

RISKY ALCOHOL CONSUMPTION AND ASSOCIATED HEALTH BEHAVIOUR AMONG HIV-POSITIVE AND HIV-NEGATIVE PATIENTS IN A UK SEXUAL HEALTH AND HIV CLINIC: THE HAZAL STUDY

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OBJECTIVE

- To estimate the prevalence of risky alcohol consumption (AUDIT score ≥ 8), and associated factors, among HIV-positive and comparable HIV-negative patients attending a single HIV/Sexual health clinic in central London

BACKGROUND

- Alcohol misuse has been associated with negative consequences in HIV-positive patients¹
- Data on real prevalence of risky alcohol consumption in HIV+ patients in the UK is lacking

METHODS

- When attending for routine care adult patients completed a self-administrated, pen-and-paper survey comprised of the following validated instruments: The Alcohol Use Disorders Identification Test (AUDIT), the Patient Health Questionnaire-9 (PHQ-9), the Drug Use Disorders Identification Test (DUDIT) and the Centre for Adherence Support Evaluation (CASE) Adherence Index
- Socio-demographic, health and sexual behavior data were collected
- AUDIT scores are generally converted to standard categories of sensible drinking (scores 0-7), hazardous drinking (scores 8-15), harmful drinking (scores 16-19) and possible alcohol dependence (scores 20-40). Guided by previous research², we used an outcome measure of AUDIT score ≥ 8 to indicate risky alcohol consumption

RESULTS

- 331 patients completed the survey, AUDIT data was incomplete or missing for 35 patients, therefore data on 227 HIV-positive and 69 HIV-negative patients were included in the analysis
- Those patients with incomplete or missing AUDIT data were more likely to be HIV-positive ($p=0.046$), current smokers ($p=0.041$) and have had ≥ 3 sexual partners in previous 3 months ($p=0.015$) than patients with complete AUDIT data. Other variables being comparable

Table 1: Population characteristics by HIV status

	HIV+	HIV-
Male (n=296)	208 (92)	65 (94)
MSM (n=290)	193 (85)	62 (90)
Age (mean, SD)	46.16 (11)	40.10 (10)
Ethnicity (n=295)		
White	173 (77)	48 (70)
Other	53 (23)	21 (30)
Working status (n=296)		
Employed or student	190 (84)	61 (88)
Retired or not working	37 (16)	8 (12)

Table 3: Association between risky alcohol consumption and health behaviour variables among HIV-positive patients

	HIV+		HIV-	
	aOR* (95%, CI)	p-value**	aOR* (95%, CI)	p-value**
Depressive symptoms (PHQ-9)				
Moderate/severe [§]	3.13 (1.12-8.77)	0.03	3.99 (0.85-18.63)	0.08
Problematic drug use (DUDIT) [§]	3.60 (1.42-9.14)	0.007	2.29 (0.60-8.76)	0.22

* *MbOdds*; ** *Adjusted for all the other variables associated with risky alcohol consumption in the univariate analyses (≤ 0.10)*

Table 2: Health and sexual behaviour by HIV status

Health behaviour	HIV+	HIV-
Depressive symptoms (PHQ-9) (n=288)		
None/mild	195 (89)	60 (87)
Moderate/severe [§]	24 (11)	9 (13)
Smoking status (n=294)		
Never/ex-smoker	183 (81)	57 (83)
Smoker	42 (19)	12 (17)
Problematic drug use (DUDIT) (n=268)		
No	148 (72)	43 (68)
Yes [§]	57 (28)	20 (32)
Sexual behaviour		
Have sex with (n=290)		
Men	205 (92)	62 (91)
Women	13 (6)	4 (6)
Both	4 (2)	2 (3)
Number of sexual partners (n=283)		
None to 2 partners	118 (54)	9 (14)
3 or more partners	99 (46)	57 (86)
Unprotected sex (n=254)		
No	83 (45)	9 (13)
Yes	103 (55)	59 (87)
STI diagnosis (n=286)		
No	185 (85)	47 (69)
Yes	33 (15)	21 (31)
Chemsex (n=288)		
No	167 (76)	37 (54)
Yes	53 (24)	31 (46)
Sex drunk (n=288)		
No	191 (87)	46 (68)
Yes	29 (13)	22 (32)

- Patient groups were similar, except HIV-negative patients reported more high-risk sexual behaviours (Table 2)
- Majority (84%) of HIV-positive patients adhered well (CASE score > 10) to ARTs (data not shown)
- Twenty-five percent of HIV-positive and 36% of HIV-negative patients reported risky alcohol consumption (Figure 1a and 1b)
- Presence of depressive symptoms ($p < 0.001$), smoking ($p = 0.04$), problematic drug use ($p < 0.001$), Chemsex participation ($p < 0.001$) and poor adherence to ARTs ($p = 0.01$) were associated with risky alcohol consumption among HIV-positive patients in the univariate analyses, but only depressive symptoms and problematic drug use remained significant in multivariable analyses (Table 3)
- Among the HIV-negative patients presence of depressive symptoms and problematic drug use had borderline associations with risky alcohol consumption ($p = 0.05$ and 0.09 respectively) in univariate analyses, but in multivariable analyses these associations diminished

CONCLUSIONS

- Risky alcohol consumption was observed in a quarter of our HIV-positive patients and was associated with increased depressive disorders and problematic drug use
- Majority of HIV-positive patients who consumed alcohol on risky levels were hazardous drinkers (scores 8-15) where brief counselling is recommended; 4% were potentially alcohol dependent warrant further clinical review³

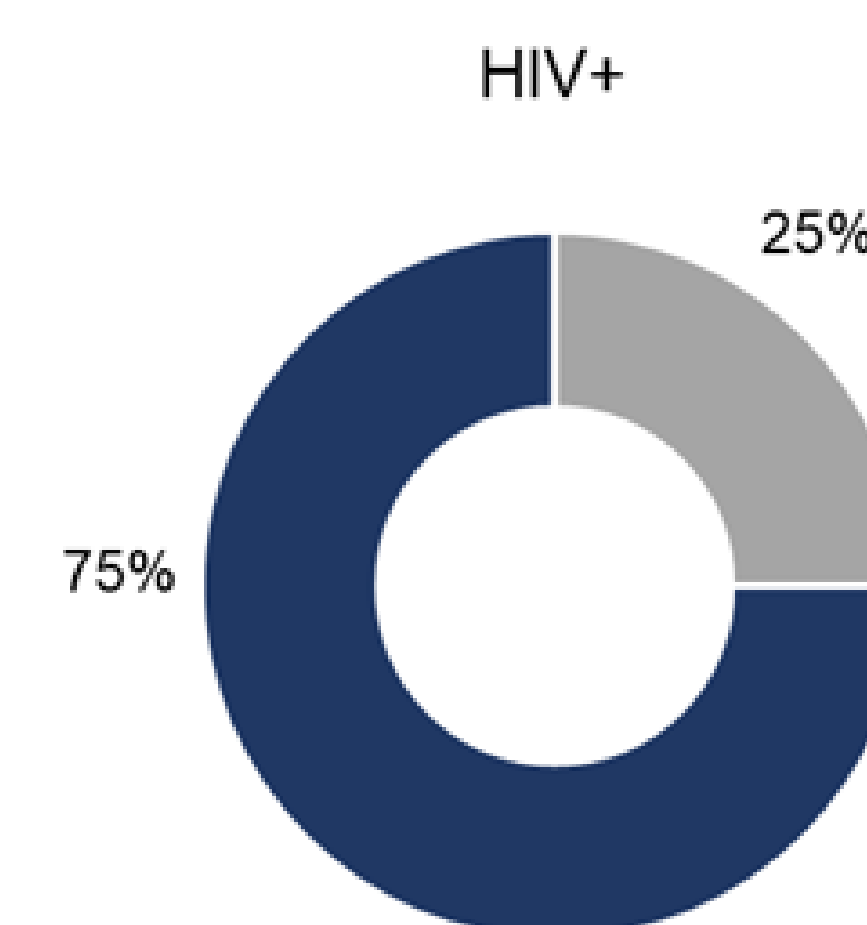


Figure 1a: HIV-positive patients reporting risky alcohol consumption 25%; sensible drinking 75% (n=227)

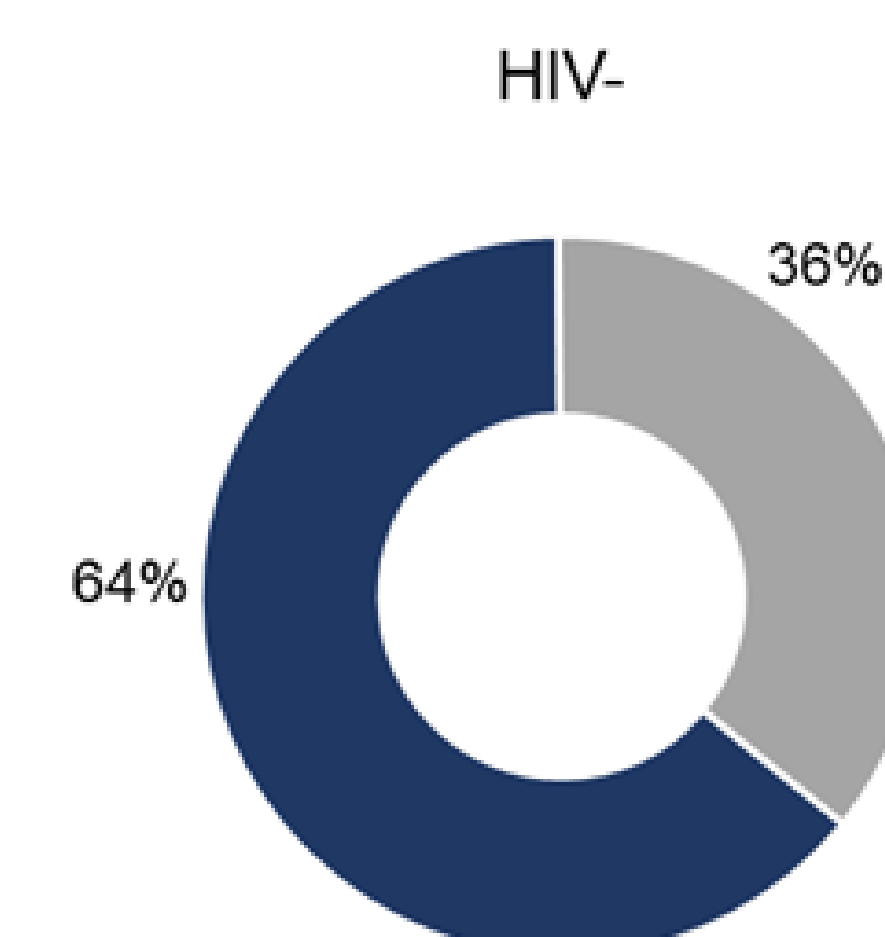


Figure 1b: HIV-negative patients reporting risky alcohol consumption 36%; sensible drinking 64% (n=69)

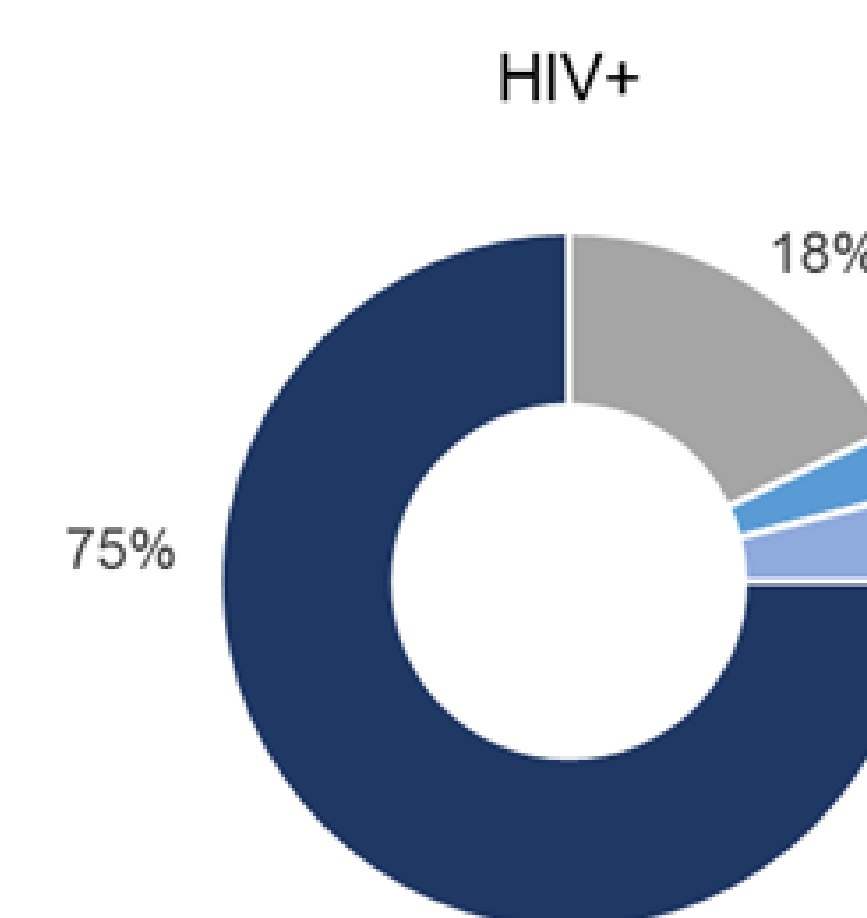


Figure 2a: HIV-positive patients reporting sensible drinking 75%; hazardous drinking 18%; harmful drinking 3%; likely alcohol dependency 4% (n=227)

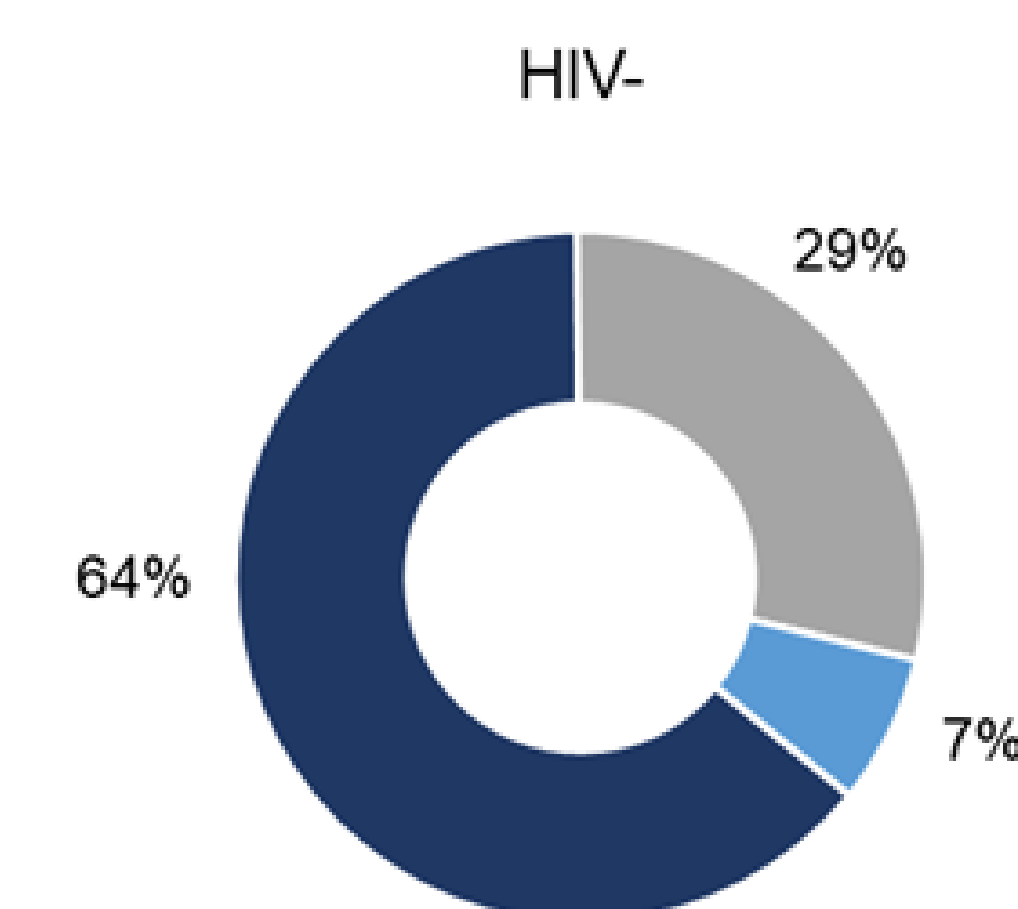


Figure 2b: HIV-negative patients reporting sensible drinking 64%; hazardous drinking 29%; harmful drinking 7%; likely alcohol dependency 0% (n=69)

[§] Moderate/severe depressive symptoms PHQ-9 score ≥ 10 ; Problematic drug use DUDIT score men ≥ 6 , women ≥ 2

¹ Baum, M. K., et al. (2010); O'Cleirigh, C., et al. (2015); ² Surah, S., et al. (2013); Thorley, N. L., et al. (2014); ³ Saunders, J. B., et al. (1993); Babor, T. F., et al. (2001); World Health Organization (2018)