

Stigma in older people with HIV: disclosure concerns and self-image do not change over time in older AGEhIV Cohort Study participants with HIV

METHODS INTRODUCTION

- Stigma remains a barrier jeopardising the HIV care continuum
- Negative self-image (or self-stigma) and disclosure concerns are associated with:
 - depression, anxiety, non-adherence to HIV treatment, less engagement in care, and reduced quality of life
- AGEHIV Cohort Study is a prospective, observational study in older people with and without HIV in the Netherlands with 10 years of follow up
- In 2022, patient-reported outcomes were introduced as part of routine clinical care at Amsterdam UMC. (Moody K et al, BMJ Open 2023)

STUDY AIM

- Do negative self-image and disclosure concerns change over time?
- Which factors are associated with these changes and with high or low stigma scores over time?

Participants

 AGEhIV cohort participants who completed the Berger HIV Stigma Scale (HSS) between October 2012-October 2014 (T0) and May 2023-May 2024 (T1)

Measurements

Berger HSS - Dependent variables

- T0: 40-item version; T1: 12-item version
- Domains analysed: negative self-image (3 questions) & disclosure concerns (3 questions) common to each version
- Strongly disagree Strongly agree Scale: Disagree Agree
- Total score per domain: 3 to 12

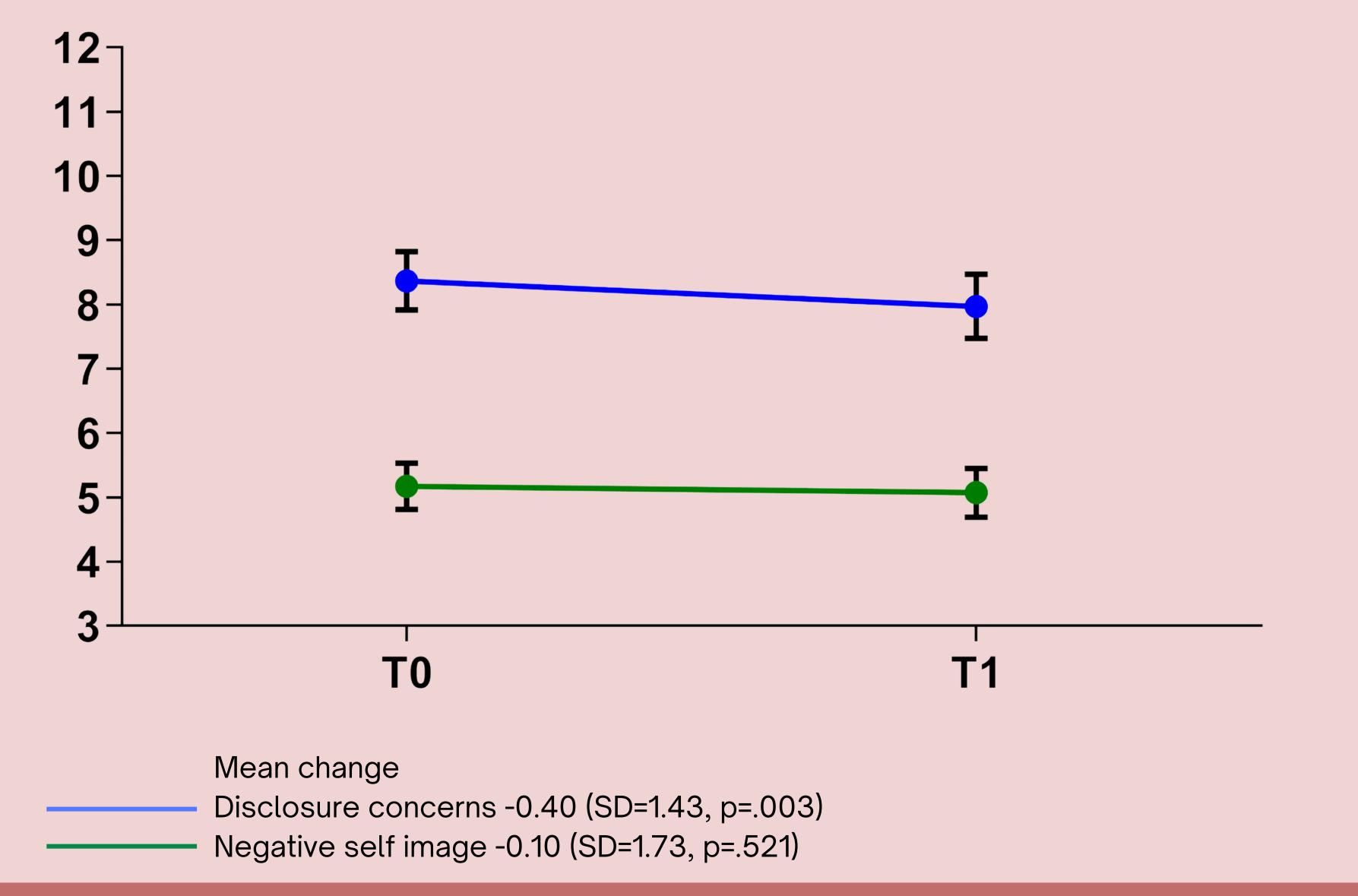
Statistical analysis

- Mean change in disclosure concerns and negative self-image (paired sample t-test)
- Factors associated with absolute changes in disclosure concerns and negative self-image over time (T0-T1, linear regression)
- Factors associated with higher or lower scores (mixed linear effects model with random) intercept for individuals)
- Modelling: backwards stepwise selection, including all variables with a p-value < 0.20 in univariable analysis and removing all those with a p-value>=0.05
- Covariates in models
 - Demographic: age, sex, ethnicity, years since HIV diagnosis, route of transmission, education, marital/relationship and work status
 - Lifestyle: smoking, alcohol, drug consumption, household size
 - HIV-related: CD4 & CD8 counts, HIV-1 RNA, prior AIDS event
 - Self-reported depressive symptoms: T0: PHQ-9 or CES-D; T1: PROMIS CAT

RESULTS

Participants included: 116 people (93.1% male; 98.3% white); median age of 55.5 years (IQR 50.9-60.5). 95.7% had an HIV-1 RNA < 200 c/ml; median CD4 cell count was 650 (IQR: 510-830); median time since HIV diagnosis was 14.5 years (IQR: 8.3-20.8), median time on ART was 12.1 years (IQR 5.8-17.0); 28.4% were previously diagnosed with AIDS

Mean (CI95%) disclosure concerns and negative self-stigma: 10-year follow up



Factors associated with disclosure concerns

- Change in disclosure scores: None
- Higher or lower score
 - Lower disclosure concerns: more years since HIV diagnosis
 - (-1.10 [95%CI, -1.70 to -0.49], p<.001)
 - Higher disclosure concerns: Households greater than 3
 - (+1.28 [95%CI, +0.15 to +2.40], p=.027)

Factors assciated with negative self-image



- Change in negative self-image: Female
 - (+1.32 [95%CI, +0.08 to +2.56] p=.037)
- Higher or lower score
 - Lower negative self-image: more years since HIV diagnosis
 - (-0.72 [95%CI -1.10 to -0.35], p<.001)
 - Higher negative self-image: Bisexual
 - (+1.86 [95%CI, +0.63 to +3.09], p=003)
 - Higher negative self-image: Depressive symptoms
 - (+1.86 [95%CI, +1.20 to +2.53], p<.001)

CONCLUSIONS

- In this population of largely well-treated Dutch white men, stigma has not changed despite U=U and other biomedical advances in the last 10 years
- Further inquiry into the relationship between U=U and stigma is needed
- It is crucial to prioritise research into stigma in women, bisexuals, people in large households and those with depression to drive meaningful change
- Since stigma has a negative impact on quality of life beyond viral suppression, there is a need for more accessible and effective interventions

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