

The Relationship Between Body Image Perceptions and Depressive Symptoms in Youth with HIV

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Overview

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Learning Objectives

- 1.) Describe the relationship between body image and depressive symptoms in adolescents with HIV.
- 2.) Discuss the role of body image as an important component of mental health care when assessing adolescents with HIV at risk for depressive symptoms.

Background

- Adolescents with HIV are at risk for developing poor body image and health outcomes (Delamora, Aledort, & Stavola, 2006; Murphy et al., 2001).
- Body image dissatisfaction has been associated with:
 - Negative emotions (Hughes & Gullone, 2011; Lehrer, Shrier, Gortmaker & Buka, 2006)
 - Psychological problems (Hosek, Harper & Domanico, 2005)
- 26% of new HIV infections in the United States are adolescents (13-24 years old; CDC, 2012)
 - More studies focusing on the psychological and health issues faced by this age group are warranted

Method

- Prospective, single-center, cross-sectional study.
- Participants completed (administered by an Audio Computer-Assisted Self-Interview (ACASI)):
 - Center for Epidemiologic Studies Depression Scale – Short Form (CES-D 10; Radloff, 1997; Zhang et al., 2012)
 - Multidimensional Body-Self Relations Questionnaire Appearance Scales (MBSRQ – AS; Cash, 2000)
 - Health behavior questions
- Demographic and clinical data were abstracted from medical records.
- Logistic regression models were used to evaluate relationships between body image and depressive symptoms.

Study Sample

- 143 Participants
 - 20.7 years old ($SD = 1.98$)
 - 69.2% Male
 - 95.1% Black/African American
 - 57.3% reported to be men who have sex with men (MSM)
- Mean Viral Load (copies/ml; $n = 141$) = 12963.4 ($SD = 32734.0$)
- Mean CD4 = 653.4 ($SD = 312.05$)
- Mean CD4% = 30.8 ($SD = 10.70$)
- 76% ($n = 107$) on ARVs
- 56.6% had CES-D Total > 10

Univariate Results

Predictors of Dichotomized CES-D Depression Score		
	p-value	Odds Ratio
Perceived body changes to ARVs	.017	2.75 (1.20-6.29)
MBSRQ: Appearance Orientation	.580	
MBSRQ: Overweight Preoccupation	.004	1.83 (1.20-2.79)
MBSRQ: Self-Classified Weight	.983	
MBSRQ: Body Areas Satisfaction Scale	.198	

Multivariate Results

Predictors of Dichotomized CES-D Depression Score		
	p-value	Odds Ratio
Perceived body changes to ARVs	.05	1.66 (1.00-2.76)
MBSRQ: Overweight Preoccupation	.02	2.65 (1.14-6.15)

Discussion

- Youth with HIV who perceive body changes related to ARV exposure reported higher levels of depressive symptoms.
- Youth with HIV who have more frequent thoughts and concerns about weight are also at risk for higher levels of depressive symptoms.
- Multiple components of body image concerns in youth with HIV are risk factors for increased depressive symptoms.

Clinical Implications

- Health promotion should address other related psychological struggles (i.e., poor body image, depressive symptoms) to best support youth with HIV.
- Clinicians should consider psychoeducation about body changes related to ARVs, specifically for youth presenting with depressive symptoms.

Future Directions

- Further research is needed to explore the mechanism of the relationship between depressive symptoms and medication related body changes.
- Future research also is warranted regarding body image, depressive symptoms and health behaviors (e.g., medication adherence, risky sexual behaviors, reproductive decision making).
- We plan subgroup analyses across demographics to explore the interactions between body image and depressive symptoms and further characterize results.
 - MSM vs. non-MSM
 - Perinatally vs. non-perinatally infected adolescents

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Questions and Answers

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