

HIV infection increases the risk of death associated with depressive symptoms

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In a new study to investigate the relationship among depressive disorders or symptoms, HIV status and mortality, researchers report that symptoms of depression are moderately associated with death among Veterans with HIV but not among those without HIV infection.

Depression is the most frequently reported mental health condition in people living with HIV in the U.S, with a prevalence ranging from 20 to 40 percent. Depressive disorders have been associated with increased mortality in persons with [chronic diseases](#), including heart disease, end-stage renal disease and diabetes. Several studies have described similar associations in the context of HIV infection, although conflicting data exist.

Using data from participants of the Veteran's Aging Cohort Study, researchers from Boston University School of Medicine (BUSM) compared the risk of death among U.S. Veterans who were depressed to those not suffering with depression. They then compared the association between depression and death among those with HIV to those without HIV. Depression was measured in two ways, by clinical diagnostic codes and by a [depressive symptoms](#) questionnaire.

Among those with HIV infection, they found a 23 percent increased mortality risk associated with elevated depressive symptoms ascertained by the questionnaire but no significantly increased mortality risk when depression was ascertained by the codes. For HIV-uninfected people, there was a six percent increased mortality risk associated with

depressive disorders measured by the codes but no significant increased mortality risk for elevated depressive symptoms assessed by the questionnaire.

According to the researchers, it is important to screen for and treat depression particularly among those living with HIV since significant gains have been made in life expectancy with life saving antiretroviral therapy. "Our findings reinforce the need to assess and treat depressive symptoms and [major depressive disorder](#) in patients with and without HIV infection to potentially reduce mortality risk," explained corresponding author Kaku So-Armah, Ph.D., assistant professor of medicine at BUSM.

The researchers point out that despite clinical guidelines recommending routine screening for depressive symptoms, there is varying success in implementation resulting in under diagnosis of depression among people with HIV infection. "This needs to be improved; better understanding of barriers to and facilitators of effective depression screening and integration of depression treatment into HIV [primary care](#) is needed."

These findings appear online in the journal *HIV Medicine*.

Provided by Boston University School of Medicine

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