

ABSTRACT

Depression contributes significantly to poor health outcomes among HIV-infected individuals by accelerating HIV progression and causing non-adherence to antiretroviral treatment. The burden of depression among HIV positive persons is relatively higher compared to the HIV-negative population. The WHO estimates indicate that about 350 million people around the world are suffering from depression. However, proper diagnosis and recognition of depression among patients seeking care in primary healthcare settings is still in dearth. Hence, the study investigated levels of unipolar depression among HIV positive adults attending AMPATH clinics in western Kenya. The specific objectives were to determine the prevalence of unipolar depression; the gender influence on levels of depression; severity levels of unipolar depression; and to establish the relationship between HIV progression and depression among this group of patients. The study adopted a descriptive cross-sectional design and it was conducted in Mosoriot, Nandi County and Turbo, Uasin Gishu County of North Rift, Kenya. The two counties were selected through stratified sampling and the clinics by purposive sampling. In every clinic, participants meeting inclusion criteria were selected by systematic random sampling. The participants were interviewed using a depression scale (Patient Healthcare Questionnaire). Participants' clinical information details were extracted from their medical files at the respective clinics. The data collected was analysed using ordinal logistic regression model (95% CL) to determine significant factors influencing depression severity. 393 HIV positive adults at the two clinics were assessed. There were 135 males and 258 females with a mean age of 43 years. 42% of the respondents had a depression score of ≥ 5 on the PHQ-9 scale aggregate. From the respondents' demographic and clinical characteristics, age, education, gender and advanced HIV were significant predictors of depression. Females were at a higher risk to develop depression compared to males. Respondents with advanced HIV had an elevated risk of 80% to move up the depression ladder. It was therefore recommended that programmes offerings HIV/AIDS care and management should incorporate mental health services as an integral component of clinical intervention; clinical care providers in the HIV outpatient clinics should be exposed to the procedures of recognizing and diagnosing depression; HIV-infected individuals should be sensitized on the importance of mental health services in order to lessen the burden of HIV and emotional disorders comorbidity; and that more mental health professionals should be employed by the government in collaboration with private sector to improve the uptake of mental health services by HIV-infected individuals.

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