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### BACKGROUND

Problematic alcohol use (PAU) is common among people living with HIV/AIDS (PLHIV) but under researched in Vietnam

Ho Chi Minh City is the largest city in Vietnam with about 25, 000 PLHIV at 30 outpatient clinics

There is largely an absence of psychiatric services to conduct screening and assessment for psychiatric disorders at HIV outpatient clinics in Ho Chi Minh city

PAU is associated with

- > Impaired judgement resulting in unsafe sexual practices and HIV transmission
- > A negative impact on HIV/AIDS care and treatment
- Accelerated HIV disease progression
- > Delayed initiation of health care services
- Lower level of treatment adherence
- Poorer effectiveness of antiretroviral therapy

This study is the first studies to investigate the prevalence and correlates of PAU in PLHIV at outpatient clinics in Ho Chi Minh city

#### **METHODS**

- Study design: Cross-sectional study
- Sample size: 400 HIV positive outpatients
- Sampling technique: One in every five outpatients recruited at regular monthly visit at two HIV outpatient clinics in Ho Chi Minh City, Vietnam over a four-week period
- **Procedure**: Participants completed a self-report questionnaire with demographic, HIV-related information, type of support received during the last 3 months and stressful life experiences during the last 30 days, Clinical information regarding HIV care and treatment was also extracted from medical files.
- Measure: PAU was evaluated using the World Health Organization Alcohol Use Disorders Identification Test (WHO-AUDIT):
  - > 10 self-reported items using a Likert scale from 0 to 4
  - > Overall score is the total score of 10 items, ranges from 0 to 40
  - > Measures alcohol consumption, alcohol dependence and alcohol-related health problems during the last 3 months
- ➤ A total score ≥ 8 was used as an indicator of alcohol use in the risky to hazardous range or above
- > The scale has been used worldwide not only in general population but also in HIV positive patients
- Statistics: Mean, standard deviation, percentage for descriptive statistics and Chi-squared test, t test, logistic regression for further analysis
- Ethics: Ethics approval for the study was granted by the Human Ethics Committee at Ho Chi Minh City Provincial AIDS Committee, Vietnam and the University of Sydney, Australia

# RESULTS

• PAU identified by WHO-AUDIT score ≥ 8 was reported in 53 PLHIV (13.3%), 51 males and 2 females. Association between PAU and demographic characteristics, HIV-related characteristics, support received and stressful life experiences are presented in Tables 1 – 4.

Table 1: Association between PAU and demographic characteristics

Demographic ———	Problematic Alcohol Use			
characteristics	<b>All,</b> $(N = 400)$	<b>Yes,</b> $(N = 53)$	<b>No,</b> $(N = 347)$	p
CHAI ACICI ISUCS	n %	n %	n %	
Gender				
Female	146 (36.5)	2 (1.4)	144 (98.6)	< 0.001
Male	254 (63.5)	51 (20.1)	203 (79.9)	
Age (M, SD) yrs	34.8 (6.8)	36.7 (5.4)	34.6 (7.0)	0.010
Age category				
20-30	100 (25.0)	4 (4.0)	96 (96.0)	0.005
31-40	237 (59.3)	40 (16.9)	197 (83.1)	
41-50	49 (12.3)	8 (16.3)	41 (83.7)	
>=51	14 (3.5)	1 (7.1)	13 (92.9)	
Work status				
Unemployed/Casual	152 (38.0)	18 (11.8)	134 (88.2)	0.548
Part-time	69 (17.3)	7 (10.1)	62 (89.9)	
Full-time	126 (31.5)	21 (16.7)	105 (83.3)	
Housewife, Other	53 (13.2)	7 (13.2)	46 (86.8)	
<b>Highest level of education</b>				
≤ Primary school	139 (34.8)	21 (15.1)	118 (84.9)	0.713
Secondary school	151 (37.8)	18 (11.9)	133 (88.1)	
≥ High school	110 (27.4)	14 (12.7)	96 (87.3)	
Marital status				
Single	124 (31.0)	15 (12.1)	109 (87.9)	0.793
Married/Live as a couple	219 (54.8)	29 (13.2)	190 (86.8)	
Divorced/Separated/Widowed	57 (14.3)	9 (15.8)	48 (84.2)	
Parental status	· · · · · ·		, , , , , , , , , , , , , , , , , , ,	
Yes	219 (54.8)	30 (13.7)	189 (86.3)	0.771
No	181 (45.3)	23 (12.7)	158 (87.3)	
Religion	` ,	` '	, ,	
Yes	104 (26.0)	17 (16.3)	87 (83.7)	0.279
No	296 (74.0)	36 (12.2)	260 (87.8)	
<b>Economic status</b>	` '			
Very poor/Poor	174 (43.5)	24 (13.8)	150 (86.2)	0.779
Average/Rich	226 (56.5)	29 (12.8)	197 (87.2)	
Living most of the time with				
With family	345 (86.3)	45 (13.0)	300 (87.0)	0.760
Not with family	55 (13.8)	8 (14.5)	47 (85.5)	317 00

#### **RESULTS (Cont)**

Table 2: Association between PAU and HIV-related characteristics

HIV-related	Problematic Alcohol Use				
characteristics	All, $(N = 400)$ n %	<b>Yes,</b> (N = 53) n %	<b>No,</b> (N = 347) n %	p	
General health status					
Poor/Fair	227 (56.8)	26 (11.5)	201 (88.5)	0.225	
Very good/Good	173 (43.2)	27 (15.6)	146 (84.4)		
<b>Body Mass Index</b>					
Under-weight	121 (30.2)	11 (9.1)	110 (90.9)	0.259	
Normal	243 (60.8)	36 (14.8)	207 (85.2)		
Overweight	36 (9.0)	6 (16.7)	30 (83.3)		
Source of HIV infection					
Sexual transmission	224 (56.0)	21 (9.4)	203 (90.6)	0.019	
Injected drug use	119 (29.8)	24 (20.2)	95 (79.8)		
Others	57 (14.3)	8 (14.0)	49 (86.0)		
Time since HIV diagnosis, (M, SD) yrs	5.2 (2.5)	5.9 (2.9)	5.1 (2.5)	0.031	
Time since HIV diagnosis category, yrs					
<1 yr	22 (5.5)	1 (4.5)	21 (95.5)	0.037	
1-5 yrs	135 (33.8)	20 (14.8)	115 (85.2)		
5-10 yrs	234 (58.5)	28 (12)	206 (88)		
$\geq 10 \text{ yrs}$	9 (2.3)	4 (44.4)	5 (55.6)		
HIV status disclosure					
Yes	364 (91.0)	52 (14.3)	312 (85.7)	0.067	
No	36 (9.0)	1 (2.8)	35 (97.2)		
Most recent CD4 cell count, (M, SD)	452.3 (255.3)	452.5 (216.6)	452.2 (261)	0.995	
Time since ARV initiation, (M, SD) yrs	3.9 (2.3)	4.4 (2.2)	3.9 (2.3)	0.093	
Adherence level for HIV medications					
Good	368 (92.0)	50 (13.6)	318 (86.4)	0.917	
Average	18 (4.5)	2 (11.1)	16 (88.9)		
Poor	14 (3.5)	1 (7.1)	13 (92.9)		

Table 3: Association between PAU and different types of support received

Support received, last	Pro	oblematic Alcohol Use		
3 months	<b>All,</b> (N = 400) n %	<b>Yes,</b> (N = 53) n %	<b>No,</b> $(N = 347)$ n %	р
Receive practical support	from family or supporting	network		
Yes	310 (77.5)	44 (14.2)	266 (85.8)	0.302
No	90 (22.5)	9 (10.0)	81 (90.0)	
Receive emotional suppor	rt from family or supporting	g network		
Yes	330 (82.5)	46 (13.9)	284 (86.1)	0.377
No	70 (17.5)	7 (10.0)	63 (90.0)	
Receive spiritual support	from family or supporting	network		
Yes	346 (86.5)	47 (13.6)	299 (86.4)	0.618
No	54 (13.5)	6 (11.1)	48 (88.9)	
Receive financial support	from family or supporting	network		
Yes	257 (64.3)	37 (14.4)	220 (85.6)	0.364
No	143 (35.7)	16 (11.2)	127 (88.8)	

Table 4: Association between PAU and stressful life experiences

Stressful life	Problematic Alcohol Use			-
experiences, last 30 days	<b>All,</b> $(N = 400)$ n %	<b>Yes,</b> $(N = 53)$ n %	<b>No,</b> $(N = 347)$ n %	<b>p</b>
Had problems with or concer	rns about family			
Yes	219 (54.8)	26 (11.9)	193 (88.1)	0.371
No	181 (45.2)	27 (14.9)	154 (85.1)	
Had serious financial problem	ms/no income			
Yes	243 (60.8)	31 (12.8)	212 (87.2)	0.718
No	157 (39.2)	22 (14)	135 (86)	
Been unable to find work				
Yes	91 (22.7)	12 (13.2)	79 (86.8)	0.984
No	309 (77.3)	41 (13.3)	268 (86.7)	
Felt ashamed about HIV stat	us			
Yes	169 (42.2)	23 (13.6)	146 (86.4)	0.856
No	231 (57.8)	30 (13)	201 (87)	
Had trouble accessing medica	al care			
Yes	58 (14.5)	6 (10.3)	52 (89.7)	0.480
No	342 (85.5)	47 (13.7)	295 (86.3)	
Had problems with health ca	re providers			
Yes	31 (7.7)	4 (12.9)	27 (87.1)	0.999
No	369 (92.3)	49 (13.3)	320 (86.7)	
Been discriminated against b	ecause of HIV status			
Yes	73 (18.2)	12 (16.4)	61 (83.6)	0.374
No	327 (81.8)	41 (12.5)	286 (87.5)	
Felt rejected by family or frie	ends			
Yes	22 (5.5)	7 (31.8)	15 (68.2)	0.017
No	378 (94.5)	46 (12.2)	332 (87.8)	
Had problems or serious con	flict with partner or family	y member		
Yes	55 (13.7)	3 (5.5)	52 (94.5)	0.085
No	345 (86.3)	50 (14.5)	295 (85.5)	
Know someone who is HIV p	ositive experience serious	illness or death		
Yes	133 (33.2)	27 (20.3)	106 (79.7)	0.003
No	267 (66.8)	26 (9.7)	241 (90.3)	
Experienced a change in mar	·	_ = (, , ,	(> )	
Yes	10 (2.5)	1 (10)	9 (90)	0.999
No	390 (97.5)	52 (13.3)	338 (86.7)	
Experienced a change in acco	, ,			
Yes	39 (9.7)	5 (12.8)	34 (87.2)	0.934
No	361 (90.3)	48 (13.3)	313 (86.7)	

# CONCLUSION

- PAU was identified in approximately 20.1% of male PLHIV and 1.4% of female PLHIV
- PAU was associated with
- Older age
- > HIV transmission through injecting drug use
- Longer time since HIV diagnosis
- > Feeling rejected by family or friends
- Knowing someone HIV positive experienced serious illness or death
- Regular screening for PAU in this vulnerable group has the potential to improve quality of life through the provision of appropriate treatment for PAU
- Strategies such as education programs to prevent PAU should be considered