

Utilizing Best Practices to Screen Young Adults Living with HIV for Depression

Sylvanus B. Mensah,¹ Michael Sanchez,¹ Susan Renda,¹ Alison Agwu²

¹ School of Nursing, Johns Hopkins University, Baltimore MD: ² School of Medicine, Johns Hopkins University, Baltimore MD

Introduction

- Globally, youths (ages 15–25 years) account for over 30% of people living with HIV infection (World Health Organization, 2019).
- Despite advances in treatment for HIV, psychiatric comorbidities such as depression pose a challenge for interventions for youth living with HIV
- High rates of depression among youth living with HIV can be attributed to factors such as a lack of social support, an inability to disclose seropositive status, and the stage/progression of the disease (American Psychiatric Association, 2012).
- Comorbid depression and HIV can result in worse health-related outcomes for youth, such as poor quality of life, increased substance use, and decreased adherence to anti-retroviral medications (Benton, Ng, Leung, Canetti, & Karnik, 2019; Brown et al., 2015)
- Despite the high prevalence and negative outcomes associated with comorbid depression and HIV, providers do not routinely conduct depression screening among youth living with HIV (Schumacher et al., 2013).
- Iowa Model of Research-Based Practice was used the translation framework used for the project

Objective

- Increase provider's use of PHQ-9 depression tool for patients
- Increase in provider identification of depression among patients with HIV/AIDS utilizing the PHQ-9 tool
- Increase in provider referral/linkage for the evaluation/treatment of depression among patients with HIV/AIDS utilizing the EBP protocol when compared to baseline, at 30 days, and 60 days.

Setting

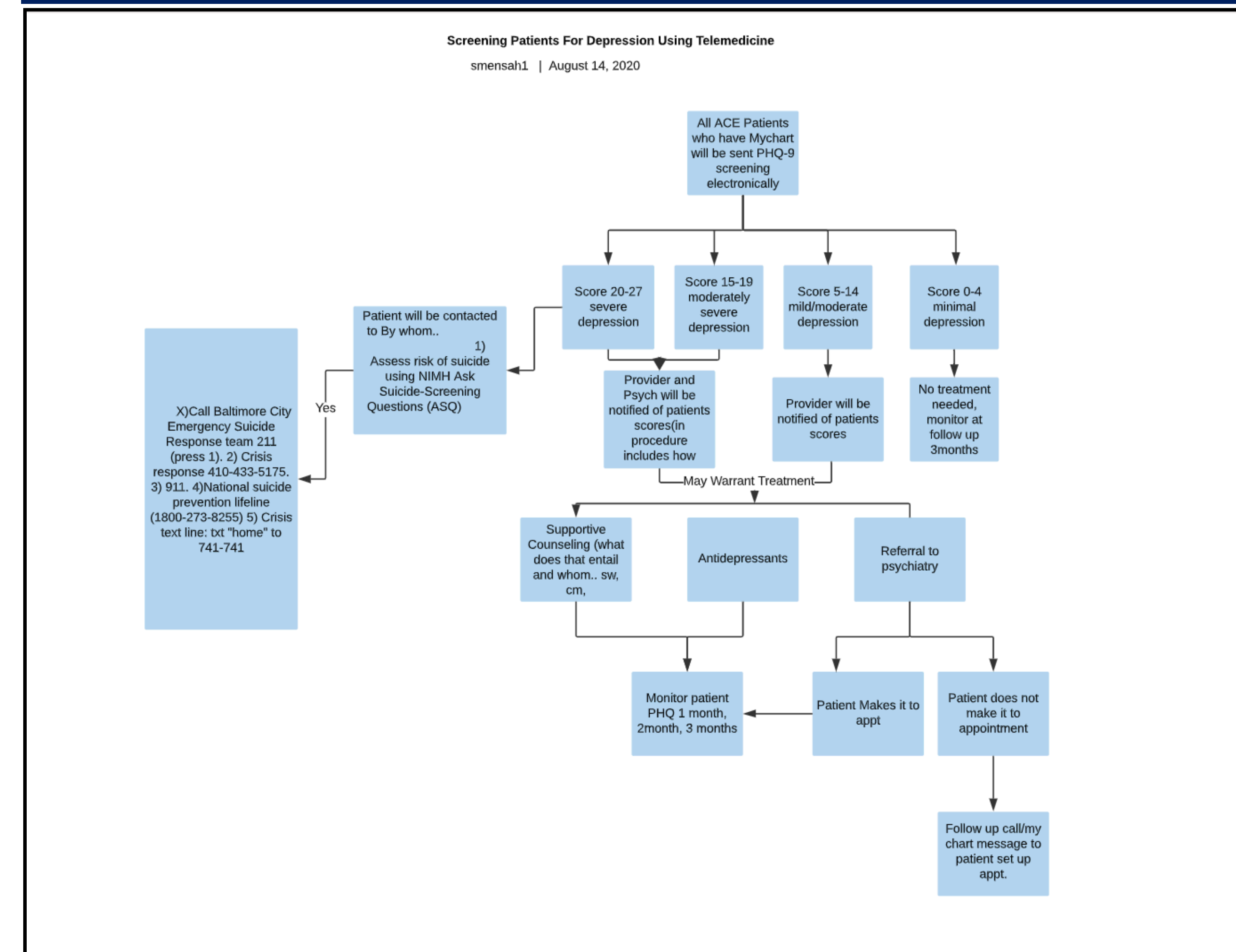
- Infectious diseases outpatient specialty clinic in the Mid-Atlantic region
- Accessing Care Early (ACE) program provides care to young adults living with HIV. The team includes physicians, a nurse practitioner, a nurse, a social worker and a peer navigator.

Method

- Pre and Post-test design
- Inclusion Criteria: Members of the ACE provider/staff team taking care of patients living with HIV/AIDS.
- Patients were those who were assigned providers of ACE
- PHQ-9 was sent weekly to patients who had an appointment that week. Providers were notified of results and algorithm was followed (appendix 1)
- Patients chart was reviewed to determine if patient was referred and if patient made it to appointment

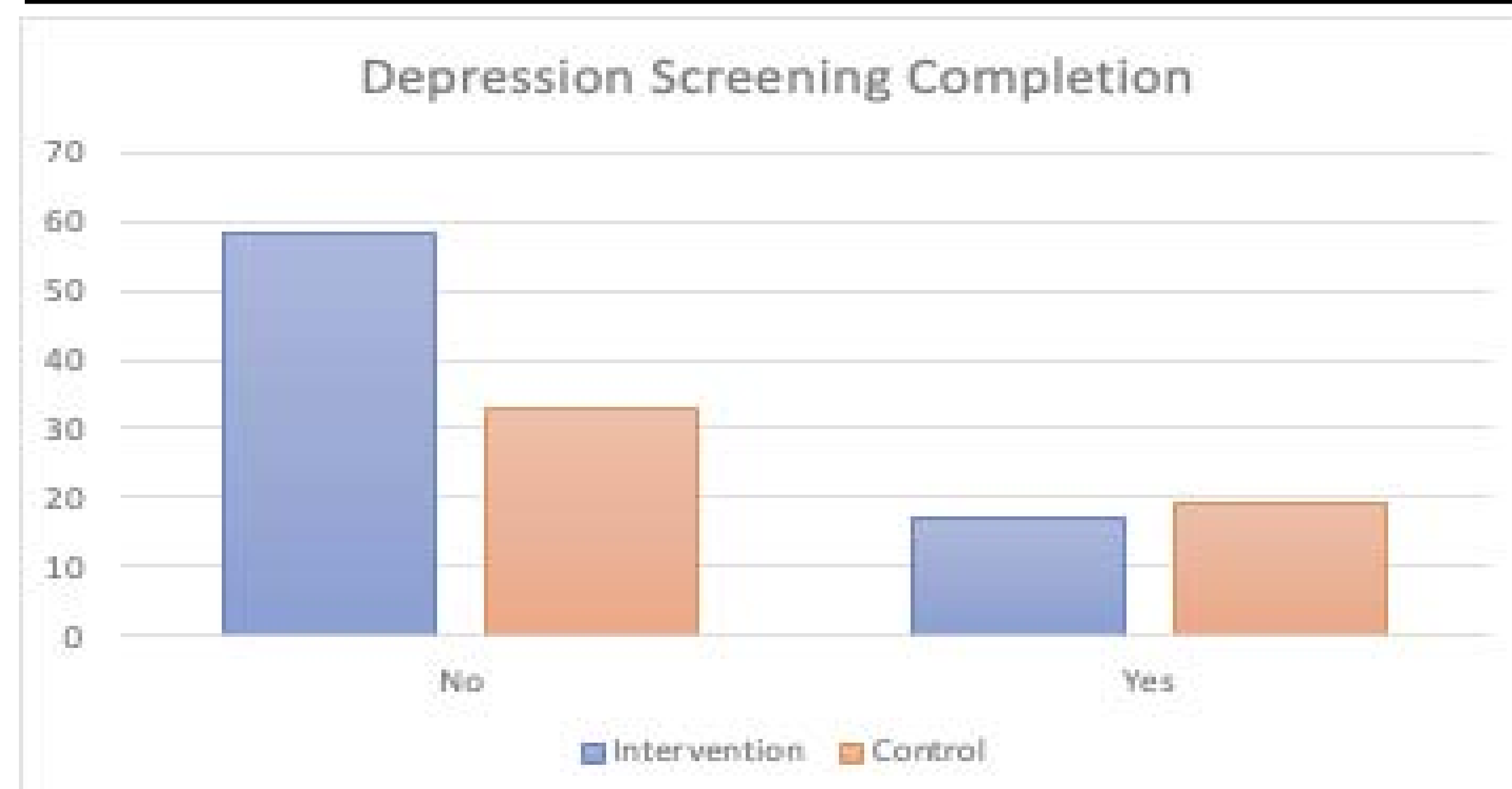


Appendix 1



Result

Demographic Characteristics	Intervention Group (N=80)	Comparison group (N=52)	p
Age, mean (SD)	28.17 (1.329)	26.90 (2.654)	.383
Sex, n (%)			.265
Male	69 (86%)	41 (79%)	
Female	11 (14%)	11 (21%)	
Psychological Status, n (%)			.502
Depressed	21 (26.3%)	13 (25%)	
Not Depressed.			
Missing Data	2	0	



Results

- There were no significant increase in depression screening using telemedicine compared with in-person depression screening
- 22.1% of the intervention completed the depression screening while 36.5% of the comparison did not complete the depression screening.
- Aim 2 was not analyzed as there were no new depression diagnoses among the control group or the intervention group
- There was no improvement in referral to psychiatry in the intervention group when compared to the comparison group
- The intervention group had 71 (68.9%) of participant who had completed the depression screening in prior visits while 6 (23.1%) had not completed before
- Of the intervention group, 45 (58.4%) of the participants read the PHQ-9 questionnaire that was sent to them while 30 (39%) did not read the questionnaire. Of those 45 participants, 28 read the questionnaire but did not complete the PHQ-9 while 17 read the questionnaire and completed the depression screening.

Conclusion

- Limitations included small sample sizes
- There was no criteria for the diagnosis of depression screening
- The project duration was less than 3 months
- Future studies should involve the information technology team to help with incorporating depression screening into the EMR.
- Clinics should have a procedure in place to have desk clerks or medical assistances to screen for depression prior to their appointment.
- Although there was no significance in improving depression screening among patients, the providers awareness enhanced treatment of patients who already had a diagnosis of depression.

Next Step

- DNP Student to continue the project
- Presentation at Sigma Theta Tau

References

- Separate reference list available



JOHNS HOPKINS
SCHOOL of NURSING