CHILDHOOD TRAUMA AND MEDICATION ADHERENCE IN HIV+ WOMEN: PROJECT UPDATE

By Andrea Gilgan, Becky Wengle & Katie Leathem
THE BACKGROUND

- Childhood trauma has lifelong, lasting effect
- Often occurs in a family context of secrecy: protection of perpetrator, blaming/disbelief of the victim
- Examples: sexual abuse, physical abuse, severe emotional neglect
  - Often these occur simultaneously
- Well-documented links exist between childhood trauma and risk for HIV
THE POPULATION

► St. Paul’s Hospital, 10C – medical unit primarily devoted to the care of individuals with HIV and AIDS

► Patients are medically, socially and culturally complex:
  ► Multiple comorbidities, opportunistic infections, malnutrition, dental problems
  ► Marginalized and isolated (fear of disclosing HIV+ status, sexual orientation, etc)
  ► Many refugees and First Nations folks

► Care is complicated by poverty, homelessness, psychiatric illness, discrimination, abuse, incarceration, intergenerational trauma resulting from residential school system
THE PROJECT

- A quantitative study designed to:
  - Discover the rates of childhood trauma among women admitted to 10C
  - Determine links between childhood trauma and HIV medication adherence in women admitted to 10C
  - Determine links between demographic information and childhood trauma and HIV medication adherence
- All women admitted to 10C who are HIV+, 19+ years old and who can speak and read English were eligible
- Some were excluded due to highly acute medical status, high level of sedation at time of recruitment, or language barrier
PROJECT TOOLS

- Informed consent form
  - Provides information about confidentiality, project goals, tasks, risk and benefits

- Binghamton Childhood Abuse Screen
  - Series of true/false statements designed to provide screening-level assessment of experiences of childhood abuse or trauma

- Demographic information form
  - Age, gender, cultural background, housing status, drug/alcohol use, involvement in sex work, HIV-related medical history

- Anxiety scale
  - Administered in person following completion of above forms; designed to assess participant’s anxiety level and refer to further support if necessary
THE WORK

- Student research assistants received emails from 10C clinical educator when a woman was admitted to the unit
- Student RAs attended to recruit the patient into the study
  - Gave her a letter of intent that described the study
  - Requested informed consent
  - Administered project measures either verbally in interview format or by leaving them with the patient to fill in herself (depending on literacy level, patient’s alertness and patient preference)
  - Collected data
  - Checked in with patient regarding anxiety level following interview (some questions can be very intrusive and anxiety-provoking)
  - Referred to further care if necessary
  - Provided honorarium
PROJECT GOALS

- Recruitment began in fall 2013
  - Goal is to recruit 50 participants; currently have recruited approximately 18
- With information provided by the study, we will be able to:
  - Better support women who are patients on 10C who have experienced childhood trauma
  - Educate and inform care providers about how best to support women with HIV who have experienced childhood trauma both in hospital and in community
  - Support women in adhering to their medications better
    - Providing better medical outcomes!
Project recruitment will be handed off to a nursing preceptorship student on 10C

Following completion of this study, future projects could include:

- Examining links between childhood trauma and HIV medication adherence in women in the community
- Determining ways to better support HIV medication adherence in women who have experienced trauma
- Looking at HIV, trauma and medication adherence in men
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