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.


(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 IDU.


Mailed rescreening could increase rescreening 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.


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.


RAP Time

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HIV Prevention

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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. 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 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.