

Scoping Study of HIV and BBV testing for people with serious mental illness

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Background and rationale:

- In mental health services sexuality and sexual health are rarely discussed, yet having a positive intimate relationship is an important factor in mental well-being
- Often the reality of sexual relationships can be exploitative, abusive and risky in terms of infections such as STIs and blood-borne Viruses (BBV) such as HIV and Hepatitis B and C
- Research has shown that this group are at greater risk of infection than general population
- Undiagnosed BBVs can lead to reduced life expectancy and this group already have a much decreased life-expectancy anyway
- There has been limited research attention on this area in the UK.

Aims:

- To undertake a systematic review of prevalence of HIV, hepatitis B and C in people with serious mental illness
- To develop a service user panel
- To develop further research proposals

Method

- A Search was undertaken using specific keywords relating to BBV and SMI in Cochrane library, MEDLINE, EMBASE, PsycInfo, CINAHL, and DARE from Jan 1, 1980, to June 5, 2012.
- Searches were combined in EndNote and duplicates removed.
- A final 91 papers were included for quality assessment and data extraction (figure 1)
- A sub-sample of higher quality papers were included in meta-analysis of pooled prevalence by geographical region (figure 2), and risk of infection by gender (figure 3).

Figure 1

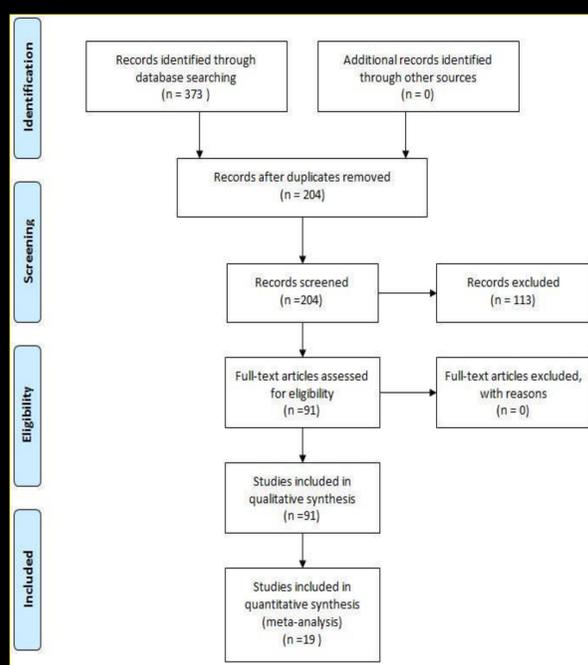


Figure 2

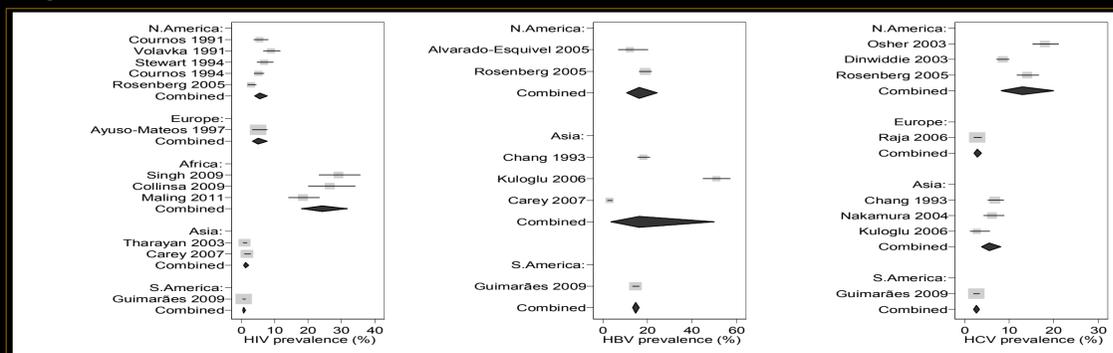
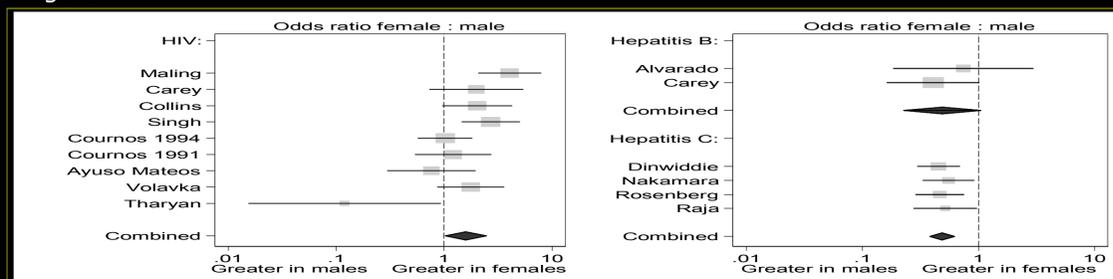


Figure 2



Discussion

Main findings from systematic review and meta-analysis:

- * Rates of infection of BBV ELEVATED in SMI populations in low prevalence areas (compared with expected general population rates) Rates of infection in areas of high prevalence (such as Africa) on par with general population.
- * Females with SMI more likely than males to be infected with HIV, and Males with SMI more likely to be infected with hepatitis B and C. Possible explanation routes of transmission with women more at risk from HIV via sexual intercourse, men more likely to be IVDU.
- * Limitations: studies were of poor quality, may not be representative of all people with SMI. Often samples were drawn from urban and socially deprived catchment areas (associated with BBV infection) so may be inflating rates of BBV in the wider SMI population. Not all papers reported infection rates by gender, risk factors or psychiatric diagnosis therefore unable to undertake more extensive meta-analysis controlling for other mediators of BBV infection such as injecting drug use, sexuality, sexual risk behaviours, ethnicity.

Conclusion

People with SMI are globally more at risk of BBV infection. The reason for this is yet to be established. More research is needed to understand the links between SMI and BBV infection, and strategies to prevent, screen and treat BBV infection in this marginalised population need to be urgently developed.