## Vulnerable Populations: How are they Doing?

Antenatal Depression & Postpartum Engagement in Option B+ HIV Care in Malawi

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### Background: Malawi

- 16 million people
- 12% of adult women living with HIV
- 16,000 infants infected with HIV perinatally (2010)
- 1<sup>st</sup> country to implement Option B+ antiretroviral treatment (ART) program in 2011



### Option B+ ART program

Lifelong ART for all pregnant & breastfeeding women

#### Performance in Malawi:

Number of women who initiated ART increased 748% in 1<sup>st</sup> year But...

Only 75% of women in care 12 months after initiating ART

Worse than general adult population

### Depression & HIV care

#### Non-pregnant adults:

#### Higher-resource settings:

Depression reduces engagement in HIV care

#### Sub-Saharan Africa:

- Depression reduces or has null association with engagement in HIV care
  - → Generalizable to perinatal women?

### Antenatal depression

Common: up to 23% of pregnant women living with HIV in Africa If untreated, can lead to poor maternal & infant health outcomes

Screening for antenatal depression **not** routine in most sub-Saharan African settings

#### Research goal:

Estimate the association of antenatal depression with engagement in HIV care (visit attendance and viral suppression)

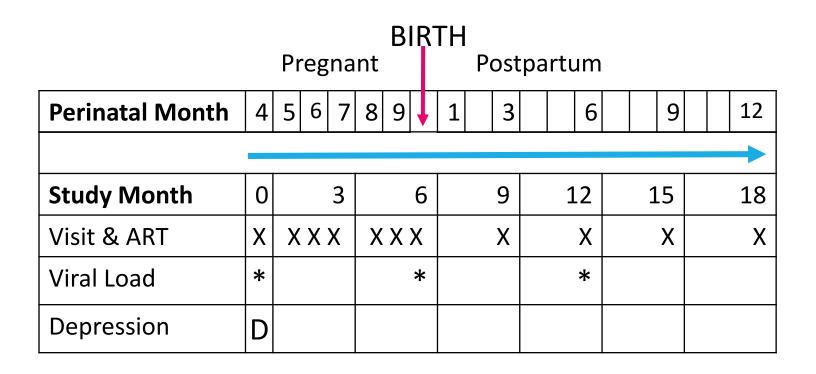
### Parent study setting & population

"S4 study:" Safety, Suppression, Second-line, Survival Cohort Long-term safety & efficacy evaluation of Option B+ Public antenatal care clinic in Lilongwe, Malawi

#### At enrollment, all participants were:

- Pregnant
- Living with HIV
- Participating in Option B+
- ≥ 18 years of age (or 16-17 years & married)

### S4 study overview



ART schedule in S4 was identical to the Malawi standard of care

### Measurements

**Exposure**: Probable antenatal depression

 Edinburgh Postnatal Depression Scale (EPDS) score ≥6 at ART initiation

Outcomes: Engagement in HIV care

- <u>Visit attendance</u>: attended all 8 scheduled visits in the first 12 months (±30 days of appointment date)
  - Women received ART from S4 study
- HIV viral suppression: < 1000 copies/mL at 12 months post-ART initiation
  - Malawi Ministry of Health threshold for ART failure

### Analysis

Estimated risk & prevalence differences (RD, PD)

- Linear binomial regression
- Robust variance estimates for 95% CI

#### Confounding adjustment

- History of intimate partner violence (IPV)
- History of depression or anxiety
- Marital status at enrollment
- SMR weights: estimates the effect of depression among the depressed

### Results

Total enrolled: n=299

Characteristic	Median (IQR)	N	%
Age (years)	26 (22-30)		
Gestation (weeks)	22 (18-26)		
Currently married		263	88
Finished primary school		166	56
Pregnancy unintended		167	56
History of IPV		59	19
History of depression/anxiety		115	38

### Results

#### Probable antenatal depression:

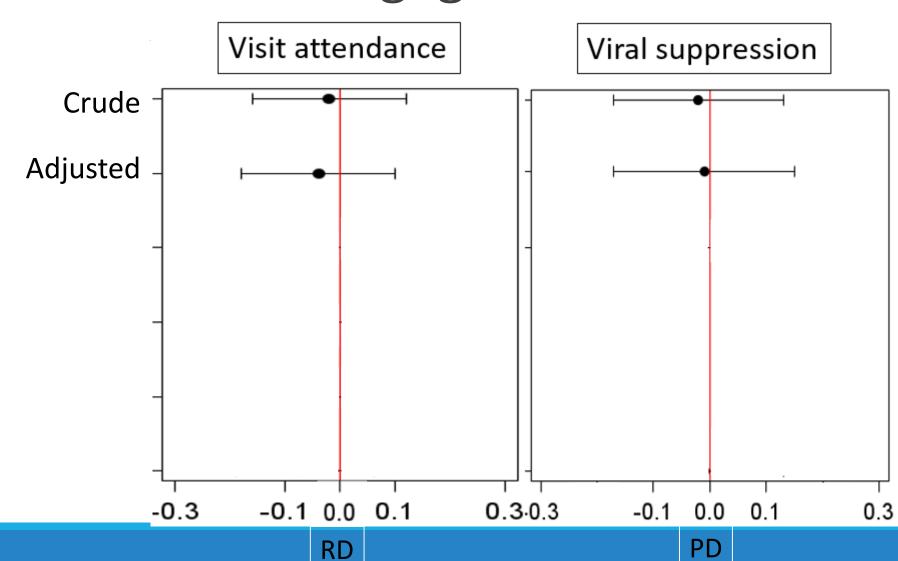
10% scored ≥6 on the EPDS at ART initiation

#### **Engagement in care:**

85% attended all 8 visits in first 12 months on ART

81% in care with low viral load 12 months post-ART

# Antenatal depression & HIV care engagement



### Conclusions

- > 10% had probable antenatal depression
  - Consider implementing depression screening in Option B+ care
- > Participants were highly engaged in care
- Probable antenatal depression was not associated with either HIV care outcome
  - Robust to multiple sensitivity analyses
- ➤ In a population with high HIV care engagement, probable antenatal depression may not impair HIV-related outcomes

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Questions?



# Post-ART & postpartum timelines varied

