

Half of new STD cases estimated to be among 15-24 ages

Young Americans are particularly impacted by sexually transmitted diseases. A panel of national experts assessed what is known about the prevalence of STD in young persons in the United States. Economic and emotional impact of STD were also defined.

Recent estimates indicate that nearly half of new STD cases are among people ages 15-24, despite that these young persons make up only a quarter of those sexually active. Half of new HIV infections occur among ages 15-24.

One out of two youth will acquire an STD before age 25. The lifetime medical costs of STDs acquired by young persons in 2000 are projected to be at least \$6.5 million

Solutions include increased sexuality education, access to services, and improved technology. A youth panel suggested ongoing conversations with parents, educators, policy makers, health care providers and other youth.

SOURCE: Cates, J. R., et al. (2004). *Our Voices, Our Lives, Our Futures: Youth and Sexually Transmitted Diseases*. Chapel Hill, NC: School of Journalism and Mass Communication. (www.jomc.unc.edu)

Perceived effectiveness of HAART related to risk among HIV+ IDU

The advent of highly active antiretroviral therapy (HAART) has decreased mortality and morbidity related to HIV/AIDS. Little is known about attitudes and HIV-related risk behaviors among injected drug users since the advent of HAART.

IDUs (593 HIV-seronegative, 338 HIV-seropositive) completed an interviewer-administered questionnaire on attitudes toward HIV treatment and risk behaviors.

Nearly two-thirds of sexually active participants engaged in unprotected sex and about half of those injecting drugs shared needles.

Among HIV-seropositive IDU, perceiving that HIV treatments (HAART) reduce HIV transmission was significantly associated with unprotected sex. Risk reduction fatigue was strongly associated with unsafe sexual and injection behaviors among HIV-seronegative individuals.

HIV prevention interventions must consider the unintended impact of HIV treatments on attitudes and risk behaviors among IUD.

SOURCE: Tun, W., et al. (2003). Attitudes toward HIV treatments influence unsafe sexual and injection practices among injecting drug users. *AIDS*, 17, 1953-1962.

Mailed rescreening could increase re-screening rates

Rescreening patients after gonorrhea or chlamydia treatment has high yield but low participation rates. An STD population was given a choice of submitting a specimen for testing through the mail. A randomized clinical trial involving 122 patients (62 assigned to clinic rescreening and 60 given choice) indicated that mailed rescreening could increase rescreening rates.

SOURCE: Sparks, R. (2004). Rescreening for gonorrhea and chlamydia infection through the mail. *Sexually Transmitted Diseases*, 31, 113-116.

Internet most common venue for new partners

The most common venues for meeting new partners among 415 early syphilis patients in San Francisco were the Internet (32.6%), bars (20.6%), bathhouses (13.3%), sex clubs (12.6%) and adult bookstores (5.5%). The Internet venue for meeting new partners increased from 12% during first half of 2000 to 37% during last half of 2002.

SOURCE: CDC. (2003). Internet use and early syphilis infection among men who have sex with men -- San Francisco, CA, 1999-2003. *MMWR*, 52, 1229-1232.

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The opinions expressed here do not necessarily represent those of the cooperating universities.

Senior Director
William L. Yarber, H.S.D.
 Indiana University, Bloomington
Co-Directors
James G. Anderson, Ph.D.
 Purdue University, West Lafayette
Janet N. Arno, M.D.
 IU School of Medicine, Indianapolis
Stephen R. Byrn Ph.D.
 Purdue University, West Lafayette
Susan I. Driesback, Ph.D.
 University of Colorado, Denver
Mohammad R. Torabi, Ph.D.
 Indiana University, Bloomington

Rural Center for AIDS/STD Prevention
 Indiana University
 801 East Seventh Street
 Bloomington, Indiana
 47405-3085

 Phone, Fax, E-mail, web page:
 Voice and TDD: (812) 855-1718
 (800) 566-8644
 FAX line: (812) 855-3717
 aids@indiana.edu
 http://www.indiana.edu/~aids

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*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly.

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Rural persons living with HIV disease report high levels of depressive symptoms

Research has characterized the psychological consequence of HIV disease. Many studies have identified elevated rates of depression, suicide ideation, and anxiety in HIV-infected persons. Most AIDS mental health studies have used populations from large AIDS epicenters. However, the mental health needs of nonmetropolitan persons living with HIV disease are not adequately understood.

This study delineated depressive symptoms and modeled emotional distress in persons living with HIV disease in nonmetropolitan areas.

Methodology

Participants (237 men and 92 women) were recruited through 27 different AIDS service organizations in nonmetropolitan areas of Ohio, Pennsylvania, Virginia, Wisconsin, Rhode Island, Michigan, Minnesota, West Virginia, Arizona, Indiana, Montana, and Alaska. Inclusion criteria included self-reported diagnosis of HIV/AIDS and residence in a community of 50,000 or fewer residents that was at least 20 miles from a city of 100,000 or more residents.

Depressive symptomatology was assessed using the 21-item Bock Depressive Inventory, as well as a

14-item BDI version to assess only cognitive-affective symptoms. HIV-symptom severity, HIV stigma, rejection by family, social support, coping style choice, and demographic factors were also assessed.

Outcomes of the Study

Average age of participants was 42 years old and average years of education was 13. 74% were Caucasian and 17% were African American with the remaining being either Latino/Latina, Native American or other ethnicities.

53% lived in towns of 10,000 residents or fewer and the average participant lived 105 miles from a city of 100,000 or more. Participants had been living with HIV disease for an average of 10 years, with 46% having progressed to AIDS.

Major findings include:

- 60% reported moderate or severe levels of depressive symptomatology.
- Emotional distress was negatively correlated with social support and positively correlated with avoidance coping, HIV symptom severity, rejection by family members and HIV-related stigma.
- Emotional distress was not associated with active coping.
- Participants who reported

elevated levels of emotional distress also had more severe HIV symptomatology, received less social support and engaged in more avoidant coping.

- Participants who received more social support also engaged in less avoidance coping.

Implications for Prevention

A comparison of the study findings with similar research portends that depressive symptoms in this population may be relatively high. The results indicate that that AIDS mental health practitioners who offer mental health services to nonmetropolitan persons living with HIV disease are likely to enroll large numbers of persons with depressive disorders.

Findings underscore the need for culturally contextualized mental health interventions that can reduce the physical outcomes of HIV disease, foster adaptive coping, and increase access to social support.

SOURCE: Heckman, T. G., et al. (2004). Emotional distress in nonmetropolitan persons living with HIV disease enrolled in a telephone-delivered, coping improvement group intervention. *Health Psychology, 23*, 94-100.