



Full length article

Psychiatric symptoms, quality of life, and HIV status among people using opioids in Saint Petersburg, Russia



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ABSTRACT

Background: The Russian Federation is experiencing a very high rate of HIV infection among people who inject drugs (PWID). However, few studies have explored characteristics of people with co-occurring opioid use disorders and HIV, including psychiatric symptom presentations and how these symptoms might relate to quality of life. The current study therefore explored a.) differences in baseline psychiatric symptoms among HIV+ and HIV- individuals with opioid use disorder seeking naltrexone treatment at two treatment centers in Saint Petersburg, Russia and b.) associations between psychiatric symptom constellations and quality of life.

Methods: Participants were 328 adults enrolling in a randomized clinical trial evaluating outpatient treatments combining naltrexone with different drug counseling models. Psychiatric symptoms and quality of life were assessed using the Brief Symptom Inventory and The World Health Organization Quality of Life-BREF, respectively.

Results: Approximately 60% of participants were HIV+. Those who were HIV+ scored significantly higher on BSI anxiety, depression, psychoticism, somatization, paranoid ideation, phobic anxiety, obsessive-compulsive, and GSI indexes (all $p < 0.05$) than those HIV-. A K-means cluster analysis identified three distinct psychiatric symptom profiles; the proportion of HIV+ was significantly greater and quality of life indicators were significantly lower in the cluster with the highest psychiatric symptom levels.

Conclusion: Higher levels of psychiatric symptoms and lower quality of life indicators among HIV+ (compared to HIV-) individuals injecting drugs support the potential importance of combining interventions that target improving psychiatric symptoms with drug treatment, particularly for HIV+ patients.

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1. Introduction

Opioid use disorder and HIV infection in the Russian Federation are highly prevalent, interrelated, and major public health problems, with each disorder complicating treatment of the other (UNAIDS, 2015; AFEW, 2015). An estimated 18–31% of people who inject drugs (PWID) in the Russian Federation are HIV+ (UNODC, 2014), and the number of PWID newly diagnosed with HIV is higher in Russia than in other Eastern European countries (UNODC, 2014), accounting for 80% of new HIV infections in Eastern Europe and Central Asia (UNAIDS, 2015). Despite efforts to address these

comorbid conditions and provide appropriate treatment services, adherence to ART and drug treatment remains poor among those with co-occurring HIV and opioid use disorder (Spire et al., 2007; Wolfe et al., 2010). The burden of additional comorbidities, such as psychiatric symptoms, in this population, might further hinder recovery from drug use as well as overall quality of life (Amirkhanian et al., 2011; Preau et al., 2007). As such, gaining a better understanding of co-occurring psychiatric symptoms and HIV among those with opioid use disorder is highly pertinent and may help to better address these prominent public health concerns and improve treatment approaches.

1.1. Psychiatric disorders, HIV, and opioid use disorder

In studies from the United States and Europe, co-occurring psychiatric disorders are common among people with HIV (PWHIV;

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Bing et al., 2001) and people who use drugs (PWUD; Brooner et al., 1997; Kidorf et al., 2004; McGovern et al., 2006). In particular, major depressive disorder (MDD) is the most prevalent psychiatric diagnosis among people who use opioids (Brooner et al., 1997; Callaway et al., 2001; Rounsaville et al., 1982), as well as among PWHIV (Berger-Greenstein et al., 2007; Ciesla and Roberts, 2004). Although the co-occurrence of psychiatric disorders in PWHIV and people with opioid use disorder is fairly well established, few studies have investigated whether HIV infection is associated with a higher rate of psychiatric disorders or symptoms among people with opioid use disorder. Severity of co-occurring psychiatric symptoms may interfere with drug treatment to a greater extent in HIV+ compared with HIV- PWID because these individuals have essentially three diagnoses to address. Poor integration of services can make seeking treatment for these multiple problems quite burdensome, and psychiatric symptoms and disorders can impair overall functioning such that the ability to initiate and adhere to services is compromised (Brooner et al., 1997; Gonzalez et al., 2011).

1.2. Quality of life, HIV, and injection drug use

In addition, PWHIV and PWID often experience lower health related quality of life (Dalgard et al., 2004; Preau et al., 2007). Quality of life has been defined as individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns (World Health Organization, 1996). Quality of life includes aspects of physical health, psychological health, social relationships, and relationships to the surrounding environment (World Health Organization, 1996). It is important to assess quality of life in PWID and PWHIV because both opioid dependence and HIV are complex, chronic conditions that impact daily functioning and health across a variety of domains and often require symptom management across the course of a lifetime. As such, measuring quality of life in PWID and PWHIV may provide an additional meaningful, multi-dimensional indication of improvements in health and well-being.

Among PWHIV, co-occurring psychiatric disorders have also been consistently related to lower quality of life (Briongos et al., 2010; Surah et al., 2013). It is likely that PWHIV with co-occurring psychiatric symptoms experience an even greater burden that negatively impacts quality of life, but this has not been well studied. Of the few studies conducted among PWHIV who inject drugs, injection drug use was associated with lower physical health related quality of life (Preau et al., 2007; Surah et al., 2013). However, there is generally a lack of research on quality of life specifically among PWHIV who inject drugs and on the impact of co-occurring psychiatric symptoms on quality of life in this population.

Overall, research indicates a high prevalence of psychiatric symptoms, (especially depression) among people infected with HIV and people with opioid use disorders, but this has not been extensively studied in the Russian Federation. Additionally, virtually no research has explored whether certain constellations of psychiatric symptoms are more prevalent among HIV+ individuals with opioid use disorders compared with those HIV-, or whether psychiatric symptom presentations impact quality of life among these individuals. Considering that depression and other psychiatric symptoms have been associated with risky injection practices (Mackesy-Amiti et al., 2014; Metch et al., 2007) and worse drug treatment outcomes (Conway et al., 2006; Compton et al., 2003), investigating psychiatric symptom presentations in this population is important because symptom severity can contribute to poor treatment adherence, worse treatment outcomes, and HIV transmission risk behavior.

1.3. Study overview

Currently, we are conducting a randomized clinical trial (RCT) to investigate the efficacy of different levels of psychosocial interventions crossed with two medication management models for people seeking treatment for opioid use disorders in Saint Petersburg, Russia. The city of Saint Petersburg is an important region of the Russian Federation to study because it has the highest number of registered HIV cases and the highest prevalence of injection drug use, with 43–50% of PWID testing positive for HIV (Krupitsky et al., 2012; Krupitsky et al., 2013; Heimer and White, 2013; Niccolai et al., 2010). The current RCT, enrolling a cohort of opioid dependent individuals with a high prevalence of HIV, provided a unique opportunity to evaluate factors that characterize HIV+ people with co-occurring opioid use disorders. Consequently, this study a.) explored differences in psychiatric symptom presentations among HIV+ and HIV- adults seeking treatment for opioid use disorders in Saint Petersburg, Russia, and b.) explored associations between psychiatric symptom presentations and quality of life in this population.

2. Methods

2.1. Participants

Data for this study was collected at baseline from 328 treatment-seeking adults entering a 2 × 2 factorial RCT of naltrexone (extended release, once per month injections vs. daily pills) and drug counseling (physician management alone vs. with CBT-based drug counseling) recruited at opioid detoxification centers in Saint Petersburg, Russia between July 2012 and July 2015. Individuals between ages 18–65 meeting DSM-IV criteria for opioid dependence and who had completed inpatient detoxification were eligible for the RCT participation. Exclusion criteria included current suicidal or homicidal ideation, psychotic disorder, acute liver failure, and pregnancy. All participants were Russian speaking. Between July 2012 and July 2015, 423 potential participants were evaluated, 369 were eligible, 9 were excluded (because they did not show for their appointment), 360 signed consent, and 328 were randomized to the study. Reasons participants who signed consent were not randomized included returning to drug use (n = 10) and not showing for their baseline appointment (n = 20). Two participants decided not to participate in the study after signing consent.

2.2. Procedures

Research staff recruited participants through outreach efforts at two detoxification centers in Saint Petersburg, Russia. Participants completed inpatient detoxification (7–10 days) at one of two hospitals: Leningrad Region City Addiction Hospital for those living in the Leningrad region and Saint Petersburg City Addiction Hospital for those living in the city of Saint Petersburg. After completing detoxification for opioids, potential participants met with research assistants for an initial screening/intake process to explain the study, evaluate eligibility, and obtain informed consent from those interested. After consenting and enrolling in the study, participants completed a battery of baseline assessments administered by trained research assistants. All procedures were approved by the Yale University Human Investigations Committee and the First Pavlov Medical University. Participants received payment equivalent to \$15 for completing baseline assessments.

2.3. Measures

Patients enrolling in the RCT were evaluated at baseline and during treatment using a range of assessment instruments. The current

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