

Impact of recreational drug use on people living with HIV's health.



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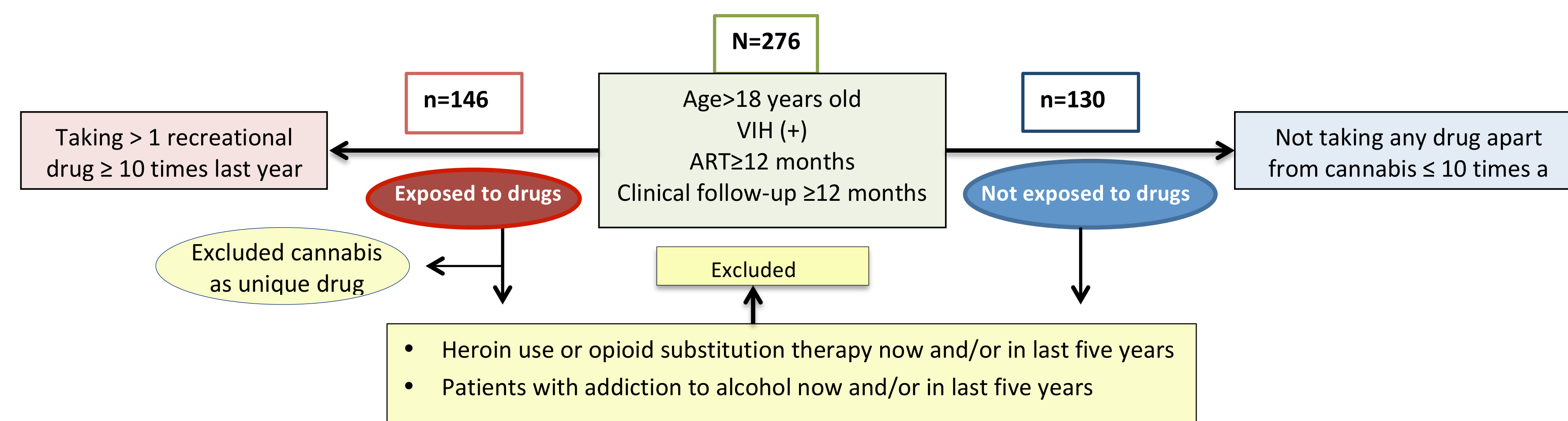
BACKGROUND

Use of recreational drugs (RD) may have relevant clinical consequences for people living with HIV (PLHIV). This study explored the impact of RD use on HIV clinical and patient-reported outcomes.

A multicentric observational retrospective cohort study was conducted between April 2017 and May 2018. The sample consisted of two cohorts of PLHIV according to their RD use. Retrospective last 12-month clinical data were collected from clinical records. Patient-reported outcomes were collected through a cross-sectional online survey, containing items related to drug use, self-reported health data and use of health services (hospitalizations and emergency care). It also included the following validated measures: ART adherence (CEAT-VIH), health-related quality of life (HRQoL) (WHOQoL-HIV-bref) and Psychological Well-Being (GHQ-12). Differences between drug and non-drug users were analyzed through parametric techniques according to the nature of data. Analyses were performed with SPSS statistics V.22.

METHODS

Figure 1. Algorithm of criteria for inclusion/exclusion of patients.



RESULTS

A total of 276 participants were included in the study; 146 (52.9%) consumed RD and 130 (47.1%) did not consume them. Differences in the characteristics of both groups are displayed in Table 1.

Figure 2. Prevalence consumption of drugs in the last year (n=146)

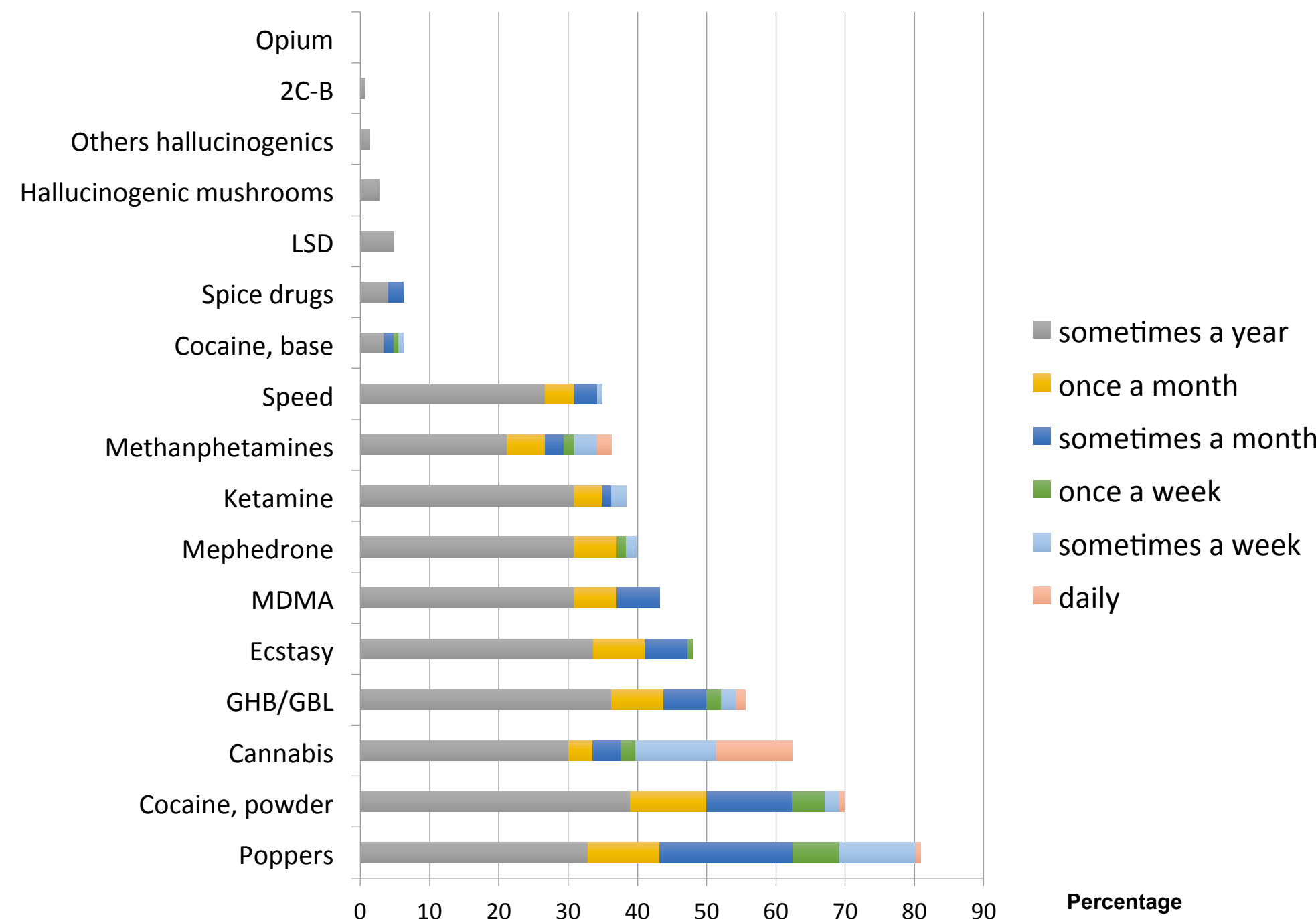
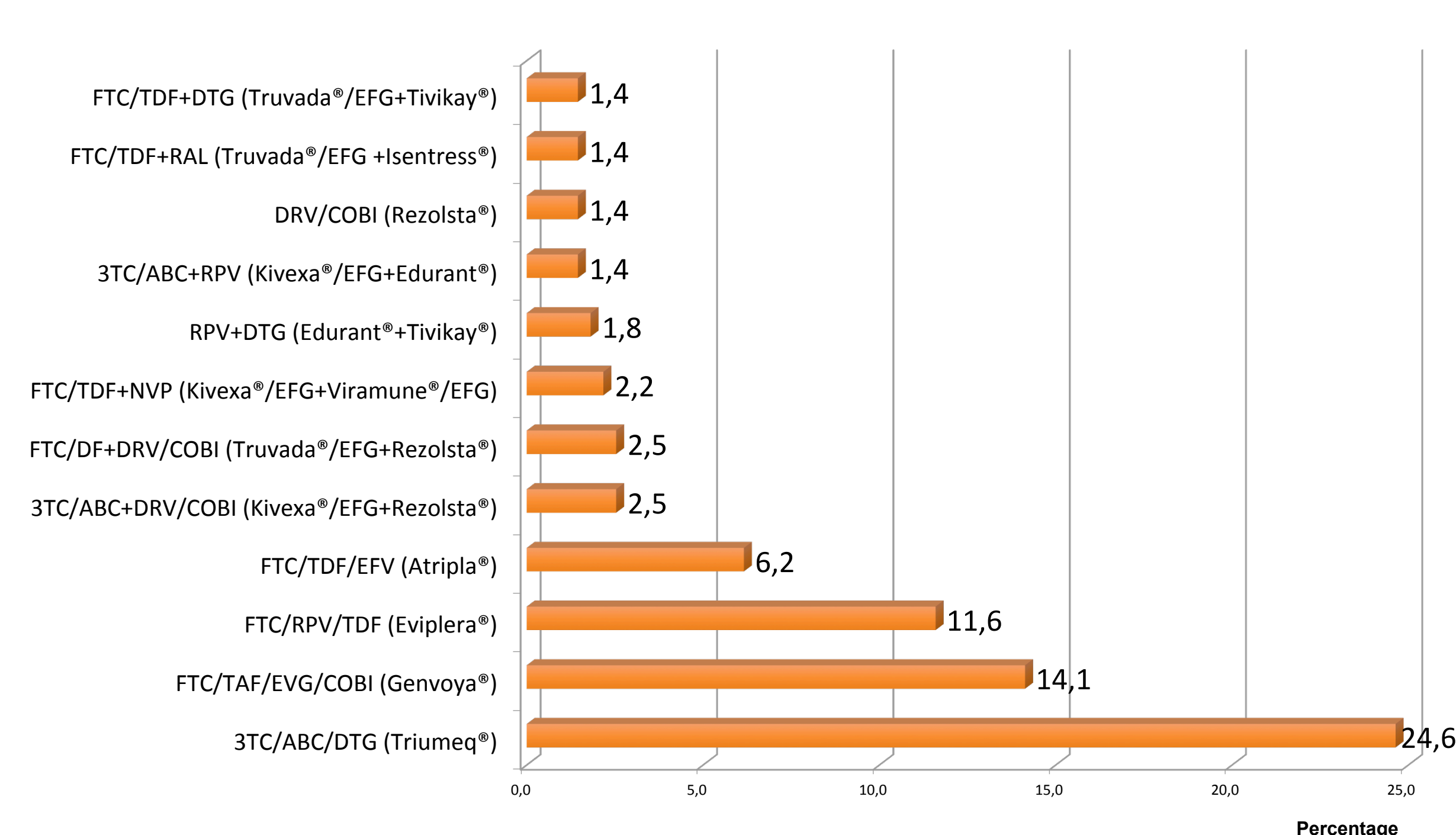


Figure 3. Current treatment ART in the most sample (n=197)



Patients took between 1-5 antiretroviral medicines (M=1.4±0.8).

Participants consumed between 1-14 drugs (M=5.3±3.2). Additionally, 25.4 % of the total sample also used erection enhancers without prescription (data not shown in the figure).

Table 2. Type of drug-drug interactions (DDI) identified on treatment ART during the last year

	Patients (N)	Patients (%)	Interactions (N)
Potential weak interaction	51	33.1	61
Potential interaction	62	40.3	240
Do not coadminister	0	0.0	0
No clear data	12	7.8	25
TOTAL	82	53.2	301

Notes. A total of 576 theoretical DDIs was coded to analyze data. DDIs were coded according to daily-practice interaction databases: www.hiv-druginteractions.org by the University of Liverpool

Table 1. Patients who consumed drugs were mostly men who have sex with men (MSM). They were younger, not being in a current relationship, more recently HIV diagnosed and taking ART treatment than those who did not used drugs. They were mostly employed.

Figure 4. Percentage of DDI by drug/patient

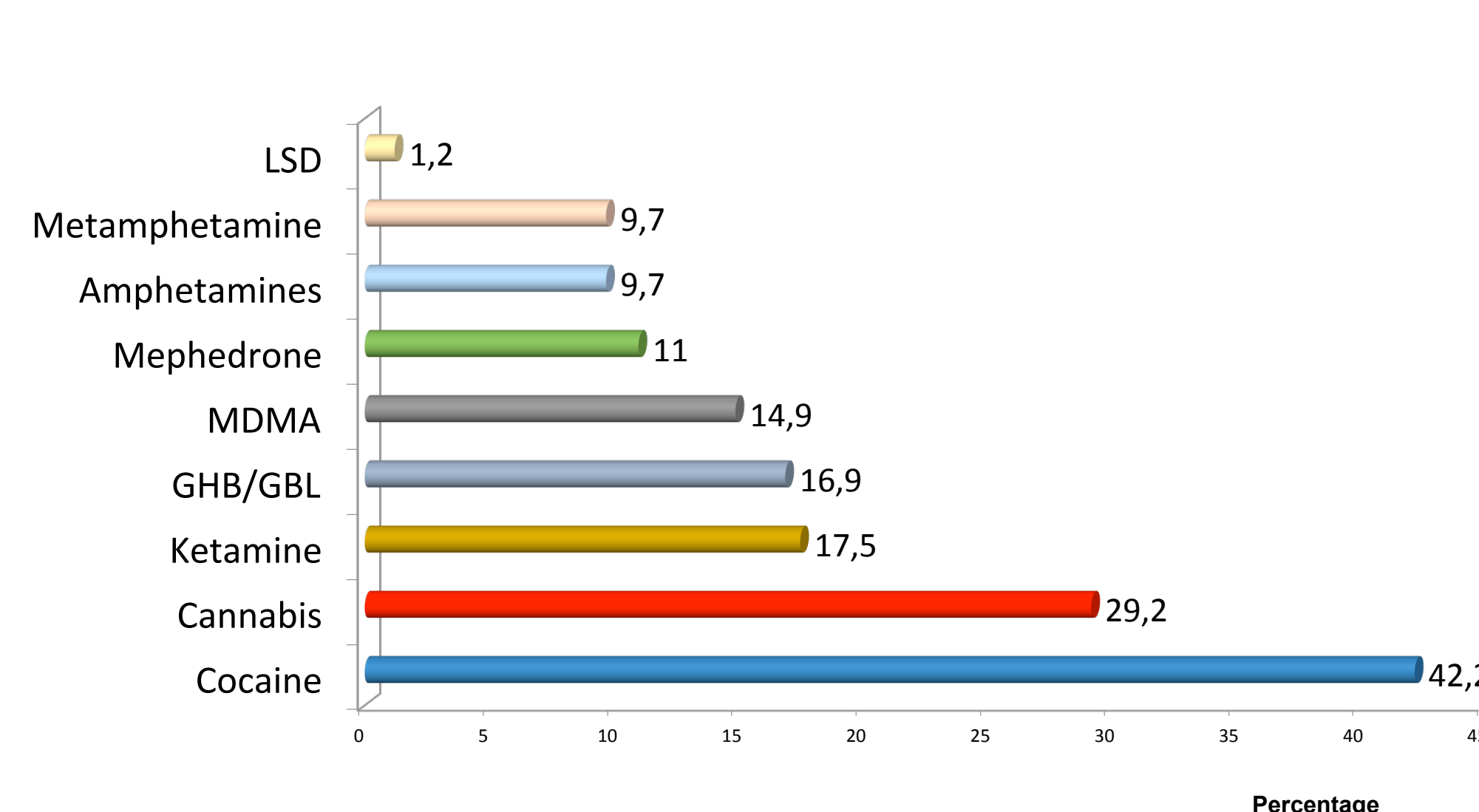
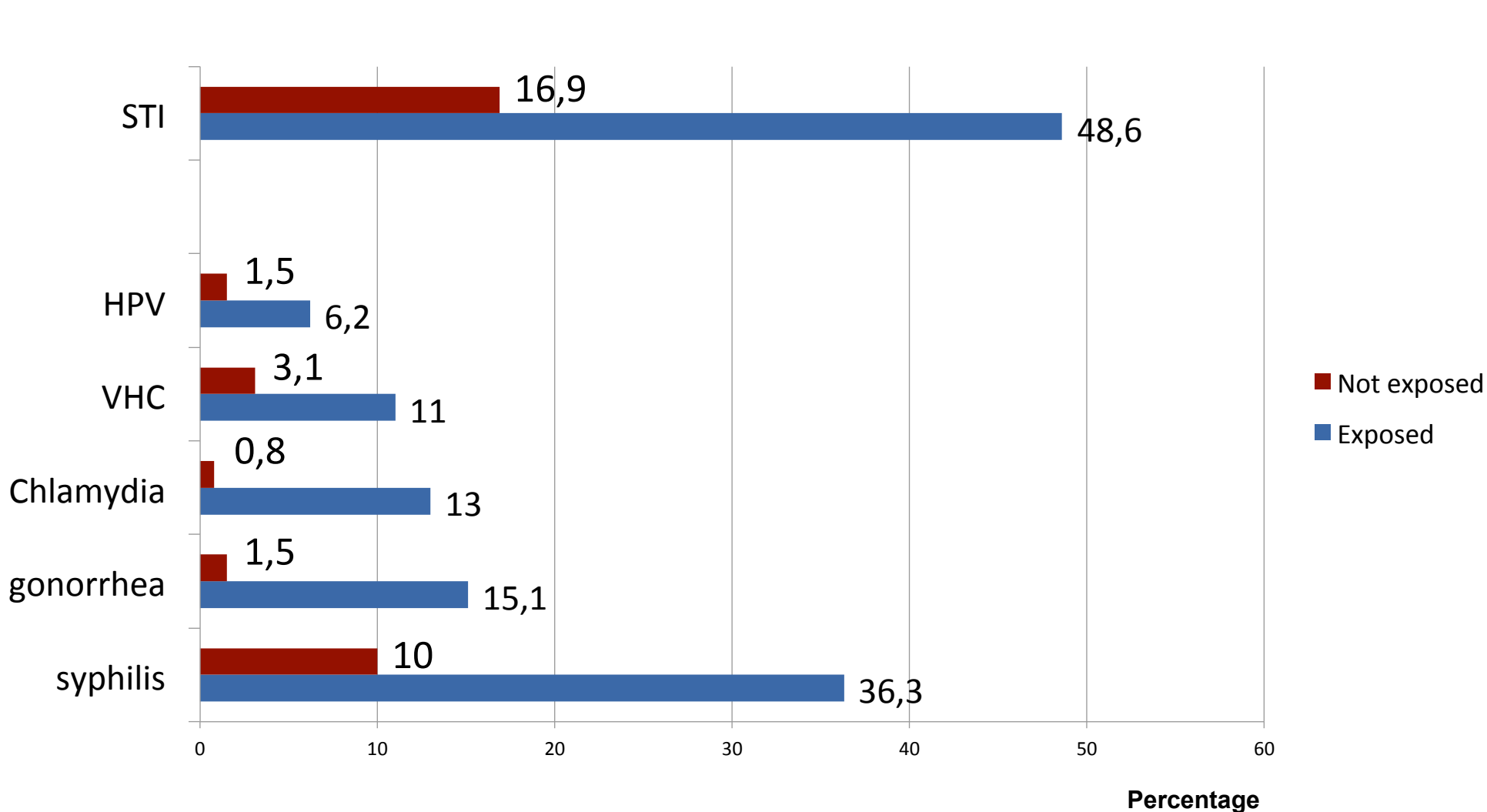


Figure 6. Sexually transmitted infections (STIs)



48.6% of drug users had some STDs during last year versus to 16.9% in the group not exposed. The most frequent STDs were syphilis, gonorrhea, chlamydia and HPV

Figure 9. Health resources

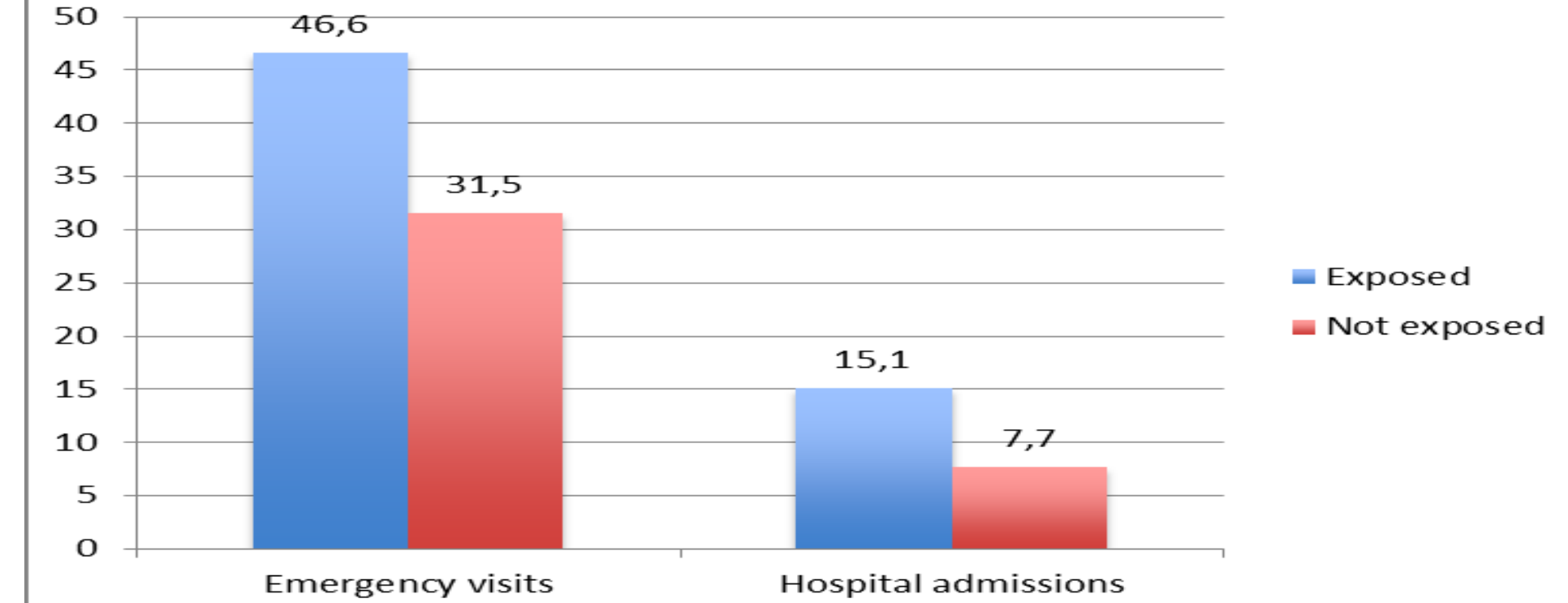
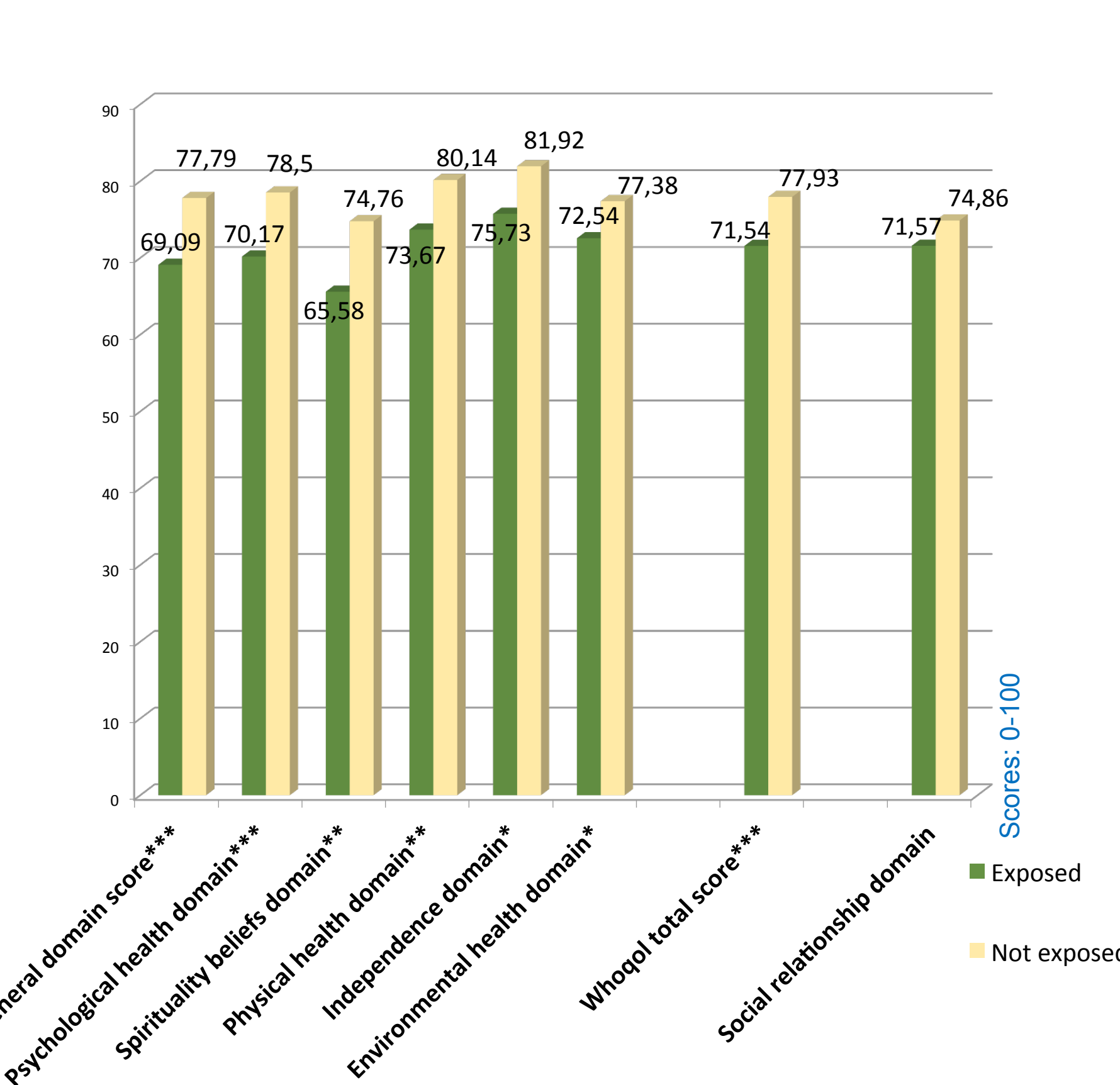
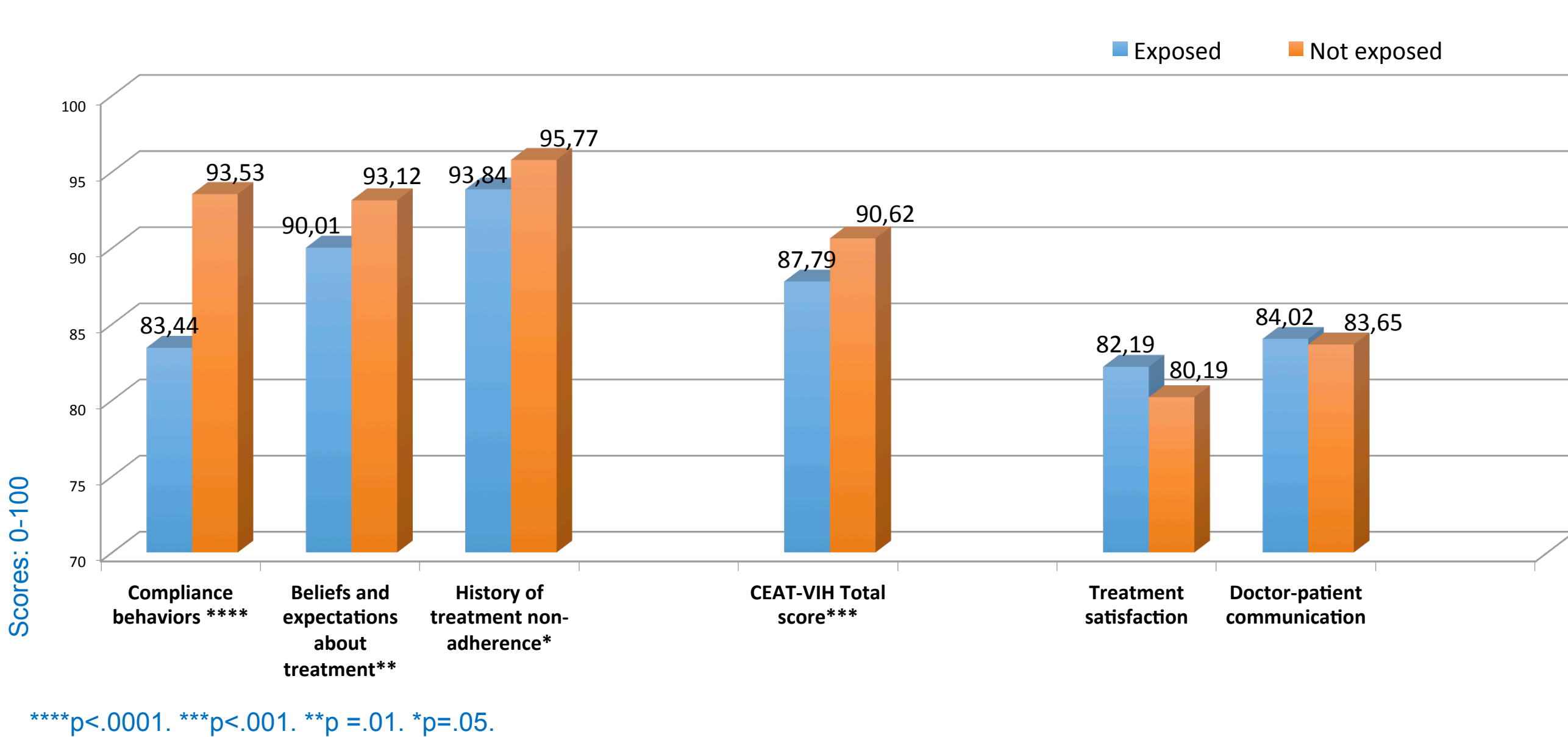


Figure 7. Differences in HRQoL



Drug users (patients exposed) obtained lower scores in most domains of HRQoL (p=.005) except in the social relationships domain. The highest difference was found in the psychological health domain (70.2±17.3 vs 78.5±14.5; p=.000).

Figure 5. Differences in ART adherence dimensions



****p<.0001. ***p<.001. **p=.01. *p=.05.

Compared to non-drug users, drug users obtained lower scores in ART adherence (p=.004), with significant differences in all domains except in treatment satisfaction and communication with their doctor.

Figure 8. Differences in psychological well-being

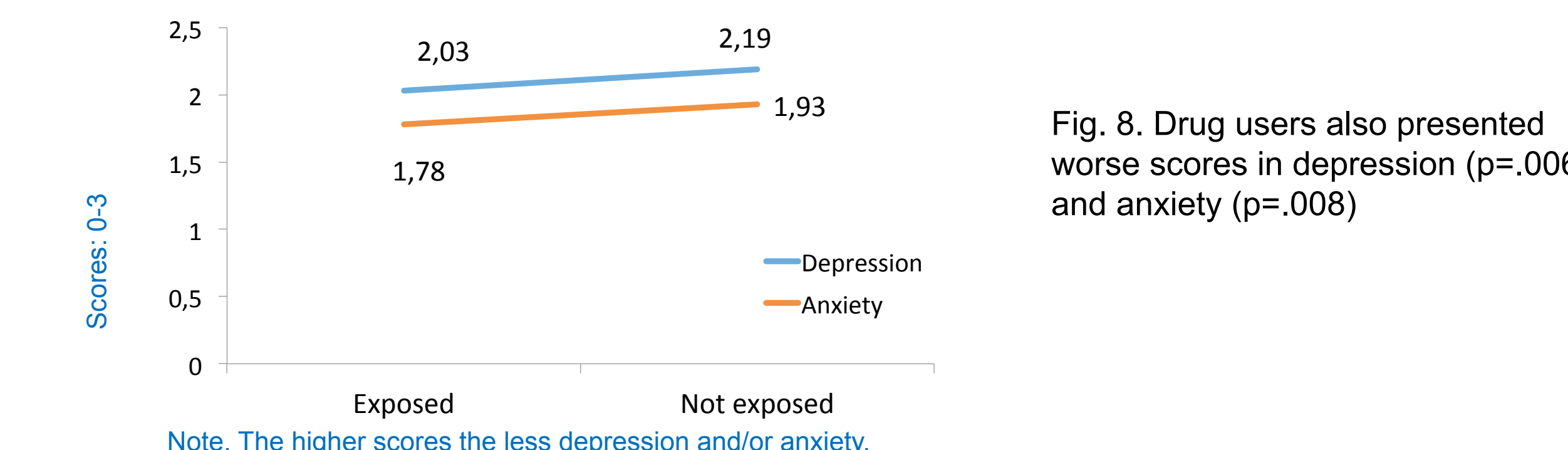


Fig. 8. Drug users also presented worse scores in depression (p=.006) and anxiety (p=.008)

CONCLUSIONS

RD use in PLHIV has a negative impact on health-related variables at various levels, including clinical results, HRQoL and the use of health services. Interventions to address problematic drug use and to improve health outcomes of PLHIV who use drugs should be conducted.