



Perceived health and alcohol use in individuals with HIV and Hepatitis C who use drugs



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HIGHLIGHTS

- We assessed perceived health in drug users with HIV or Hepatitis C Virus (HCV).
- In drug users with HIV or HCV, those reporting poorer health drank at riskier levels
- These associations were only significant when demographics were controlled.
- For the smaller HIV/HCV sample, the similar association did not reach significance.
- HIV and HCV-infected drug users in poor health should be screened for risky drinking.

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ABSTRACT

Background: Individuals who use illicit drugs are at heightened risk for HIV and/or Hepatitis C Virus (HCV). Despite the medical consequences of drinking for drug-using individuals with these infections, many do drink. In other studies, how individuals perceive their health relates to their engagement in risk behaviors such as drinking. However, among drug-using individuals with HIV and HCV, whether perceived health relates to drinking is unknown.

Objective: We examine the association between perceived health and drinking among drug-using individuals with HIV and/or HCV.

Methods: In a large, cross-sectional study, we utilized samples of individuals with HIV ($n = 476$), HCV ($n = 1145$), and HIV/HCV co-infection ($n = 180$), recruited from drug treatment centers from 2005 to 2013. In each sample, we investigated the relationship between perceived health and drinking, using ordinal logistic regressions. We present uncontrolled models as well as models controlled for demographic characteristics.

Results: Among samples of drug using individuals with HIV and with HCV, poorer perceived health was associated with risky drinking only when demographic characteristics were taken into account (Adjusted Odds Ratios: 1.32 [1.05, 1.67] and 1.16 [1.00, 1.34], respectively). In the smaller HIV/HCV co-infected sample, the association of similar magnitude was not significant (AOR = 1.32 [0.90, 1.93]).

Conclusions: Drug using patients with HIV or HCV with poor perceived health are more likely to drink heavily, which can further damage health. However, when demographics are not accounted for, these effects can be masked. Patients' reports of poor health should remind providers to assess for health risk behaviors, particularly heavy drinking.

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1. Introduction

Illicit use of drugs such as opioids, amphetamines, and/or cocaine increases the risk for infection with HIV and/or Hepatitis C Virus (HCV)¹

(Degenhardt, Hall, Warner-Smith, & Lynskey, 2004), due to risky injection and/or sexual behaviors (Des Jarlais, Arasteh, & Friedman, 2011). In addition to these infections, heavy drinking is also common among individuals who use illicit drugs (Field et al., 2012). Heavy drinking can pose substantial health risks for drug-using individuals with HIV and/or HCV. Among those with HIV, heavy drinking increases the risk for liver problems (Barve et al., 2010), poor medication adherence (Azar, Springer, Meyer, & Altice, 2010) and shorter survival (Braithwaite et al., 2007).

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For individuals with HCV, heavy drinking contributes to liver damage (American Association for the Study of Liver Diseases & The Infectious Diseases Society of America, 2014) and may interfere with access to HCV treatment (Ghany, Strader, Thomas, Seeff, & American Association for the Study of Liver, 2009; US Department of Veterans Affairs, 2012). Although heavy drinking is clearly a threat to the health and survival of drug-using individuals infected with HIV and/or HCV, how these individuals perceive their health (i.e., whether they feel well or poorly), and how this relates to their drinking, remains understudied. Determining this association could both (a) provide insight into factors that underlie heavy drinking in these medical populations and (b) help providers identify “red flags” for heavy drinking from information they likely already have about the patient.

Several studies indicate that, in other populations, poor perceived health is associated with substance use, as well as other risky and self-injurious behaviors. For example, men with tuberculosis who perceive their health as poor are more likely to be problem drinkers (Peltzer et al., 2012) and Latina women who perceived their health as poor are more likely to misuse prescription sedatives (Rojas et al., 2013). Taiwanese adolescents who perceive their health as poor are more likely to be sexually active (Chiao & Yi, 2011), and U.S. adolescents who perceive their health as poor are more likely to evidence suicidality (Eaton et al., 2011). These studies suggest that individuals who feel poorly may not see value in avoiding risk behaviors, perhaps due to hopelessness or perceived futility. However, other studies show poor perceived health to be associated with positive health behaviors, including adherence to medication among individuals with tuberculosis (Naidoo et al., 2013), and HIV testing among Canadian aboriginal women (Orchard et al., 2010). This alternate possibility, that poor health may incur health-promoting behaviors to offset current problems, should also be considered. Because the previous literature is not entirely consistent in whether poor perceived health is associated with health promoting or health destructive behaviors, it is unclear whether drug-using individuals with HIV/HCV are more or less likely to drink when they perceive their health to be poor.

Little is known about the relationship of perceived health with risk behaviors among individuals with HIV and/or HCV in particular. Although asymptomatic individuals with HIV may perceive their health to be comparable to that of non-infected persons (Podrąza et al., 1994), others who are symptomatic may have poorer perceived health. HIV-infected persons with poor perceived health are at increased risk for depression (Slot et al., 2015), a known risk factor for drinking among those with HIV (Cook et al., 2009; Cook et al., 2013). HIV-infected persons with poor perceived health also take longer to stop smoking (Hessol et al., 2014), perhaps indicating an overall risk for substance use. These studies suggest that individuals with HIV who are in poorer health may drink more. Yet, no studies known to us have examined the relationship of perceived health to drinking in drug-using individuals with HIV. Further, perceived health is understudied among individuals with HCV, and we know of no studies of the relationship of poor perceived health with drinking or other similar risk behaviors among individuals with HCV. Further elucidating these associations could help identify factors underlying heavy drinking, a risky behavior in these important medical populations, and could help identify those in need of intervention.

The purpose of the current study is to better understand the association between perceived health and heavy drinking among drug-using individuals with HIV, HCV, and HIV/HCV co-infection. Therefore, in three sets of analyses, we examined whether poor perceived health was associated with more or less drinking among drug-using individuals who are infected (a) with HIV, (b) with HCV, and (c) with both HIV and HCV.

2. Materials and methods

2.1. Participants

From 2005 to 2013, respondents were recruited from Mount Sinai Beth Israel detoxification and methadone maintenance programs in

New York City to participate in an ongoing, large, serial cross-sectional study of HIV risk factors among individuals who use drugs (Des Jarlais et al., 2011). Patients who reported injection or non-injection use of heroin, cocaine, and/or amphetamines within the past six months, and who provided informed consent, were included in the study (Des Jarlais et al., 2011; Des Jarlais et al., 2014a, 2014b). Participants completed interviews and provided blood samples that were used to test for HIV and HCV infection status, as described previously (Des Jarlais et al., 2014a, 2014b). The study was approved by the Institutional Review Board at Beth Israel Medical Center.

Based on the blood tests, we selected for analysis two primary samples of drug-using individuals with data on perceived health and drinking: the 476 patients who tested positive for HIV and the 1145 patients who tested positive for HCV. We also conducted a sub-analysis of the 180 patients who tested positive for both HIV and HCV infections in a separate model. Our participants were mostly male, minority, in mid-adulthood, and with less than a high school education (for all descriptive characteristics, see Table 1). Participants generally reported good-to-fair health. The majority of HIV-infected patients were risky drinkers; the HCV and HIV/HCV samples were largely split between abstainers and risky drinkers. All groups reported relatively small percentages of non-risky drinkers.

2.2. Measures

2.2.1. Perceived health

Participants were asked: “How would you describe your current health?” Response options included: Excellent (1), Good (2), Fair (3), or Poor (4). This variable was treated as a continuous indicator of perceived health in the current study.

2.2.2. Drinking status

Participants were asked to report their typical weekly consumption of alcohol in the past six months. As participants were recruited soon after admission, this six-month period referenced pre-treatment drinking. Drinks per week of beer, wine, and hard liquor were reported separately, then values were summed to yield total drinks in a typical week. Consistent with prior research in this sample (Arasteh & Des Jarlais, 2009; Arasteh, Des Jarlais, & Perlis, 2008), these data were then used to categorize participants as abstainers (no drinks in a typical

Table 1
Sample characteristics of HIV- and HCV-infected individuals who use drugs.

	HIV-infected (n = 476) M (s. d.)	HCV-infected (n = 1145) M (s. d.)	HIV/HCV co-infected (n = 180) M (s. d.)
Age	43.95 (7.38)	43.13 (9.31)	45.82 (7.73)
Years of education	11.09 (2.12)	11.10 (2.20)	10.86 (1.99)
Perceived health ^a	2.53 (0.84) n (%)	2.53 (0.80) n (%)	2.57 (0.82) n (%)
Gender			
Male	332 (69.75%)	928 (81.05%)	134 (74.44%)
Female	140 (29.41%)	213 (18.60%)	44 (24.44%)
Transgender	4 (0.84%)	4 (0.35%)	2 (1.11%)
Ethnicity			
White	30 (6.30%)	255 (22.27%)	16 (8.89%)
Black	283 (59.45%)	319 (27.86%)	81 (45.00%)
Latino/a	155 (32.56%)	540 (47.16%)	78 (43.33%)
Other	8 (1.68%)	31 (2.71%)	5 (2.78%)
Drinking status			
Abstainer	138 (28.99%)	550 (48.03%)	76 (42.22%)
Drinker	57 (11.97%)	99 (8.65%)	17 (9.44%)
Risky drinker	281 (59.03%)	496 (43.32%)	87 (48.33%)

^a Perceived health was measured using the question “How would you describe your current health?” with response options of: 1 = Excellent, 2 = Good, 3 = Fair, 4 = Poor. HIV = Human Immunodeficiency Virus. HCV = Hepatitis C Virus. Percentages may not sum exactly to 100% due to rounding error. Participant breakdown may not sum exactly to total sample size due to missing demographic data. HIV and HCV columns include both mono-infected and co-infected individuals.

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