



Health Status, Quality of Life,  
and Depressive Symptoms  
among HIV/AIDS Patients in the  
U.S. Border Region:  
The Arizona Border HIV/AIDS  
Care Project

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# Background

- Quality of life is a major issue for HIV/AIDS patients, and even more so along the US-Mexico border where there is a lack of health care infrastructure.
- Health care access is a challenge without enough doctors, other health professionals, hospitals, and bilingual health providers and information in the border area.

# Background

- Additionally, studies have shown the co-occurrence of depressive symptoms and subjective health status.
- The examination of co-morbidity between depression and HIV/AIDS quality of life, as well as with health status may shed light on the need for mental health services as part of HIV/AIDS care.

# Methodology

- HIV/AIDS patients were recruited via outreach in the southern Arizona – Sonora border region (Cochise, Santa Cruz, Yuma, and Pima counties).
- To date, 100 patients have been enrolled in the SPNS multi-site study.

# HRSA/SPNS HIV/AIDS Border Health Initiative



# Data Collection

## National Data

- Demographics
- Lifestyle
- Risk Factors
- Quality of Life
- Barriers to care
- Client Satisfaction

## Local Data

- Outreach Contacts
- Health Status
- Physician Consultation
- Barriers to Care
- Patient Satisfaction
- Provider Assessment
- Change

# Health Profile (n=100)

## Inferred Presenting Conditions

- 67% Low income
- 35% Mental health
- 38% Rural Isolation
- 35% Transportation
- 28% Alcohol use

# Health Profile (n=100)

## Risk Factors

- 69% had unprotected sex with males
- 63% had unprotected sex with an HIV+ person
- 42% had unprotected sex with females
- 27% had been diagnosed with a new STD
- 20% had unprotected sex with an IDU

# Health Profile (n=100)

## Quality of Life

- 70% indicated that their health limits vigorous activities
- 58% indicated that their health affected social activities
- 59% indicated that pain interferes with work

# Health Profile (n=100)

## Quality of Life (Cont.)

- 48% indicated that their health limits moderate activities
- 51% indicated that their health limits climbing hills or stairs
- 40% indicated they have moderate to severe bodily pain
- 38% of the participants describe their health as very good to excellent
- 46% indicated that their health restricted work, housework, and school

# Health Profile (n=100)

## Depressive Symptoms (“at least some of the time”)

- 45% had trouble holding attention
- 40% had difficulty reasoning
- 81% felt calm and peaceful
- 57% felt downhearted and blue
- 65% felt tired
- 85% had enough energy
- 88% have been happy
- 36% forgot things that happened

# Depressive Symptoms and Quality of Life, Health Status (n=100)

Quality of Life Items (yes responses)	Depressive Symptoms	
	Low	High
■ Overall Health Description (Fair – Poor)	19%	81 %*
■ Health prevents job, housework, or school	22 %	78 %*
■ Health prevents social activities	12 %	88 %*

# Depressive Symptoms and Quality of Life, Health Status (Cont.)

Quality of Life Items (yes responses)	Depressive Symptoms	
	Low	High
■ Health restricts work, housework, or school	27 %	73 %*
■ Pain interferes with work	17 %	83 %*
■ Health limits vigorous activities	32%	68%*
■ Health limits moderate activities	24%	76%*
■ Health limits hills or stairs	30%	70%*

\* Significant at  $p < .001$

# Implications

- Targeted outreach is necessary in order to reach at-risk populations (MSM, IDU, Heterosexual Latinas) who may not know their HIV status

# Implications

- Co-morbidity needs to be examined, especially depression status, as it relates to barriers to care and subjective health status items
- Mental health services should be included in the “standard of care” for HIV/AIDS patients, and it should be ongoing

# Implications (Cont.)

## HIV/AIDS Trend

- HIV/AIDS remains a growing problem in the US-Mexico Border Region
- A lack of health care access and the lack of HIV/AIDS trained physicians in the border region contribute to this problem
- Almost one-fourth of patients are presenting at a later stage of disease often with functional limitations and depressive symptomology

# Implications (Cont.)

## HIV/AIDS Trend

- Heterosexual transmission, especially among women
- MSM infected elsewhere and return to rural area
- IDUs hidden population
- Targeted Outreach