Impact of recreational drug use on people living with HIV´s health.

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Methods

Use of recreational drugs (RD) may have relevant clinical consequences for people living with HIV (PLHIV). This study explored the impact of RD use on HIV clinical and patient-reported outcomes.

A multicentric observational retrospective cohort study was conducted between April 2017 and May 2018. The sample consisted of two cohorts of PLHIV according to their RD use. Retrospective last 12-month clinical data were collected from clinical records. Patient-reported outcomes were collected through a cross-sectional online survey, containing items related to drug use, self-reported health data and use of health services (hospitalizations and emergency care). It also included the following validated measures: ART adherence (CEAT-IH), health-related quality of life (HRQoL, WHOQoL-HIV-bref) and Psychological Well-Being (GHQ-12). Differences between drug and non-drug users were analyzed through parametric techniques according to the nature of the data. Analyses were performed with SPSS statistics v 22.

Results

A total of 276 participants were included in the study; 146 (52.9%) consumed RD and 130 (47.1%) did not consume them. Differences in the characteristics of both groups are displayed in Table 1.

Table 1: Sociodemographic and HIV related characteristics of the participants in the sample

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Exposed</th>
<th>Not exposed</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age &gt; 18 years</td>
<td>117 (71.7)</td>
<td>61 (46.9)</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Male</td>
<td>64 (38.9)</td>
<td>90 (70.0)</td>
<td>.032</td>
</tr>
<tr>
<td>Retained on ART</td>
<td>125 (79.9)</td>
<td>58 (44.6)</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>CD4 cell count &gt; 200</td>
<td>88 (65.9)</td>
<td>69 (52.3)</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Time diagnosed</td>
<td>10.04 (6.58)</td>
<td>9.16 (5.79)</td>
<td>.002</td>
</tr>
<tr>
<td>Type of RD consumption</td>
<td>Twice a month</td>
<td>At least once a week</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Type of RD use</td>
<td>Methadone</td>
<td>Buprenorphine</td>
<td>.0004</td>
</tr>
<tr>
<td>Type of RD</td>
<td>Monotherapeutic</td>
<td>Polytherapeutic</td>
<td>.006</td>
</tr>
<tr>
<td>Type of RD</td>
<td>Other</td>
<td>Unknown</td>
<td>&lt;.0001</td>
</tr>
</tbody>
</table>

Patients with addiction to alcohol now and/or in last 5 years (n=130)

- Taking at least one recreational drug (P=.000).
- Age > 18 years old (P=.032).
- Retained on ART (P=.01).
- CD4 cell count > 200 (P=.000).
- Time diagnosed longer than 10 years (P=.670).
- Type of RD use polytherapeutic (P=.032).
- Type of RD use unknown (P=.000).

Conclusions

RD use in PLHIV has a negative impact on health-related variables at various levels, including clinical results, HRQoL and the use of health services. Interventions to address problematic drug use and to improve health outcomes of PLHIV who use drugs should be conducted.

Figure 1. Algorithm of criteria for inclusion/exclusion of patients.

Figure 2. Prevalence consumption of drugs in the last year (n=146).

Figure 3. Current treatment ART in the most sample (n=197).

Figure 4. Percentage of DDI by drug/patient.

Figure 5. Differences in ART adherence dimensions.

Figure 6. Sexually transmitted infections (STIs).

Figure 7. Differences in HRQoL.

Figure 8. Differences in psychological well-being.

Note. The higher scores the less depression and/or anxiety.

Figure 9. Health resources.

Drug users (patients exposed) obtained lower scores in most domains of HRQoL (p=.005) except in the social relationships domain. The highest difference was found in the psychological health domain (70.2±17.3 vs 78.5±14.5; p=.000).

CONCLUSIONS