

# Chronicity of depression ups failure along continuum of HIV care

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(HealthDay)—Chronicity of depression is associated with increased

likelihood of failure along the continuum of HIV care, according to a study published online Feb. 21 in *JAMA Psychiatry*.

Brian W. Pence, Ph.D., from the University of North Carolina at Chapel Hill, and colleagues examined the correlation between increased chronicity of depression and multiple HIV care continuum indicators in an observational clinical cohort of 5,927 patients with two or more assessments of depressive severity. Participants were receiving HIV care at six geographically dispersed U.S. [academic medical centers](#).

The researchers found that the median percentage of days with depression (PDD) was 14 percent during 10,767 person-years of follow-up. During follow-up, 18.8 percent of scheduled visits were missed, 21.8 percent of viral loads were detectable, and the mortality rate was 1.5 deaths for 100 person-years; a dose-response relationship was seen for PDD with each outcome. Each 25 percent increase in PDD led to significant increases in the risk of missing a scheduled appointment (risk ratio, 1.08), a detectable viral load (risk ratio, 1.05), and mortality (hazard ratio, 1.19).

"Clinic-level trials of protocols to promptly identify and appropriately treat [depression](#) among adults living with HIV should be conducted to understand the effect of such protocols on shortening the course and preventing the recurrence of [depressive illness](#) and improving clinical outcomes," the authors write.

**More information:** [Abstract/Full Text \(subscription or payment may be required\)](#)

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