An investigation into the psychological impact of the COVID-19 Pandemic for People living with HIV (PLWH)

Sze Wing Karina Lo*1, Luke Muschirolli*1, Thomas Fernandez2, Sabine Kinloch2, Laura Waters3, Dimitra Peppa1,2,3,4, Fiona Burns2,4

1University College London, Division of Infection and Immunity, London, UK. 2Royal Free London NHS Foundation Trust. 3Mortimer Market Centre, Department of HIV, CNWL NHS Trust. 4Institute for Global Health, University College London

BACKGROUND

- There is a well-documented psychological impact of HIV infection due to the stresses of having a long term condition, stigma/discrimination and the prevalence of pre-existing mental health conditions. This has direct implications for care, with worse mental health being associated with negative health outcomes throughout HIV care.
- The COVID-19 pandemic has been shown to have a psychological impact on the general population, with a predicted disproportionate effect on PLWH due to shielding and clinical vulnerability.
- Mental health of PLWH has been shown to deteriorate during the pandemic in other studies, citing reasons such as altered healthcare access, heightened fear of status-disclosure and social isolation.
- To investigate the psychological impact of the pandemic on PLWH, 115 participants were recruited from two Central London HIV outpatient clinics during the first wave of the pandemic prior to vaccine roll out (March 2020).

METHODS: This is a sub-study of the Jenner II study designed to look at immune responses to vaccination.

A self-complete questionnaire at time of recruitment, socio-demographic (age, gender, ethnicity, household, economic stability), education, socio-economic history, history of anxiety/depression, pandemic concerns) and HIV/COVID-related information (HIV viral load, CD4+ T cell count, past SARS-CoV-2 infection, long COVID) were collected to determine factors that correlated with greater psychological impact.

The Coronavirus Anxiety Scale (CAS) was used to screen for pandemic-related anxiety. When a participant scores ≥9 out of 20, this signifies dysfunctional pandemic-related anxiety.

RESULTS:

The cohort consisted of 115 PLWH and 114 completed the CAS. Median age was 51 (range 22-93), 83% identified as male (n = 95), 58% Caucasian (n = 66) and mostly controlled on ART with decent CD4+ T-cell counts (median = 595 cells/mm3, range = 100-1260 cells/mm3).

Overall, mean CAS score was low for the cohort (1.18) suggesting low levels of dysfunctional anxiety for the cohort of PLWH.

STRENGTHS & LIMITATIONS

- Small sample size, particularly for women
- Reliance on self-reported outcomes (including long-COVID and economic stability)
- Study population was majority white, male-identifying, educated and reporting economic stability

CONCLUSIONS

We found that PLWH of colour with past SARS-CoV-2 infection and self-reported long COVID reported greater CAS scores.

CAS score was not associated with HIV parameters, the presence of comorbidities or a history of pre-pandemic anxiety and depression.

The majority of CAS scores were low, suggesting PLWH did not necessarily experience heightened COVID-related anxiety.

RESEARCH & CLINICAL IMPLICATIONS

- Due to a limited sample size, our findings serve to inform future research aims in identifying characteristics of PLWH who report higher prevalence of dysfunctional pandemic-related anxiety.
- Clinicians should be aware of these at-risk subgroups, and ensure they consider the psychological impact of the pandemic on PLWH, and the subsequent impact on their health.

REFERENCES: