

PSYCHOLOGICAL WELLBEING AND SLEEP IN HUMAN IMMUNODEFICIENCY VIRUS (HIV): A RETROSPECTIVE ANALYSIS OF ASSESSMENT AND INTERVENTIONS WITHIN HIV SERVICES IN THE UK AND IRELAND (UKI)

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Poster number: P176

Background

People living with HIV are affected disproportionately by psychological wellbeing and sleep issues, which can detrimentally impact their quality of life, adherence and health outcomes.¹⁻³

Despite monitoring and assessment being imperative to improve long-term health, evidence indicates variation in their use and absence of guidance for sleep issues.⁴

To support generation of evidence in this field, a market research study was designed to gain insights into current interventions for psychological wellbeing and sleep assessment within HIV services in the UK and Ireland.

Materials and methods

The study was managed by a market research agency, which disseminated an online survey link to healthcare professionals (HCPs) from multiple HIV centres across the UK and Ireland.

To ensure accuracy of data, HCPs randomly selected a maximum of 20 care records reviewed between 2020 and 2022. No identifiable information was recorded or shared, with resulting data presented at an aggregate level.

Results

39 clinics participated and contributed notes for 665 people living with HIV. Demographics were reflective of the population in the UK and Ireland.

- Since COVID-19, 77% of HCPs perceived increasing demand for mental health support (Figure 1)
- 64% stated they routinely assess mental health
- Most expressed issues with capacity and resourcing to sufficiently support people living with HIV.

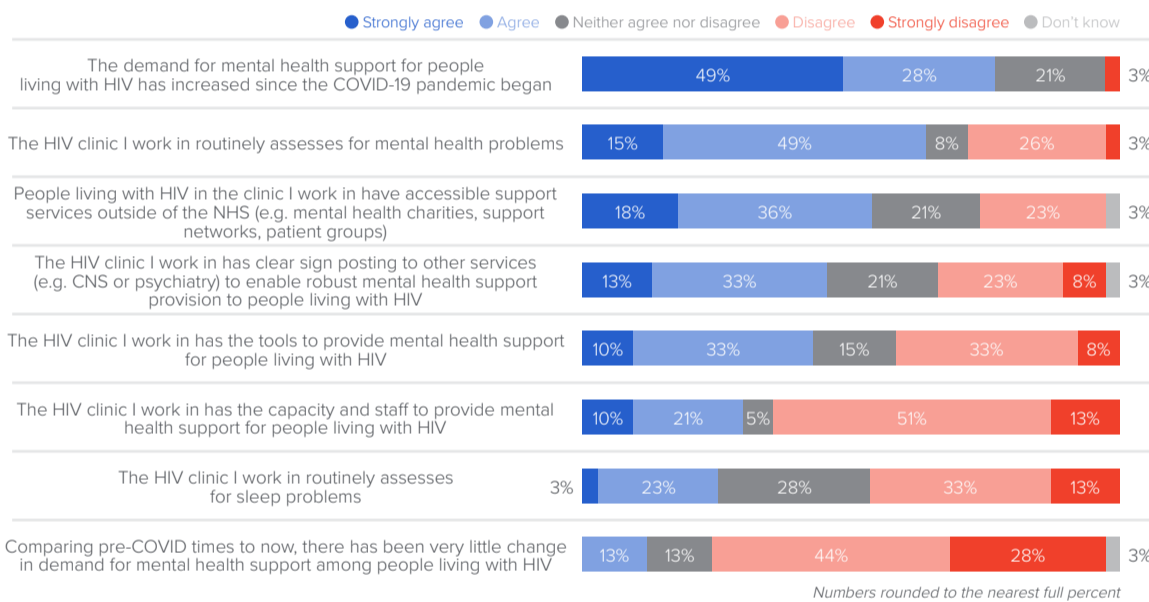
Psychological issues – 33% experienced a decline in psychological wellbeing, most of whom self-reported during face-to-face routine appointments:

- 14% of these had completed the 9-item Patient Health Questionnaire 9 (PHQ-9)
- 78% received support, with the majority signposted to external resources
- The primary driver for those who did not receive support was individual request.

Sleep issues – 46% of services stated that they do not routinely assess for sleep issues:

- 17% were identified as having sleep issues
 - The primary method was self-reporting during face-to-face routine appointments
 - 6% had completed a Pittsburgh Sleep Quality Index (PSQI) assessment
- In those who did not receive support for a decline in sleep quality, a lack of guidance was the main reason given.

Figure 1. Psychological wellbeing and mental health in for people living with HIV



Key findings

- HCPs are seeing greater demand for psychological wellbeing and mental health support services.
- In-person routine appointments helped identify decline in psychological wellbeing and/or sleep quality. Use of PHQ-9 and Generalised Anxiety Disorder Assessment (GAD-7) (data not shown) tools is low.
- HCPs are split on having access to in-clinic tools they can use to support people living with HIV with a decline in psychological wellbeing.
- Signposting to external resources is the most common support offered to those experiencing a decline in psychological wellbeing.
- The most common reason for not receiving support for a decline in psychological wellbeing was individual request.
- One in six people living with HIV have experienced a decline in sleep quality since the COVID-19 pandemic.
- Of those who did not receive support for a decline in sleep quality, lack of guidance was the main cited reason, indicating support needed in this area.
- To offer sleep support, many HCPs are limited to changes in patient antiretroviral drugs or providing lifestyle and sleep advice.

Key recommendations

- Provide guidance on the use of PHQ-9 and GAD-7 as a means of proactive monitoring the mental health of people living with HIV.
- Further support from psychological or sleep specialists would be beneficial to helping people living with HIV with these issues. Alternatively, more training could be provided for HCPs so they feel better informed and confident in the support they recommend.
- There is currently limited staff capacity and tools to provide mental health support in-clinic. While hiring more staff would be beneficial, this is not always feasible, so a consolidated and comprehensive source of external services would aid in offering mental health support.
- Offer tools that can be used to proactively monitor sleep quality so issues can be identified in routine appointments.
- Streamline referral services for sleep support. Unless the HIV clinic is located within a hospital, HCPs have limited referral options but to refer back to primary care.
- Support with sleep quality is in demand, and HCPs need a clear resource list that can be easily accessed and shared with people living with HIV who are facing these issues.
- Additional sleep support services and/or tools, such as in-clinic specialists, ongoing training, and access to useful resources, are needed.

Acknowledgements:

Opinium
 Forth Valley – Central Sexual Health
 Blackpool Teaching Hospital Trust – HIV, HIV team
 Whitegate Drive health centre, St. Peters Sexual Health
 Lancashire HIV Service (Preston Site)
 Royal Liverpool University Hospital –Infectious Disease Clinic, Macclesfield, Warrington and Halton
 Royal Liverpool Foundation Trust, Axxess clinic
 Wirral University Teaching Hospital – HIV clinic
 Bolton Foundation Trust – Salford Sexual Health
 Walsall Healthcare Trust – Walsall Manor Hospital
 Betsi Cadwaladr University Health Board – Menai Unit, Bangor
 Swansea Bay University Health Board – Sexual Health
 Midlands Partnership NHS Foundation Trust
 University Hospitals of Derby and Burton NHS Foundation Trust
 East Suffolk and North Essex NHS Foundation Trust – High Street Clinic
 Worcester Acute Trust –Kidderminster/Redditch Clinics
 Royal Cornwall Hospital – The Marram Clinic @ The Hub
 BHRUT – Outpatient's East
 Guy's & St Thomas' NHS Foundation Trust – Community
 Southern Health and Social Care Trust, John Mitchell place
 Western Health and Social Care Trust
 Barts Health NHS Trust – Grahame Hayton Unit, Royal London Hospital and SLG/GWC Clinics, Royal London Hospital
 University Hospitals Birmingham NHS Trust – Birmingham Heartlands Hospital
 Mid and South Essex – Mid and South Essex
 Sites who remain anonymous

Summary and conclusions

The findings of our survey indicate high variation between local management of psychological wellbeing and sleep in people living with HIV, in addition to key gaps in clinical guidance and identification, management and ongoing monitoring, which is required to ensure long-term health. In particular there is a clear need to add sleep assessment and management into clinical guidelines.

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**THIS PROJECT WAS SUPPORTED AND FUNDED BY GILEAD SCIENCES LTD
 PRESENTED AT THE HIV GLASGOW CONFERENCE. OCTOBER 23–26, 2022**