The First Reaction to COVID-19 Disruptions for Elderly HIVpositive People in Ukraine

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Abstract

In March 2020, Ukraine enforced a COVID-19 shutdown. We conducted a telephone survey of 123 older HIV-positive individuals (OPWH) between April and June 2020 to evaluate their mental health, involvement in HIV and other healthcare, and substance use using standardised scales. Symptoms of anxiety and depression were the main variables of interest. Models of univariate and multivariable Firth logistic regression were created to evaluate variables related to (1) anxiety and (2) depressive symptomatology. The results showed that 10.6% of people had high suicidal thoughts, 45.5% of them fulfilled the criteria for moderate to severe depression, and 35.0% of them met the criteria for generalised anxiety disorder (GAD). Being female (AOR: 2.83, 95%CI = 1.19-7.05), being concerned about potential obstacles to HIV treatment (AOR: 8.90, 95%CI = 1.31-104.94), and actively using drugs (AOR: 34.53, 95%CI = 3.02-4885.85) were all independent predictors of experiencing moderate to severe depression.

Keywords: HIV care • Substance use • Depression • Anxiety symptoms

Introduction

With long-lasting detrimental effects on people's physical and mental health, the COVID-19 epidemic forced enormous changes on how people live, work, get healthcare support, receive treatment, and interact with one another. Evidence from a variety of sources suggests that older persons are particularly susceptible to the more serious effects of COVID-19, with a higher risk for hospitalisation and death. For instance, a Polish study from the second wave of COVID-19 examined the prevalence of prevalent mental health disorders among the elderly after taking sociodemographic factors and chronic illnesses into consideration. In order to determine the prevalence of anxiety, sadness, irritability, and loneliness in this susceptible population, the authors gathered 221 people (47.51 percent women and 52.49 percent men) aged 60 or older. According to their findings, having a comorbid disease was linked to significantly higher levels of common mental health disorders, such as depression, anxiety, and irritability, as well as an increase in deaths and a feeling of isolation and disconnection. Females also reported higher levels of anxiety than their male counterparts. However, because the survey was conducted online, it might have left out elderly people who are even more at risk, like those who live alone in rural areas or who lack access to technology. The findings emphasise the necessity to provide this vulnerable population with specialised care and therapies that take into consideration negative psychosocial impacts and chronic illnesses. Additionally, little is known about how they handled a COVID-19 outbreak that was imminent when lockdowns were implemented by authorities and hospital systems [1,2].

Methods

As an urgent response to the lockout, we convened a meeting of our community working group (CWG) comprising important stakeholders, including OPWH, psychologists, and medical professionals with expertise in

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HIV care and/or addiction. Following IRB approval, participants were gathered from the two major HIV care facilities in Kiev between May 8 and June 14, 2020. Specifically, the Kyiv City AIDS Center, which offers HIV services to 939 PWH who have a history of addiction and treats 14,000 PWH annually (1289 of whom are OPWH) (112 of them being OPWH). Convenience sampling was used by professional staff (psychologists or social workers with formal access to the clinic patients' information) to call prospective participants [3-5].

Discussion

There was a high frequency of moderate to severe depression and GAD among OPWH during the initial COVID-19 lockdown. Most often in highincome environments and to a lesser extent in younger people, the findings from OPWH in Ukraine showed a relatively higher prevalence than those reported elsewhere. For instance, in China, the prevalence of GAD in a sample of younger urban adults with HIV was 40.3% compared to 35% in our study. The significant frequency of depression in our sample may be explained by the large percentage of patients having an SUD diagnosis. However, other research also revealed that drug users in Ukraine had higher rates of depression than those in nations like Vietnam and Indonesia. In contrast to our findings, a US study discovered much lower rates of depression and anxiety symptoms in older persons overall during the COVID-19 pandemic: 5.8% and 6.2%, respectively, among those 65 and older and 14.1% and 16.4%, respectively, among those 45 to 64. Although only major depressive episodes were reported, prior assessments of depression among Ukrainian adults 50 years and older were much lower (14.4% for women and 7.1% for men), even though half of our OPWH participants met screening criteria for moderate to severe depression during the first COVID-19 lockdown[6].

Conclusion

A high and gender-specific prevalence of depressive and anxiety symptoms was linked to the first COVID-19 Spring 2020 lockdown in Ukraine. Self-reported substance use and perceived impediments to HIV care were also linked to greater levels of depressive and anxious symptoms among OPWH during the lockdown. A significant amount of non-adherence to care for conditions other than HIV was reported, despite the fact that the majority of OPWH reported continuing HIV and addiction care during the COVID-19 lockdown. Findings emphasise the need to take into account particular difficulties faced by OPWH, such as co-occurring physical and mental health conditions, when providing healthcare in the context of the COVID-19 pandemic. They also suggest examining in future studies whether assistance from other OPWH would improve outcomes for people with HIV and their mental health.

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Conflict of Interest

None.

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