

GRAND ROUNDS

HIV Center for Clinical and Behavioral Studies

New York State Psychiatric Institute and Columbia University

“Linking HIV/STD/Hepatitis Prevalence to Risk Behaviors of Psychiatric Patients: A National Health Services Study in Brazil”

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Dr. Mark Crosland Guimaraes, Associate Professor of Epidemiology, Department of Preventive and Social Medicine, Federal University of Minas Gerais, Brazil, reviewed the epidemiology of the AIDS epidemic in Brazil and research on HIV prevention strategies for high risk psychiatric populations.

Reviewing newly diagnosed cases from 1980 to 2000, the ratio of males to females is now about one to one, and the trend is toward less concentration among MSM populations, more heterosexual transmission, and dramatically higher transmission to females. The epidemic is having greater impact on populations with less education and those in more rural areas, while it remains high in urban areas. Sexual debut in Brazil is early, with 47% of males and 32% of females having first sex by age 14. About 40% of the population has poor HIV knowledge, and only 24% report regular condom use with 71% of men and 58% of women using a condom at last intercourse. HIV prevalence in 2004 was .61% in Brazil overall, .08% of men, .42% of women, .41% of pregnant women, and .09% of military recruits. The prevalence of hepatitis B, hepatitis C, and syphilis is higher than that of HIV.

Regarding mental health, before the 1980s, there was no intermediary care between that provided at hospitals and community primary care centers. In 1980, Psychosocial Care Centers (CAPS) were created, offering diverse multidisciplinary therapeutic approaches. However, decreases in hospital beds resulted in longer CAPS stays even for those needing tertiary care, and some regions had greater resources for CAPS facilities than others.

Mental health patients are more vulnerable to STIs because of risk behavior, clinical conditions, social conditions, poor HIV knowledge, and isolation. They generally respond poorly to interventions. Although they engage in many types of HIV risk behavior, including unprotected sex, anonymous sex, sex at young ages, sex for money, and substance use, and are often homeless or the target of sexual violence and injuries, they have little understanding of HIV risk. Studies generally treat groups like intravenous drug users, MSM, sex workers, and heterosexuals as isolated, but these groups all converge in mental health populations.

The high vulnerability of the mental ill to HIV infection and their high STI prevalence compared

to the general population demand new strategies that address both HIV and mental health. New strategies demand more information. A study was designed using a social and ethnographically representative total sample of 3,400 mental health patients in public hospitals and CAPS. Adult participants were those hospitalized for at least seven days and capable of answering questions and giving written consent. The study used semi-structured interviews (for sociodemographics, clinical history, behavior, and knowledge and perceptions of HIV), medical chart reviews, blood tests (for syphilis, HIV, and hep B and C), health service evaluations, referrals for counseling and treatment, and qualitative interviews.

In a pilot study in 2003-04 of one hospital and one CAPS facility (a total of 120 patients recruited), researchers tested interview questions, procedure, and patient understanding. Patients under 35 had a higher rate of participation (perhaps because older patients had more chronic conditions), although a third of all patients suffered delirium before or during interviews. Patients with delirium had the lowest perception of risk. The most vulnerable profiles were 1) women, victims of sexual violence, and those with low risk perception who did not use condoms, 2) men who were married or had stable partners but nevertheless had a large number of partners, and those who used drugs, engaged in sex for money, had a history of STDs, and used condoms irregularly, and 3) young, single men with low or irregular condom use. Some people had characteristics of all three risk categories. The actual project begins in April 2006.

Discussion:

A small follow-up study may also be done to look at behavior change and referrals for care. First baseline data must be established.

Regarding the high incidence of delirium, the condition was, in the perception of the interviewers, not very serious. It could have been a side effect of medications or had other causes. However, researchers are interested in investigating sub-groups. Rather than excluding the seriously mentally ill, who are at highest risk, the study will assess their understanding of information and risk. Intellectual impairment increases over time with serious mental illness.

Next steps are the design and implementation of prevention programs.

In the U.S., there is little knowledge of why there are higher HIV rates in mentally ill populations. Factors may be living conditions, disease fluctuations, or any number of other variables.

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KEYWORDS: mental illness, risk behavior, Brazil, prevention, STD, STI, hepatitis, women, epidemiology, treatment, condoms, intravenous drug use, sexual debut, sexual violence.

SHORT TITLE: Risk behavior of psychiatric patients: Brazil