1258. The Pregnancy Factor: Differences in the Prevalence of Depression Among Pregnant and Nonpregnant Sub-Saharan African Women Living with HIV

Milissa U. Jones, MD[1]; Allahna L. Esber, PhD[2,3]; Domonique Reed, MPH[4]; Francis Kiweewa, MBBS[5]; Jonah Maswai, MB, BS[5]; John Owuoth, MB, BS[4]; Emmanuel Bahemana, MD, MPH[6]; Michael Iroezindu, MB, BS[4]; Trevor A. Crowell, MD, PhD[3]; Christina Polyak, MD, MPH[2,3]; Julie A. Ake, MD[3]; Patrick Hickey, MD[1]; [1]Uniformed Services University of the Health Sciences, Bethesda, Maryland; [2]The Henry M. Jackson Foundation for the Advancement of Military Medicine, Bethesda, MD, [3]Walter Reed Army Institute of Research, Silver Spring, Maryland; [4]U.S. Military HIV Research Program, Walter Reed Army Institute of Research, Silver Spring, Maryland; [5]Makerere University-Walter Reed Project, Kampala, Uganda; [6]Study Coordinator, Henry Jackson Foundation Medical Research International, Bethesda, Maryland

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Background. In Sub-Saharan African (SSA) women living with HIV, pregnancy creates unique stressors that may induce or exacerbate depression. We described the prevalence of depression during the perinatal period among women living with HIV that became pregnant (P-WLWH) as compared with those that did not (NP-WLWH).

Methods. We analyzed data from WLWH, age < 45 years, across 11 HIV clinics in Kenya, Nigeria, Uganda, and Tanzania, within the African Cohort Study (AFRICOS). Depression screening was performed via the Center for Epidemiological Studies-Depression (CESD) scale at enrollment and every 6 months in the study. For these analyses, the CESD score was assessed during three periods in time. For P-WLWH, these periods were: (1) enrollment, (2) during pregnancy and (3) the study visit following delivery. For NP-WLWH, three sequential evaluations were analyzed, with visit 1 being enrollment. We compared the prevalence of depression between groups at each period using χ^2 analysis and calculated adjusted odds ratios (OR) using logistic regression for variables associated with positive depression screening (CESD score ≥16).

Results. There were 764 WLWH selected for analysis, including 164 P-WLWH and 600 NP-WLWH. At enrollment, P-WLWH tended to be younger than NP-WLWH (mean age=30 vs. 34, $P < 0.01$). Neither group differed significantly with respect to marital status, employment, education, viral load, or duration of HIV. The crude prevalence of depression during periods 1 thru 3 for P-WLWH and NP-WLWH was: 20% (in both groups, $P = 0.99$), 10% and 13% ($P = 0.26$), and 4% and 10% ($P = 0.01$), respectively (figure). P-WLWH had 74% lower odds [OR = 0.26 [0.09–0.75], $P = 0.01$] of positive depression screening during period 3 than NP-WLWH, when controlling for age, marital status, educational level, viral load, and duration of HIV.

Conclusion. Surprisingly, our analyses demonstrate P-WLWH were less likely to have positive screening for depression following their pregnancies. These findings may highlight the strength of comprehensive maternal health initiatives in SSA. Additionally, these women will be followed further longitudinally to evaluate patterns of depression in the months following pregnancy.
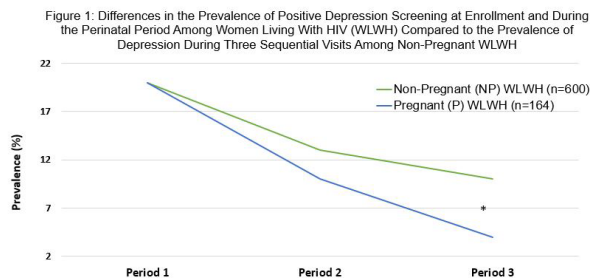
Figure 1: Differences in the Prevalence of Positive Depression Screening at Enrollment and During the Perinatal Period Among Women Living With HIV (WLWH) Compared to the Prevalence of Depression During Three Sequential Visits Among Non-Pregnant WLWH

Legend
Period 1: Enrollment
Period 2: NP-WLWH=Study Visit 2; P-WLWH= Study Visit While Pregnant
Period 3: NP- WLWH= Study Visit 3; P-WLWH= First Study Visit Following Delivery
*=p<0.05

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1259. Household Income and Its Relationship with Patient-Reported Outcomes Among Older People Living with HIV

Peter Mazonson, MD, MBA[1]; Jeff Berko, MPH, BS[2]; Theoren Loo, MS, BS[2]; Lynsay MacLaren, PA-C, MPH, MPAS, AAHIVS[3]; Erik S. Lowman, DO[4]; [1]Mazonson & Santas, Inc., Larkspur, California; [2]Mazonson & Santas Inc., Menlo Park, California; [3]Whitman-Walker Health, Washington, DC, [4]Midland Medical Center, Oakland Park, Florida

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Background. Socioeconomic factors have been identified as a root cause of a wide range of health outcomes. However, there are no studies that describe the impact of these factors on patient-reported outcomes (PROs) among older (age 50+) people living with HIV (PLWH). This study examines the relationship between annual household income, sociodemographic factors, and several PROs among older PLWH.

Methods. A cross-sectional analysis examined the relationships between self-reported annual household income, sociodemographic information, and validated PROs. Statistical differences within sociodemographic groups were determined using chi-squared tests, and within PROs using bivariate risk ratios.

Results. Of 922 participants, the median age was 58 years (range: 50–88). The majority of participants were male (89%), gay (79%), and white (70%). Fifty-five percent reported an annual household income of less than $50,000 per year and 45% reported a household income of $50,000 or greater. Among people in the lower-income group, 33% were working full or part time, 24% were retired, and 43% were disabled, whereas among people in the higher income group, 76% were working full or part time, 19% were retired, and 5% were disabled (Table 1). Bivariate analysis showed that while there was not a significant relationship between age and income, income was significantly associated with work status, race, gender, education, relationship status, sexual orientation, and having enough money to meet basic needs. People with lower household income were significantly more likely to be depressed, anxious, and lonely, and to have 4 or more comorbid conditions (Table 2). They were also less likely to have high resilience, high social well-being, and high quality of life.

Conclusion. To the best of our knowledge, this is the first examination of the relationship between self-reported annual household income and PROs among older PLWH. In these bivariate analyses, income was positively associated with desirable PROs, and negatively associated with undesirable PROs. To be successful, programs designed to improve health outcomes for older PLWH must take into account the economic challenges faced by many in this group.

Table 1: Sociodemographic factors by annual household income level among older PLWH

	Income Level		
	Less than $50,000 (N = 507)	$50,000 or more (N = 415)	Chi square p-value
Age			
50-59	58%	62%	0.092
60-64	20%	22%	
65 or older	22%	16%	
Race			
White, non-Hispanic	62%	86%	< 0.001
Black, non-Hispanic	27%	5%	
Hispanic/Latino	11%	9%	
Gender			
Male	82%	97%	< 0.001
Female/Transgender/Other	18%	3%	
Education			
Less than college	63%	35%	< 0.001
College graduate	25%	39%	
Graduate school graduate	12%	26%	
Relationship Status			
In a relationship	28%	63%	< 0.001
Single/divorced/widowed	72%	37%	
Sexual Orientation			
Gay or lesbian	70%	89%	< 0.001
Straight/heterosexual	21%	5%	
Bisexual/other/do not wish to disclose	9%	6%	
Work Status			
Disabled	43%	5%	< 0.001
Retired	24%	19%	
Working full or part time	33%	76%	
Enough Money to Meet Basic Needs			
No	19%	1%	< 0.001
Yes, sometimes	20%	2%	
Yes, most times	32%	17%	
Yes, all the time	29%	79%	

Table 2. Risk ratios of patient-reported outcomes associated with annual household income less than $50,000 among older PLWH (bivariate analyses)

Patient-Reported Outcome	Risk Ratio	95% CI	
Depressed	2.16	1.63	2.86
Anxious	1.81	1.38	2.38
Lonely	1.45	1.27	1.66
4 or More Comorbid Conditions	1.17	1.09	1.27
High Resilience	0.80	0.74	0.86
High Social Well-being	0.79	0.72	0.87
High Quality of Life	0.71	0.61	0.82

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