

PSYCHOSOCIAL COMPLEXITY IN HIV CARE

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Introduction: People with HIV (PLHIV) can experience a greater level of psychosocial difficulties than the general population, which can impact on the HIV treatment cascade. This study outlines the prevalence of psychosocial difficulties faced by PLHIV that access a psychology unit in an urban public health HIV ambulatory care clinic.

Analysis: Psychologists completed a complexity audit of 65 clients who presented to the unit between May and October 2016. The audit assessed demographic, diagnostic and psychosocial factors.

Results: The majority of presentations were male (92%, 8% female), with a mean age of 44 years, and Australian born (56%). Nearly one-third (31%) had been living with HIV for over 20 years, 8% were new HIV diagnoses, 22% had been co-infected with Hepatitis C and 45% had medical comorbidities

The most common presenting problems were depression symptoms (64%) and anxiety (56%) and of these 55% presented with both. In total (44%) were socially isolated and 42% experienced welfare issues. The majority of clients (70%) had 2-4 presenting issues and 27% had 5 or more.

Over half presented with alcohol and other drug issues (58%): specifically amphetamine use (47%), alcohol use (36%), nicotine (39%) and benzodiazepines or barbiturates (21%).

Over two thirds of presentations (70%) had a formal diagnostic disorder: depression (65%); anxiety (41%); substance-related (24%); and personality (19%).

The presentation will expand on this to provide a full overview of the data captured.

Discussion: The current audit describes the complex psychosocial difficulties faced by PLHIV. The findings indicate that holistic care that addresses psychosocial issues, and in particular mental health, is critical in supporting PLHIV. Findings also suggest changes in presentation when compared to prior audits which provides valuable information for service planning and delivery.

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