

Paper Session A2: Self-Management in Chronic Disease

Depression and Self-Care Symptom Management Strategies in HIV

Lucille Sanzero Eller, PhD, RN, Rutgers University, Newark, NJ ~ Inge B. Corless, PhD, RN, MGH Institute of Health Professions, Boston, MA ~ William Holzemer, PhD, RN, Rutgers University, Newark, NJ ~ Jeanne Kemppainen, PhD, RN, The University of North Carolina at Wilmington, Wilmington, NC ~ Kenn M. Kirksey, PhD, RN, Seton Family of Hospitals, Austin, TX ~ Gayle McGlory, PhD, RN, Harris County Hospital District, LBJ Hospital, Sugar Land, TX ~ Patrice Nicholas, PhD, RN, MGH Institute of Health Professions, Boston, MA ~ Carmen Portillo, PhD, RN, University of California, San Francisco, San Francisco, CA ~ Carol Dawson Rose, PhD, RN, University of California, San Francisco, San Francisco, CA ~ Joachim Voss, PhD, RN, University of Washington, Seattle, WA

Purpose: To examine self-management of depression in people living with HIV.

Methods: In this international, randomized clinical trial, participants (N=775) received either a symptom management or nutrition manual. Data were collected at baseline, 1 and 2 months. Descriptive and multivariate statistics on symptom intensity, self-care strategies, and perceived effectiveness were calculated.

Results: While 64% of the sample screened positive for depression (CES-D scores 16 and above), only 28.6% reported experiencing depression in the past week. Of those screening positive for depression on the CES-D, 36% were female, 2% transgender; average age was 43.3 years (SD 9.0) Of those participants reporting depression in the past week, 41.9% were female, 1.4% were transgender; average age was 43.2 years (SD = 9.6 years). Depression frequency across three time points ranged from 5.3 to 5.6 days/week. Average symptom intensity rated on a 10-point scale ranged from 6.1 to 7.2. The most effective symptom management strategy over time, rated on a 10-point scale, was the use of prayer (baseline = 8.27; time 1 = 8.08; time 2 = 8.33); least effective were the use of alcohol (baseline = 6.25; time 1 = 5.84) or street drugs (time 2 = 4.62). Of those reporting depression in the previous week, 31.5% were on antidepressants. Of those with CES-D scores of 16 or higher, only 19.8% were on antidepressants.

Conclusions and Implications: People with HIV reported several self-care strategies effective for managing depression. Antidepressants were underutilized. It may be that patients are not reporting symptoms to their providers because they do not recognize depressive symptoms. Or, it may be that a widely used depression scale overestimates the incidence of this symptom in people living with HIV. Findings suggest reconsideration of methods of assessment of depression as well as frequency of use of antidepressant medications in this population.