

# Lifetime trauma may speed progression of HIV, early death

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Even though effective drug cocktails have improved the outlook for many patients with HIV, disease progression, including the time from AIDS onset to death, varies widely from patient to patient. Now, a study led by the University of North Carolina at Chapel Hill School of Medicine provides new evidence that psychological factors play a role in disease progression.

The study is the first-known in the era of highly active antiretroviral therapy (HAART) for HIV to show that traumatic life events, such as physical or sexual abuse, are associated with faster mortality, both from AIDS-related and all causes.

“Trauma and depression are common among people with HIV, and trauma and depression seem to have an effect on disease progression and mortality in HIV. Given that, it is critical that clinicians treating people infected with HIV recognize depression and trauma as risk factors for poor health outcomes, and thus screen and refer patients for psychological and psychiatric treatment when these problems are present,” said Jane Leserman, Ph.D., professor of psychiatry and medicine and lead author of the study.

“Some combination of cognitive behavioral therapy and medication might be very beneficial for patients experiencing severe or multiple types of trauma,” Leserman said.

The study is published in the Nov. 1, 2007 edition of the *American*

*Journal of Psychiatry.*

The researchers interviewed a group of 490 HIV infected patients in the rural southeast. Those who reported a greater number of categories of traumatic life events had faster death from all causes and from AIDS. More than half of the patients in the study experienced three or more lifetime traumas, and half had experienced physical or sexual abuse.

Unlike depression, the effects of which have been more widely studied in the era of HAART, with trauma, it's possible to establish a time ordering of events.

“In our study, these traumatic events occurred in most cases many years before the progression of the patients’ HIV. So it’s a more compelling argument for a causal effect of trauma,” Leserman said. “Trauma, most of it occurring two or more years before the study, seemed to continue to have a major impact on these patients.”

Leserman hopes to study whether treating HIV patients for trauma results in better health outcomes. “We need further study of trauma treatment in this population to find out if that attenuates some of the negative effects,” she said.

Source: University of North Carolina at Chapel Hill

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