



Practical focus on the diagnosis and treatment of the psychiatric and neuropsychological aspects of HIV-infected patients.

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Psychological adjustment to HIV and psychosocial associated factors

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Summary

- Objective of the study
- Antecedents
 - Quality of life, Comorbidity and Social Adjustment in HIV Infection
 - Quality of life and Psychosocial Factors
- Objective: Psychological adjustment to HIV and psychosocial associated factors
- Design
- Methods
 - Sample characteristics
 - Variables and instruments
- Results
- Conclusions

Objectives

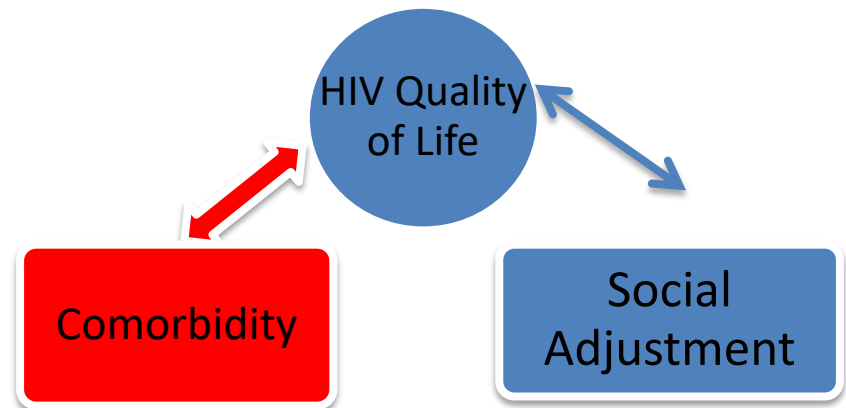
- To describe Coping Strategies Associated to Social Adjustment in persons with HIV infection with Comorbidity
 - Behavioural
 - Cognitive
 - Emotional
- To promote Coping Strategies in the context of COMMUNITY AND THERAPEUTIC COMPANIONSHIP
 - Focus in coping competences and self realization
 - Therapeutic alliance: Emotional support, Adherence to treatment
 - Group support. Psychoeducative purpose
 - Therapeutic Companion Role: Support psychotherapy process
 - Community companionship: Implying community resources

ANTECEDENTS

Quality of Life, Comorbidity and Social Adjustment in HIV Infection

“Quality of Life and Social Adjustment in people living with HIV with psychiatric and /or drug abuse comorbidity who attend health and social care programs”. May 2016. 9th th HIV Neurpsychiatry HIV Symimposium. Barcelona . Vicioso Etxebarria C, Castillo- Gonzalez D

- ❑ **Low Quality of Life** in people living with HIV with psychiatric and/or drug abuse comorbidity associated to Mental Function Subscale.
- ❑ No significant differences in Physical Function Subscale in relation to **Psychiatric Comorbidity**.
- ❑ **Low Social Adjustment** in association with Low Quality of Life, but no significant relation to Psychiatric Comorbidity.

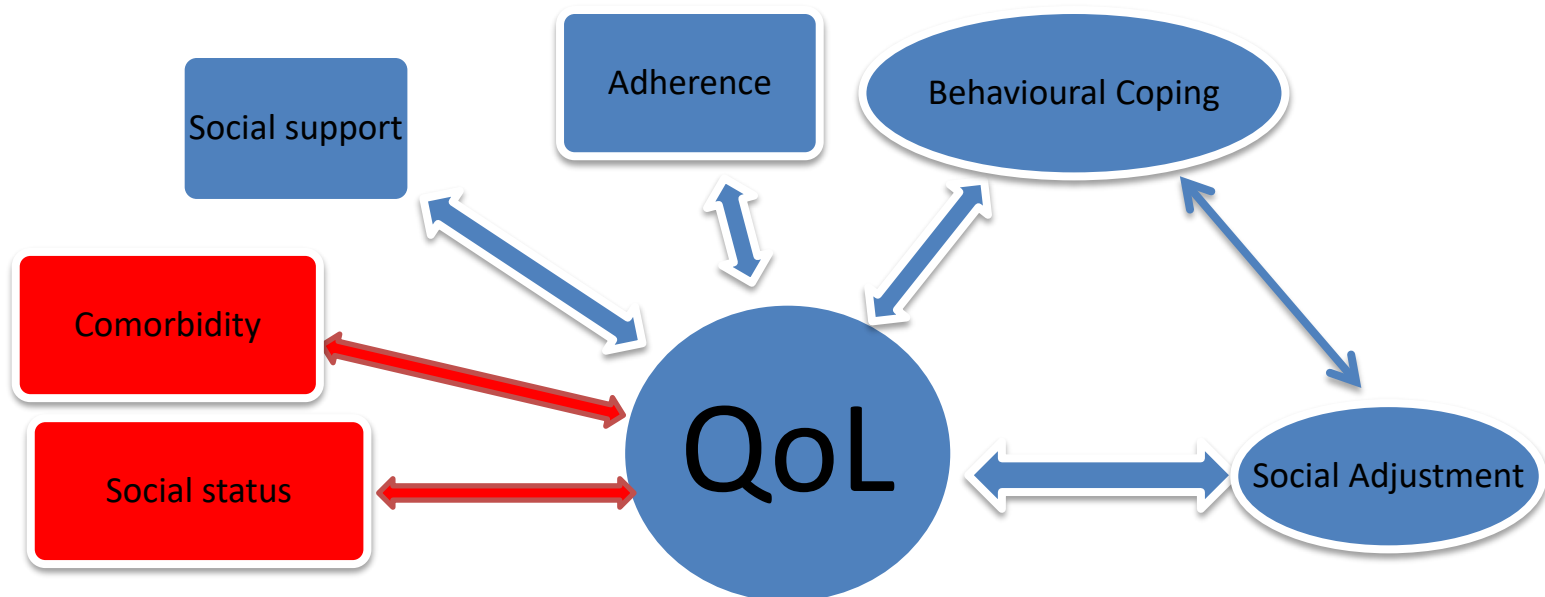


ANTECEDENTS

Quality of life and Psychosocial Factors in HIV Infection

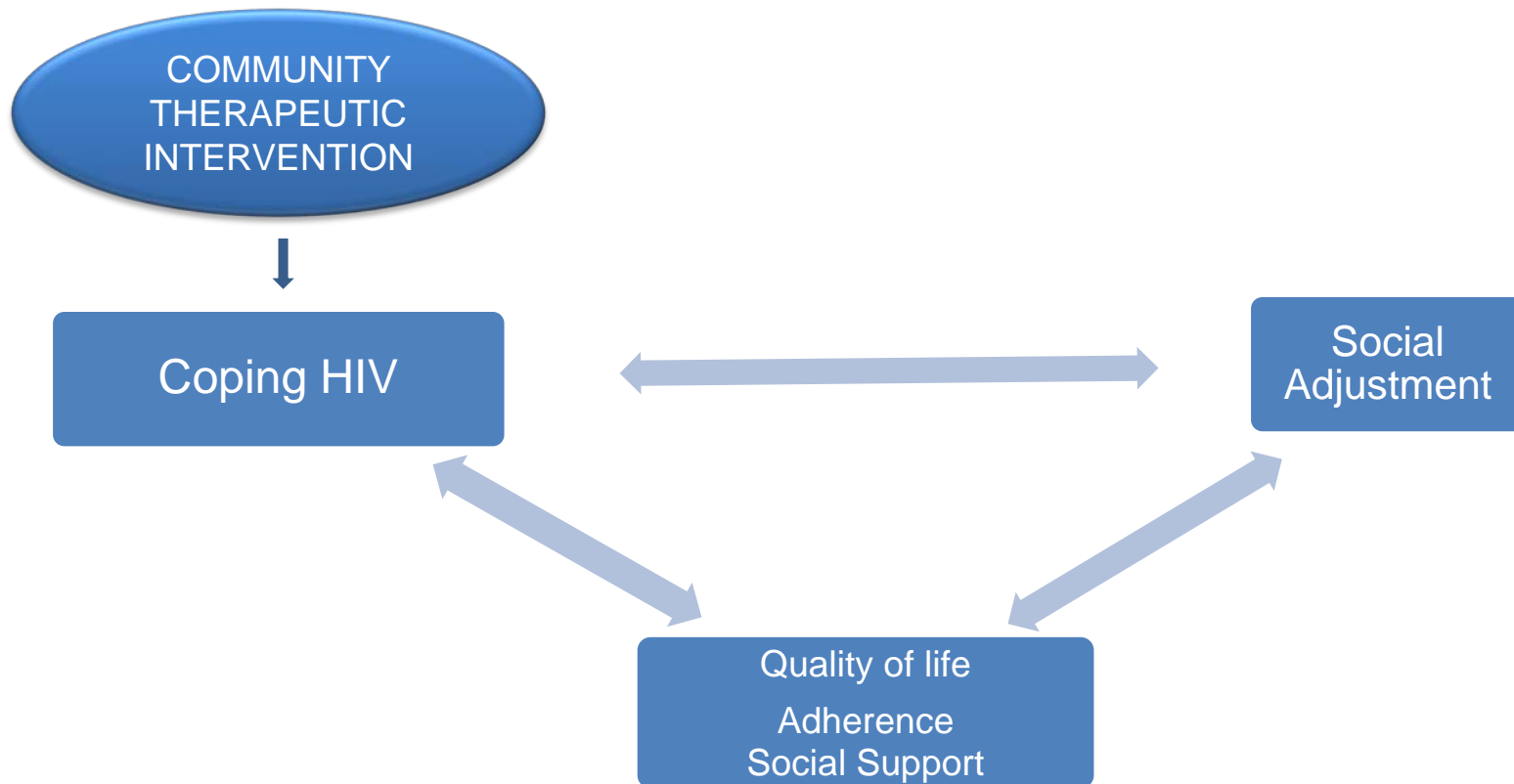
“Coping and Social Support as Mediating factors in Quality of Life in People living with HIV and psychiatric comorbidity”. 2017. Doctoral Thesis. Vicioso, C. Universidad del País Vasco (UPV-EHU).

- ❑ **Social Adjustment is associated to Quality of Life in persons with HIV, and this is mediated by Behavioural Coping.**



DESIGN:

Coping, Social adjustment and Quality of life



Methods

Sample selection: CTC* Participants: 43 participants (16 women and 27 men):

- HIV
- Psychiatric comorbidity or
- Psychological therapy or
- Psychiatric treatment or



Sample Sociodemographic Characteristics

Sociodemographic characteristics in Psychotherapy and Community Therapeutic Companionship

Variable	Category	2013 Psychotherapy	2018 CTC*
Sex	Women	30%	37.2%
	Men	70%	62.8%
Age	15-39	30.8%	9.4%
	40-49	65.3%	46.5%
	50 or more	11.3%	44.2%
Civil status	Single	50%	67.4%
	Married	17%	11.6%
	Divorced	22%	18.6%
	Widow	7%	2.3%
Education	Primary	48.1%	25.6%
	Secondary	32.5%	67.4%
	University	17.5%	7.0%

- More women
- Older age
- More single

Health Profile

Health characteristics in Psychotherapy and Community Therapeutic Companionship

Variable	Category	2013 Psychotherapy	2018 CTC*
Hep C	Yes	50%	30.2%
	No	50%	69.8%
Years of Diagnosis	<5	25.6%	18.7%
	5-15	30.8%	23.2%
	>15	43.6%	58.1
Way of transmission	Sexual	46.4%	43.5%
	IDU	52.2%	56.5%
	Transfusion	1.3%	
HAART	Yes	83.6%	92.5%
	No	16.4%	7.5%
Psychiatric treatment	Yes	58.1%	48.8%
	No	41.9%	51.2%
Use of Drugs	Yes	25.0%	25.0%
	No	75.0%	75.0%

- More years of diagnosis
- More in HAART
- More negative to HCV

*Community Therapeutic Companionship

Social Profile

Social characteristics in Psychotherapy and Community Therapeutic Companionship

Variable	Category	2013 Psychotherapy	2018 CTC*
Employment	Social aid	44.1%	39.5%
	Employed	30.4%	23.3%
	Unemployed/pension	12.7%	23.3%
	No income	12.7%	13.9%
Housing	Own	23.7%	30.2%
	Rent	25.4%	27.9%
	Family	21.9%	16.3%
	Social Housing	29%	20.9%

■ Similar social conditions

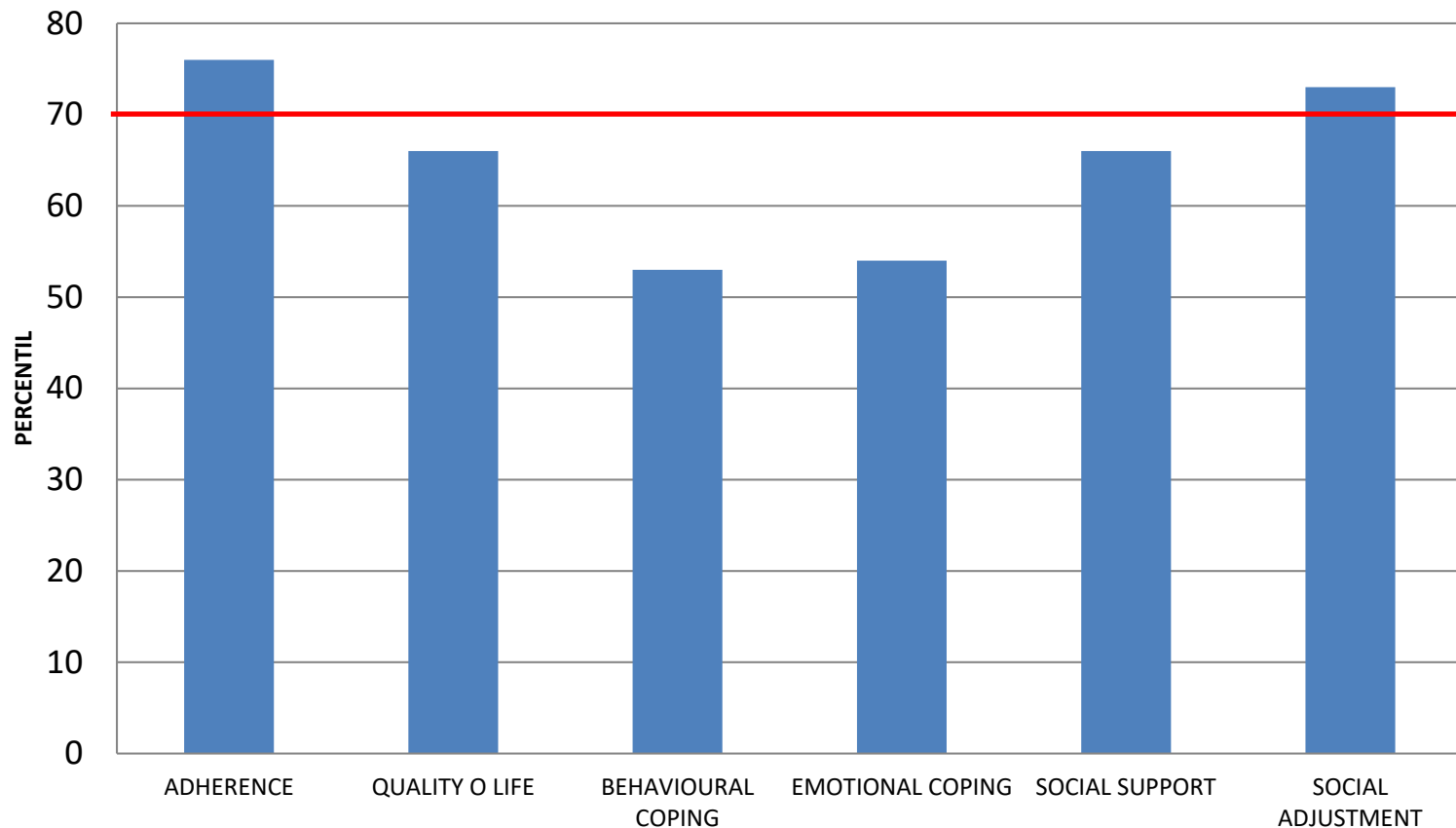
Methods

Variables and Instruments

Competence	Individual	Community
ADHERENCE	Pharmacological Subjective Questionnaire of Adherence to Antiviral Treatment (CEAT-VIH) (Remor, 2003)	Access to medical and nursing care
QUALITY OF LIFE	Physical function and Mental function OS-HIV Questionnaire (Remor 2002, Wu 1995)	Community standards of QoL
SOCIAL SUPPORT	Social and affective attachments Perceived Social Support (MOS) (Sherbourne & Stewart, 1991) validated by (Costa-Requena, Salamero, & Gil, 2007)	Community resources to informal support
PSYCHOLOGICAL ADJUSTMENT	Emotional Behavioural and Cognitive Coping Questionnaire of Coping Strategies PCE (Font y Cardoso, 2009)	Access to psychotherapy
SOCIAL ADJUSTMENT	Social relations, Occupation, Participation Self Applied Scale of Social Adjustment (Bosc,1997; Bobes, 1998)	Access to community resources

Results: Adherence Quality of life, Coping, Social Support and Social Adjustment

AVERAGE VALUES IN VARIABLES OF STUDY



Results: Frequency of Participants with low, medium or high coping strategies

	Subscales	LOW <60 CP	MEDIUM 60 Pc-80 CP	HIGH >80 CP
Cognitive	Superating	37.2%	44.2%	18.6%
	Positive	39.5%	37.2%	23.3%
	Sense of being	51.2%	41.9%	7.0%
	Stop negative thinking	46.5%	39.5%	14.0%
	Visualization of future	58.1%	34.9%	7.0%
	Concentration in present	65.1%	23.3%	11.6%
Behavioural	Information seeking	32.6%	32.6%	34.9%
	Avoidance	41.9%	30.2%	27.9%
	Help seeking	39.5%	34.9%	25.6%
	Problem solving orientates	39.5%	44.2%	16.3%
	Rely on doctor	30.2%	41.9%	27.9%
	Distract	37.2%	48.8%	14.0%
	Diet	30.2%	46.5%	23.3%
	Enjoy	65.1%	27.9%	7.0%
	Talk to relatives	53.5%	34.9%	11.6%
Emotional	Acceptance	53.5%	30.2%	16.3%
	Optimism	14.0%	32.6%	53.5%
	Guilty	69.8%	16.3%	14.0%
	Openness	48.8%	37.2%	14.0%
	Repression of negative feelings	65.1%	27.9%	7.0%
	Sense of humor	62.8%	30.2%	7.0%

Results: Social adjustment and behavioural coping

Correlations between coping and social adjustment

Pearson's Correlation	Social Adjustment
Behavioral Coping	,389**

Spearman's correlations	Social Adjustment
Active coping of HIV	,430**
Avoidance	-,487**
Expression of feelings. Openness	,407**
Relation to family members	,392**
Sense of Humour	,459**

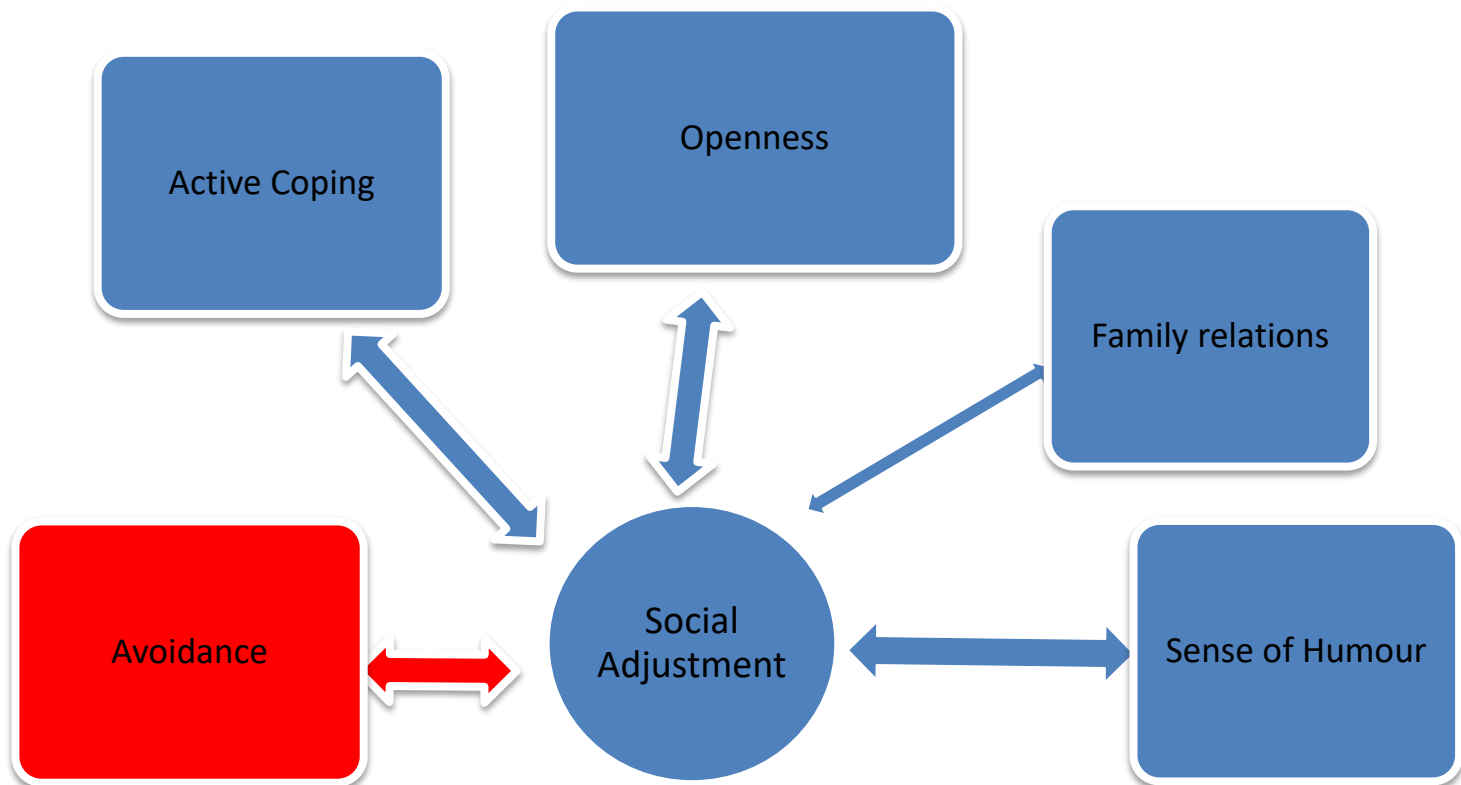
****.** The correlation is significant at the 0,01 (bilateral) level

Behavioural coping strategies associated to higher social adjustment are: searching information and expressing feelings, talking to relatives, and using sense of humour.

Avoidance is associated to worse social adjustment

Results

Behavioral Coping and Social Adjustment



Conclusions

- Behavioural strategies contribute to improvement of social adjustment
 - **Active coping:** information seeking, help seeking, solving problems
 - **Openness**
 - **Family relations**
 - **Positive affect**
 - **Sense of humour**
- **Avoidance** is negatively associated to Social Adjustment. We conclude that hiding of HIV to intimate relations or family members, might be associated to lower social adjustment, and therefore worse quality of life
- **Community Therapeutic Companionship** focused on coping strategies may result in better social adjustment and therefore improve the quality of life

Thank you very much
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