 months was not significant ($P \geq 0.05$) for each variable (MRS, MRS item 1, HFRDIS, GAD-7, and CES-D). Baseline data for the MRS, MRS item 1, and HFRDIS were previously published.¹³

^b $P < 0.01$.

^c $P < 0.05$.

Menopausia

Participantes: 813 mujeres entre 45 y 60 años con infección por VIH en Reino Unido

Se analizó LA CVRS con la menopausia

Association between health-related quality of life and menopausal status and symptoms in women living with HIV aged 45–60 years in England: An analysis of the PRIME study

Hajra Okhai^{1,2}, Livia Dragomir³, Erica RM Pool^{1,4}, Caroline A Sabin^{1,2}, Alec Miners⁵, Lorraine Sherr¹, Katharina Haag¹, Rageshri Dhairyawan^{6,7}, Nina Vora^{1,4}, Binta Sultan^{1,4}, Richard Gilson^{1,4}, Fiona Burns^{1,8}, Yvonne Gilleece⁹, Rachael Jones¹⁰, Frank Post¹¹, Jonathan Ross¹², Andrew Ustianowski¹³ and Shema Tariq^{1,4}

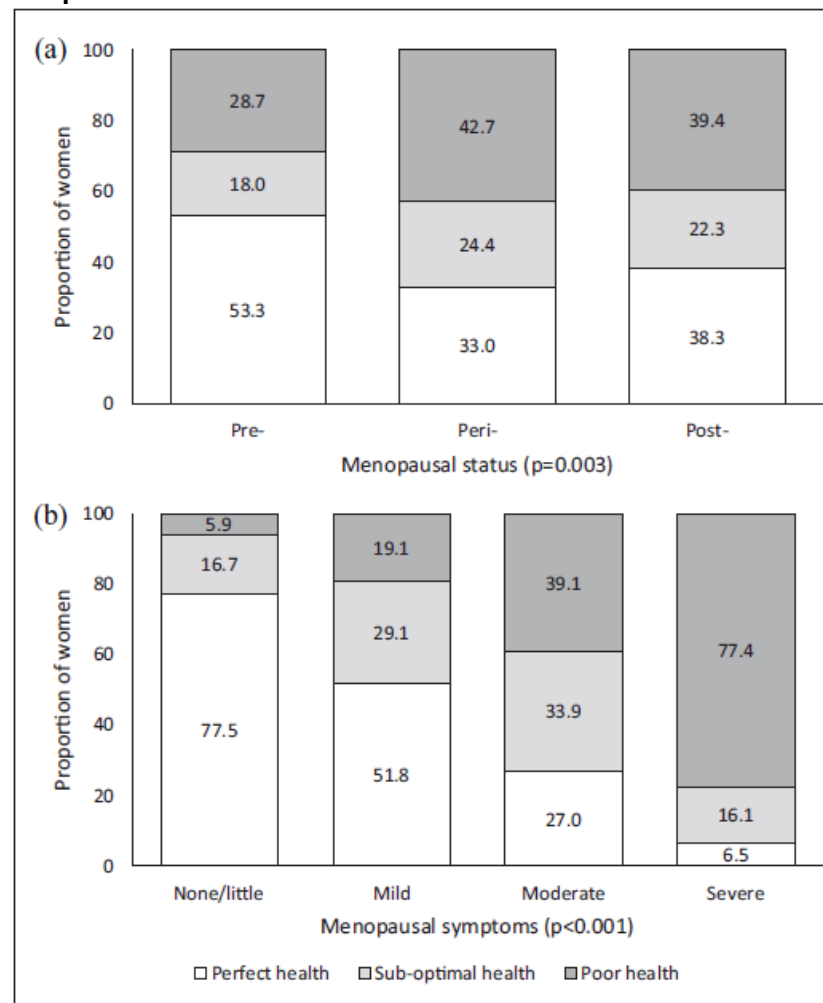


Figure 1. Categorical EQ-5D-3L score by (a) menopausal status (n=798) and (b) severity of menopausal symptoms (n=674) among PRIME participants.

Soledad

PMVIH pueden tener peor salud emocional que las más jóvenes, en relación con la soledad

Participantes: 998 Personas con > 50 años con infección por VIH en USA

Los resultados mostraron que el 50,8% se sentía solas

Loneliness among older adults living with HIV: the “older old” may be less lonely than the “younger old”

Peter Mazonson, Jeff Berko, Theoren Loo, Mark Kane, Andrew Zolopa, Frank Spinelli, Maile Karris & Peter Shalit

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Table 2. Adjusted relative risks of factors significantly associated with loneliness among older people living with HIV (multivariable logistic regression analyses).

		RR of Loneliness (95% CI)*
Age	60+ years	1
	50–59 years	1.26 (1.06, 1.45)
In a Relationship	Yes	1
	No	1.62 (1.43, 1.78)
Education	Less than 4 year college degree	1
	4 year college degree or higher	1.46 (1.27, 1.62)
Depression	No	1
	Yes	1.68 (1.44, 1.86)
Current Recreational Drug Use	No	1
	Yes	1.28 (1.07, 1.47)
Current Tobacco Use	No	1
	Yes	1.31 (1.05, 1.55)
Live Alone	No	1
	Yes	1.30 (1.06, 1.51)
Close to Friends	Yes	1
	No	1.84 (1.71, 1.94)
Quality of Life	High QoL	1
	Low QoL	1.82 (1.69, 1.91)

*Adjusted odds ratios from logistic regression were converted to relative risks using the formula suggested by Zhang and Yu (1998).



Soledad

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Loneliness Mediates the Effect of HIV-related Stigma on Depressive Symptoms among Older Persons Living with HIV

Moka Yoo-Jeong¹, Monique J. Brown^{2,3,4,5}, Drenna Waldrop⁶

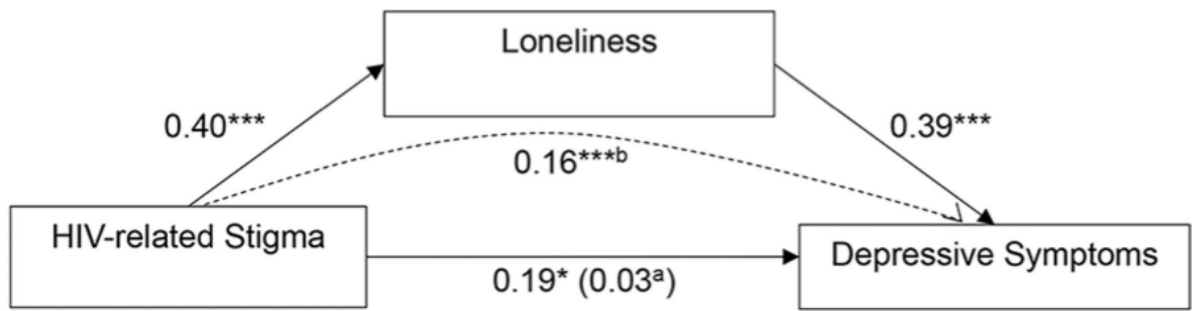


Figure 1. Mediating Effect of Loneliness on the Relationship Between HIV-related Stigma and Depressive Symptoms



Research paper
 Loneliness and its correlates among older adults living with HIV: A multicenter cross-sectional study
 Bingyi Wang^{a,1}, Xin Peng^{a,1}, Bowen Liang^{a,1}, Leiwen Fu^{a,1}, Tongxin Shi^{b,1}, Xinyi Li^a, Tian Tian^a, Xin Xiao^{a,c}, Ying Wang^e, Lin Ouyang^f, Yong Cai^{d,e}, Maohe Yu^{g,2}, Guohui Wu^{f,2}

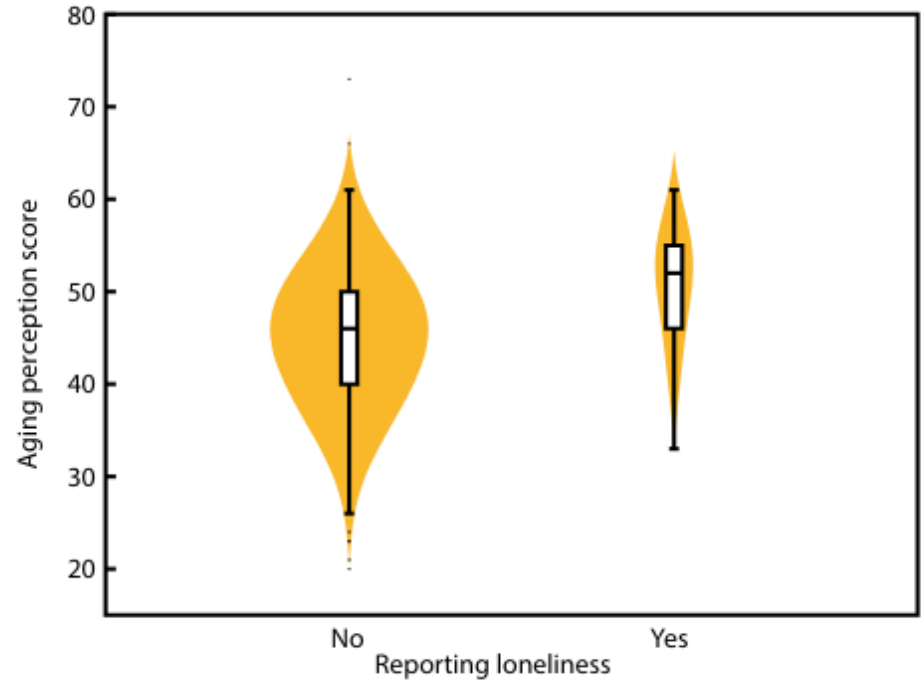
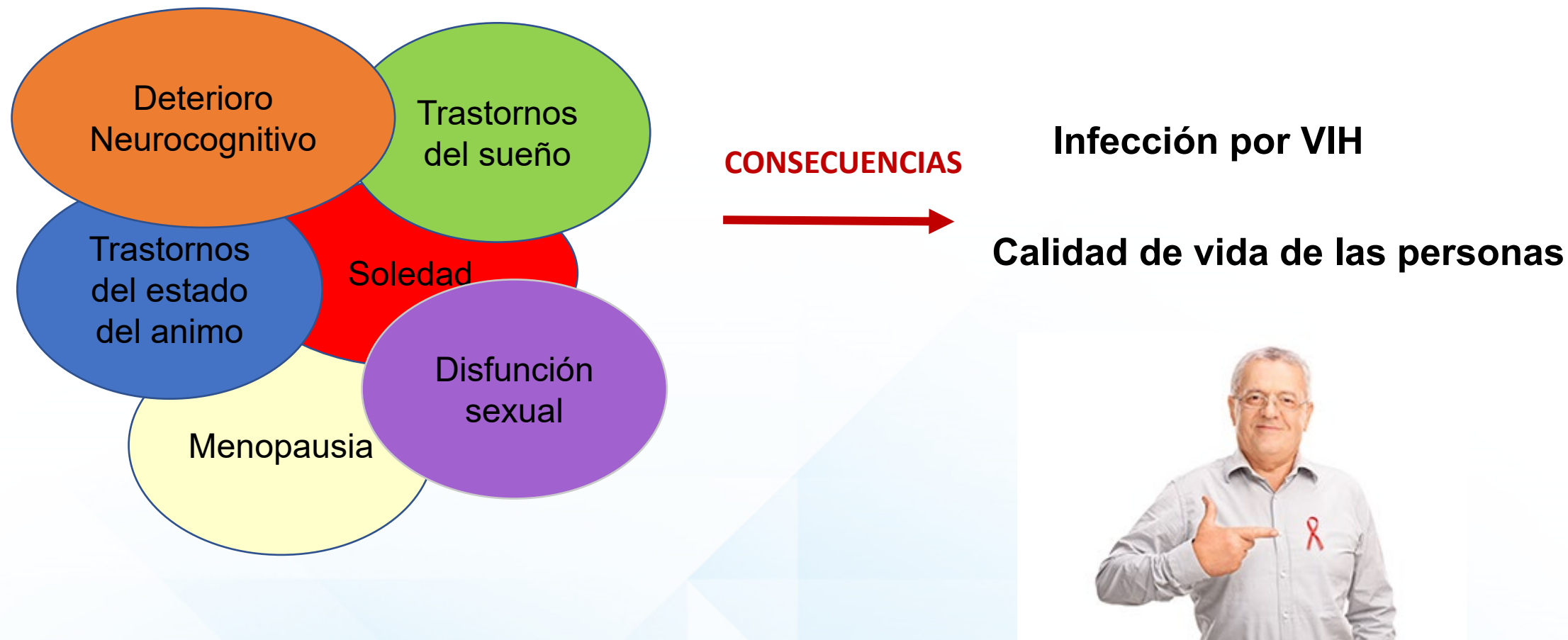


Fig. 2. Aging perception scores in loneliness vs. non-loneliness group.



¿Es la edad un determinante en la salud mental de las personas con VIH?



CONCLUSIONES

La edad puede ser un factor determinante en la salud mental de las personas con infección por VIH. En especial, en los trastornos del estado del ánimo (resultados menos claros con ansiedad), en los trastornos del sueño, en el deterioro cognitivo, en la salud sexual. Muy relacionado con sentimientos de soledad en esta población.

¿Y qué hacemos? Fomentar factores protectores:

- Actividades agradables
- Objetivos a corto plazo
- Hábitos de vida saludable
- Ejercicio físico
- Higiene del sueño
- **Relaciones sociales y Asociación entre PMVIH**
- **Afrontamiento activo y positivo del envejecimiento**
- **Búsqueda de apoyo psicológico y social**
- **Establecer una relación de confianza entre las personas de referencia (profesionales de la salud, mediadores de ONGs) y las PMVIH**
- **INTEGRAR EL ABORDAJE DE LA SALUD MENTAL EN PVIH, Y EN ESPECIAL EN PMVIH**

