

Prevalence and Treatment of Insomnia in Persons with HIV Well Engaged in Medical Care

S. Oster*, P. Barbosa[†]*, S. Prieto*, P. Bloom**, D. Fierer*, J. Weiss*

Departments of Medicine* and Geriatrics**, Icahn School of Medicine at Mount Sinai, New York, New York, United States
New York College of Podiatric Medicine[†], New York, New York, United States

Introduction

- ❖ Studies have shown a higher prevalence for rates of insomnia in persons with HIV infection than in the general population; with an overall prevalence estimated at 58%.¹
- ❖ Higher rates of comorbid psychiatric diagnoses, in particular depression, are found in persons with HIV infection who report insomnia.²
- ❖ Effectively treating insomnia is important for increasing quality of life within this patient population.^{1,2}

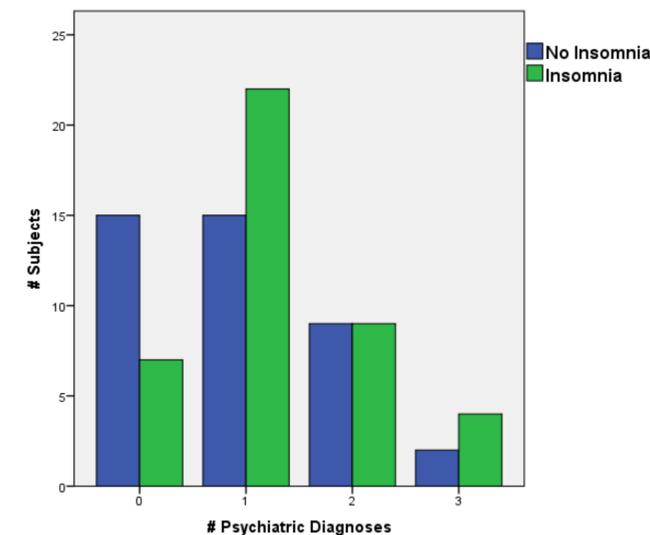
Methods

- ❖ This is an analysis of baseline data from a study of the Effects of Mindfulness Training on Chronic Inflammation in HIV-Infected Adults 45 years and older with virologic suppression [NCT02626949].
- ❖ The participants were categorized as either positive for insomnia (I-POS) or negative for insomnia (I-NEG) at baseline by review of electronic health record diagnosis of insomnia and/or medication prescribed for insomnia.
- ❖ I-NEG and I-POS subjects were compared at study baseline on self-report measures of depression (Beck Depression Inventory-II; BDI), anxiety (PROMIS- Anxiety Short Form; PROMIS-A), and fatigue (PROMIS – Fatigue Short Form; PROMIS-F).

Results

- ❖ 150 subjects were recruited to this study from HIV outpatient practices at the Institute of Advanced Medicine of the Mount Sinai Health System. We report here on the subsample of 84 subjects who attended the baseline study interview.
- ❖ The 84 subjects had a mean age of 58.2 years (SD=6.7). They were predominantly male (56%) and members of ethnic minority groups (57.1% black, non-Hispanic; 33.3% Hispanic).
- ❖ Subjects had a median CD4+ count of 536 cells/mm³ (IQR = 307) and all had HIV viral load less than 48 copies/mL.
- ❖ **Forty-three of the 84 subjects (51.2%) had insomnia (I-POS).**
- ❖ The I-POS and I-NEG groups did not differ significantly on any baseline characteristics (age, sex, race/ethnicity, or CD4 count).
- ❖ Being on an antiretroviral regimen containing efavirenz (n=7) was not related to a diagnosis of insomnia [p=0.768].
- ❖ There were no significant differences in baseline depression, fatigue, or anxiety scores between the I-POS group (means = 15.6, 22.3, 19.9 respectively) and the I-NEG group (means = 14.9, 20.1, 18.1) [p values = 0.75, 0.25, 0.29].

- ❖ Sixty of the 84 (71.4%) had a DSM-5 comorbid psychiatric diagnosis. The presence of comorbid psychiatric diagnosis was higher in I-POS subjects (81.4%) than in I-NEG subjects (61.0%) [p=0.038].
- ❖ The relationship between number of psychiatric diagnoses and the presence of insomnia is shown below:



- ❖ Depressive, anxiety, and bipolar disorders were the most common psychiatric diagnosis in those reporting insomnia (19/35; 8/35; 5/35 respectively).
- ❖ Less than half (20/43; 46.5%) of the I-POS participants were prescribed medication specifically to treat insomnia.

Conclusions

- ❖ In this sample of older adults living with HIV who are engaged in medical treatment and are adherent to antiviral therapy, there is a high prevalence of insomnia and it frequently is not treated.
- ❖ Comorbid psychiatric diagnosis is related to the prevalence of insomnia.
- ❖ Research into increasing treatment for insomnia in persons aging with HIV infection is needed. Given the already high burden of medication in this patient population, non-pharmacologic treatment of insomnia (e.g., mindfulness-based interventions) warrant investigation.

References

1. Wu, J, Wu, H, Lu, C, Guo, L, Li, P. (2015) Self-reported sleep disturbances in HIV-infected people: a meta-analysis of prevalence and moderators. *Sleep Medicine*, 16, 901-907.
2. Rogers, BG, Lee, JS, Bainter, SA, Bedoya, CA, Pinkston, M, Safren, SA. (2018). A multilevel examination of sleep, depression, and quality of life in people living with HIV/AIDS. *Journal of Health Psychology*, 1-11.

Acknowledgements

Research reported in this poster was supported by the National Center for Complementary and Integrative Health of the National Institutes of Health under award number R21AT008540. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Contact Information

Jeffrey J. Weiss, PhD, MS
Associate Professor
Division of General Internal Medicine, Department of Medicine
Icahn School of Medicine at Mount Sinai
New York, New York, USA
Jeffrey.Weiss@mountsinai.org
Telephone: +1-212-824-7575