



Loneliness Among Black/African American Adults Living with HIV: Sociodemographic and Psychosocial Correlates and Implications for Adherence

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Background

- The 2023 U.S. Surgeon General's Advisory on the Healing Effects of Social Connections and Community highlights the epidemic of loneliness in the US
 - Approximately 50% in the general population
 - 30-60% in some convenience samples of people with HIV
- Loneliness is associated with poor health outcomes and behaviors
 - Greater risk of cardiovascular disease, dementia, stroke, depression, anxiety, and premature death
 - Substance use and abuse, poor diet, and physical inactivity
- Little is known about loneliness among Black adults with HIV



Study Aims

- To examine sociodemographic and social determinants of loneliness
- To understand implications of loneliness for mental health, physical health, and ART adherence among Black adults with HIV



Methods

- Baseline data from a randomized controlled trial of an adherence intervention for Black adults with HIV
- 304 Black adults with HIV in Los Angeles County, California recruited through an HIV service organization



Statistical Analysis

- Multivariate regression predicting revised UCLA Loneliness Scale scores with:
 - Socio-demographics/social determinants: Age, sexual orientation, gender identity, married/co-habituating, work status, income, housing status, time since diagnosis, incarceration history, unmet needs for services
 - Psychosocial factors: Internalized AIDS-Related Stigma Scale, Multiple Discrimination Scale, HIV disclosure, social support (MOS), drug abuse (DAST-10)
- Multivariate regression predicting health outcomes with loneliness
 - ART adherence (assessed electronically with MEMS), physical and mental health (PROMIS), depression (PHQ-9)



Results: Descriptives

- Age $M(SD) = 47.7(12.5)$
- 19.0% identified as female
- 26.2% identified as heterosexual
- Average time since HIV diagnosis was 16.7 years
- 95% reported loneliness
- Mean loneliness score (possible range 1 – 4) = 2.27 ($SD=0.71$), consistent with moderate symptoms



Lower Levels of Loneliness among...



Those with higher support [$b(SE) = -0.23 (0.03), P < 0.001$]



Those with stable housing [$b(SE) = -0.20 (0.08), P = 0.02$]



Those married/living with a partner [$b(SE) = -0.32 (0.13), P = 0.02$]



Higher Levels of Loneliness among...



Those with unmet needs [$b(SE) = 0.13(0.03)$, $P < 0.001$]



Those with depression [$b(SE) = 0.74 (0.07)$, $P < 0.001$]



Those with higher levels of internalized stigma [$b(SE) = 0.28 (0.03)$, $P < 0.001$]



Those with substantial and severe drug abuse problems [$b(SE) = 0.26 (0.10)$, $P = 0.009$]



Those experiencing discrimination related to HIV status [$b(SE) = 0.12 (0.02)$, $P < 0.001$], race [$b(SE) = 0.09 (0.01)$, $P < 0.001$], & sexual orientation [$b(SE) = 0.08 (0.01)$, $P < 0.001$]



Loneliness was a predictor of ...



Worse physical health [$b(SE) = -0.37 (0.06), P < 0.001$]



Greater depression [$b(SE) = 5.49 (0.41), P < 0.001$]



Worse mental health [$b(SE) = -0.72 (0.05), P < 0.001$]



Marginally lower adherence [$b(SE) = -3.96 (2.26), P = 0.08$]



Conclusion

- Black adults with HIV, who experience intersectional stigmas, may have higher rates of loneliness than other populations and require targeted interventions and resources
 - The high rate of loneliness was not confounded by COVID-19, as nearly all data were collected prior to 2020. Since COVID-19 studies have revealed an increase in loneliness, it is possible the observed rate of loneliness in our sample may have been even higher during the pandemic
- Social network interventions are needed to improve positive connections among Black adults with HIV



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