Loneliness and Drinking in an HIV Positive Population

Erica Kiernan  
*University of St. Augustine for Health Sciences*

Krishna Chhabria  
*University of Florida*

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Loneliness and Drinking in an HIV Positive Population

Kiernan, E & Chhabria, K

Department of Behavioral Science and Community Health, College of Public Health and Health Professions, University of Florida, Gainesville, FL

Background

Loneliness is an outcome which is common in the HIV positive community due to the stigma associated with HIV which leads to social isolation (Stutterheim et al., 2012). The outcome of loneliness has a significant impact on the mental health of the HIV positive individual but also at community and societal levels. Research has found that HIV positive individuals who experience significant loneliness will sometimes engage in other high risk behaviors (Semple et al, 2000). Alcohol use is one such behavior. It has adverse consequences in the HIV population as it may interfere with antiretroviral medication adherence as well as increasing the likelihood of engaging in risky sexual behaviors (Braithwaite et al., 2005).

Hypothesis

HIV positive individuals who experience an increase in loneliness will have an increase in hazardous drinking behaviors.

Methods

Participants: 100 patients from an HIV treatment clinic in Jacksonville, Florida

Recruitment: Upon check-in to the UF CARES clinic in Jacksonville, Florida, patients were asked by the clinic staff person if they would be willing to speak with a study staff member.

Procedures: This project was fully IRB approved by the University of Florida.
- Consent form was read to the prospective participant by a study staff member in a private room within the UF CARES clinic.
- Study staff addressed all questions and concerns prior to the participant signing the consent form.
- The prospective participant was able to consider study enrollment for as long as necessary prior to joining the research study.
- Participants completed a brief interview, which took about 15 minutes to complete with the following outcome measures:
  - Alcohol Use Disorders Identification Test (AUDIT)
  - UCLA Loneliness Scale.

Results

• 67% Female and 33% Male
• 83% African American, 15% White
• Mean Age 45.2 years

A score of 8 or higher on the AUDIT is a risk for hazardous drinking behaviors. Mean AUDIT score was 2.8 (SD: 4.47), only 9 participants scored higher than the cut off value of 8. Mean UCLA score was 45.86 (SD: 4.01). Spearman’s correlations revealed no significant relationship between age and UCLA scale (0.175) 95% CI = -0.13, 0.385; or living alone and UCLA scale (0.03)95% CI = -0.202, 0.208. AUDIT and UCLA scales correlation were (-0.083) 95% CI = -0.208, 0.200

Conclusions

Participants who lived alone scored higher on the UCLA Loneliness Scale, however the relationship was not statistically significant. Age did not have a significant effect on loneliness. There was no significant correlation between loneliness and hazardous drinking. This is contrary to prior expectations that participants who have increased loneliness have an increase in hazardous drinking.

Public Health Impact

This research relates directly to the field of HIV and alcohol research; the impact alcohol and psychological outcomes have on individual behaviors within the HIV positive population which can affect public health.

References