Depression is more common among women living with HIV, compared with men living with HIV, according to an international study reported at the 2nd International Workshop on HIV and Women, held January 9 and 10 in Bethesda, Maryland, and highlighted by the National AIDS Treatment Advocacy Project (NATAP).

Though there has been scientific evidence pointing to higher rates of depression among HIV-positive women compared with HIV-positive men, the vast majority of studies exploring rates of mental illness in people living with HIV have not reported findings by gender.

In turn, investigators associated with the CRANium Study, conducted in Europe and Canada, compared depression rates among people living with HIV—with a high proportion being women—currently receiving antiretroviral (ARV) therapy and those who haven’t yet started HIV treatment. The researchers used the Hospital Anxiety and Depression Scale (HADS), a 14-question survey used to screen for depression and anxiety.

Of the 2,863 questionnaire participants, roughly 38 percent were women, nearly 79 percent of whom had at least some history of ARV therapy. The average age of both men and women in the study was 43. The male participants were more likely to be white (86 percent versus 67 percent) and to have been living with HIV for a shorter period (90 months versus 112 months).

According to NATAP’s report of the investigator’s presentation, a significantly higher proportion of women met criteria for depression: 18 percent versus 14 percent, respectively. This difference was statistically significant, meaning that it was too great to have occurred by chance. Additionally, rates of depression were no different among women who were receiving ARV therapy, compared with those who were not. Of note, however, the rate of depression was significantly higher among HIV-positive women not yet receiving ARV therapy compared with HIV-positive men not yet on treatment (21 percent versus 11 percent).

The CRANium investigators believe their findings “support a strategy of regular screening for, and clinical management of, anxiety and depression for all female HIV-infected patients,” NATAP reports.