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HIV risk factors in persons with severe mental illness

The prevalence rate of HIV infection among persons with severe mental illness varies significantly across studies but is known to be higher (range: 4-23%) than that of the general population (<1%). General population risk factors associated with HIV infection have been verified as sources of infection in this group. A recent meta-analysis was done that examined 373 reports of which 91 articles were assessed. It was reported therein that the prevalence of blood-borne viral infections (HIV, HCV and HBV) in people with serious mental illness were on par with the general population in regions with high prevalence of blood-borne viruses. The conclusion was made that the data supporting a higher prevalence of blood-borne viral infections among people with serious mental illness might have been over-estimated. Yet, most of the analyzed studies consisted of convenience samples from in-patient psychiatric treatment settings, and the research demonstrates that data from persons with seriously mental illness who are not in treatment are needed to optimally approximate the generalizability to the entire population. Control for non-injection substance use disorder is also relevant, as is the percentage of persons with co-infections--dual and triple. Most importantly, factors beyond generally acknowledged HIV risk factors were not consistently controlled in the analyzed studies. The severity of cognitive impairment and psychotic symptoms needs to be controlled in this population, as those variables directly reduce the planned use of risk precautions for sexual activity and injection drug use-related HIV risk behaviors. Future studies of HIV infection risk in this population would benefit significantly from the employment of a random sampling approach incorporating controls for the severity of cognitive impairment and of psychotic symptoms among the study participants as well as for non-injection substance use disorder, presence of co-infections and homelessness. Cognitive impairment and psychotic symptoms have generally not been controlled in these studies but are known to prevent the accurate assessment of risk to self and the development of plans to reduce HIV risk in high-risk behavior settings among persons with severe mental illness. Prevention research should aim to individually assess the impact of these additional specific contributory factors in addition to the traditional HIV risk factors in this vulnerable population.

Biography

Karl Goodkin is a professor and chair of the ETSU Department of Psychiatry and Behavioral Sciences. He comes to ETSU from Los Angeles, where he served as the director of mental health at the AIDS Healthcare Foundation. Prior to his role there, Goodkin served as professor of psychiatry and biobehavioral sciences at the University of California at Los Angeles and at the Cedars-Sinai Medical Center where he also was the director of clinical research for several years.

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