Correlates of Severe Psychological Distress Among Adults Living with HIV in Western Kenya

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Abstract

Psychological distress among persons living with HIV (PLWH) can negatively impact behavioral and clinical outcomes. There is need for additional data surrounding mental health status in resource-constrained settings to inform intervention. We assessed social and economic factors associated with symptoms of depression and anxiety among PLWH in western Kenya. Baseline data from the Harambee cluster randomized trial were collected from May 2021 through March 2022 among 1040 PLWH (≥ 18 years of age) receiving care through the Academic Model Providing Access to Healthcare program. Self-reported physiological distress (defined as non-specific symptoms of depression, anxiety and stress) was measured via the four-item Patient Health Questionnaire for Anxiety and Depression (PHQ-4). Multivariable logistic regression analysis was used to identify factors associated with psychological distress. At study baseline, 24% of participants reported severe psychological distress (PHQ-4 summary score ≥ 6). Compared to participants earning <$7 USD per month, those with a monthly income of ≥$35 USD had reduced odds of reporting severe psychological distress (adjusted Odds Ratio (aOR): 0.50; 95% Confidence Interval (CI): 0.27–0.93). Participants in the highest (versus lowest) wealth quintile (aOR: 0.36; 95% CI: 0.18–

0.70), and those reporting moderate or high (versus low) levels of social support (aOR: 0.46; 95% CI: 0.46–0.98) were less likely to report severe psychological distress. Among PLWH in rural Kenya, higher monthly income, greater household wealth, and higher levels of social support were negatively associated with severe psychological distress. Multilevel interventions that provide both economic and social support may be essential for improving their mental health. Trial Registry ClinicalTrials.gov

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