

A cocktail for craziness

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The links between HIV and depression are well established. HIV positive people do have higher rates of depression than the general population. But key findings from an Australian research project by the National Centre in HIV Social Research ([NCHSR](#) [1]National Centre in HIV Social Research. Located at the University of NSW in Sydney, NCHSR conducts research which describes and analyses the social understandings, meanings and practices of peoples, institutions and communities in relation to HIV, Hepatitis C and other communicable diseases.) have added considerably to what's now known about the experience of HIV and depression in gay men. It unpacks some of the complex interactions between depression, sexuality and HIV infection.

'And then throw HIV into this equation . . . where people still don't deal well with it or people who've had it for a long time haven't . . . you know . . . are still adjusting to what it means and all the noise around it. All the confusion and talk – one person thinks this and one person doesn't think this. One person wants you to fuck them dead without anything and the other person is freaking out because they think you have everything under the sun. And it's like . . . who do you listen to? And when do you, how do you find the stillness to just sit in your identity and move on from there? To me, it's just a cocktail for craziness at the moment.' - Lucian 44, HIV positive

The findings come from interviews with GPs and their patients – both positive and negative gay men attending high HIV-caseload general practice clinics in Sydney, Adelaide and a coastal town in New South Wales.

Partners in the project were drawn from general practice, research, mental health and national community organisations. This multidisciplinary approach meant we were more quickly able to translate the research findings into useful tools for doctors to diagnose depression and for patients to manage it.

The research confirmed that gay men have high rates of depression – more than 30% for those with HIV and 20% for those without. The most likely causes related to marginalisation and discrimination, often described by the men in the study as 'not fitting in'. Personal withdrawal, socio-economic hardship and interpersonal isolation were most significantly and independently associated with major depression.

Multiple losses increase both the risk of depression as well as its severity. Many positive gay men have lost relationships and social connectedness, career and earning capacity, a sense of future and longevity.

Key events such as a positive diagnosis, the need to start [antiretroviral](#) [2]A medication or other substance which is active against retroviruses such as HIV. therapy, treatment failure, an AIDS-defining illness, or a friend's AIDS-defining illness were identified by GPs as additional triggers that increased their vigilance and awareness of depression. This was especially the case for men who have been living with HIV for a long time.

So what can we do to help manage our depression?

A major outcome of the study has been the development of a module to help gay men self-manage their depression and a fact sheet on managing sexual side effects.

This new module for gay men is now available online on the ClimateGP website. The [Clinical](#) [3]Pertaining to or founded on observation and treatment of participants, as distinguished from theoretical or basic science. Research Unit for Anxiety and Depression (CRUfAD) based at St Vincent's Hospital in Sydney maintains the website for people with anxiety and depression.

The module comprises six lessons about overcoming depression. The process is easy to follow and visually interesting ('Marco' above plays a major role).

While no results as to its [efficacy](#) [4](Of a drug or treatment). The maximum ability of a drug or treatment to produce a result regardless of dosage. A drug passes efficacy trials if it is effective at the dose tested and against the illness for which it is prescribed. In the standard procedure, Phase II clinical trials gauge efficacy, and Phase III trials confirm it. are available, the companion module for heterosexual people has been shown in two trials to be as effective as face-to-face therapy.

If this interests you, then talk to your doctor about how to access the online depression selfmanagement tool.

For a small fee, General Practitioners can arrange access to the module at www.climategp.tv [5].

If you'd like to read the eight-page key findings report, you'll find it on the NAPWA website (www.napwa.org.au/news/hiv-and-depression [6]). It's an easy read and well worth the effort if you have the time and interest.

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- [Gay and bisexual men](#)
- [mental health](#)
- [social research](#)

Links:

[1] <http://www.napwa.org.au/glossary/term/407>

[2] <http://www.napwa.org.au/glossary/term/122>

[3] <http://www.napwa.org.au/glossary/term/475>

[4] <http://www.napwa.org.au/glossary/term/486>

[5] <http://www.climategp.tv>

[6] <http://www.napwa.org.au/news/hiv-and-depression>