Psychiatric symptoms and engagement in care in people with opioid use disorder who inject drugs and with HIV or at risk for HIV

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Background: Co-occurring psychiatric disorders, highly prevalent with opioid use disorder (OUD) and in people with HIV, are known barriers to treatment access and retention.

Aim: Using secondary analysis of HPTN094, a five-city study evaluating mobile integrated treatment for OUD, HIV and other health outcomes in people with OUD who inject drugs, with HIV or at high risk for HIV (2021-2024), we aimed (1) to longitudinally describe mental health symptoms, and (2) to assess the role of mental health symptoms in the initiation of treatment at 26-week follow-up.

Methods: We analyzed data collected from baseline to 26-week follow-up: sociodemographic, drug toxicology, HIV serology, depression (CES-D), anxiety (GAD-7), PTSD (PC-PTSD), and trauma. Generalized linear mixed model (GLMM) was performed to evaluate the factors associated with baseline mental health severity. Repeated measures MANOVA were performed to evaluate the change of mental health symptoms severity between baseline and 26-week follow-up. GLMM was performed to evaluate the factors associated with receiving MOUD and mental health care at 26 weeks.

Results: The sample consisted of 447 participants, mainly males (68.2%), White (69.1%), 42.4 years of age on average (SD=10.6), injecting opioids (mainly fentanyl), polydrug users (cocaine, amphetamines/ methamphetamines), with HIV (n=38) and with higher risk for HIV (n=409). At baseline, mental health symptoms were common (76.0%). At 26-week, there was a significantly decrease of the severity of depression ($F(1,354)=19.3$, $p<0.001$) and anxiety ($F(1,354)=21.9$, $p<0.001$) symptoms but less than 20% of the participants had a clinically significant improvement of their symptoms. Only 27.0% reported receiving mental health care, and less than a quarter (20.2%) reported receiving MOUD within the 26-week period. Receiving MOUD was associated with receiving mental health care (aOR=2.5, 95%CI= 1.4-4.5) and reported improved depression symptoms (aOR=4.1, 95%CI = 1.7-9.5).

Conclusions: Our findings underscore the importance to integrate MOUD and mental health care and to develop clinical interventions on mental health for out-of-treatment people with OUD, even if they are not engaged in care or contemplating engaging in treatment for OUD as mental health intervention could enhance MOUD treatment initiation.