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Association between emotional reactivity and Internalized Stigma among People Living with HIV

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Background and objectives

Empathy is an important component of social cognition. It allows one to understand and adapt to the emotions of others and to enact prosocial behaviours. People living with HIV (PLWH) would tend to limit social relationships because of their illness, and that could be one of the causes of mood disorders and decline in quality of life. Social avoidance would arise from HIV-related internalized stigma. The objective of the following study was to assess an association between the ability to feel empathy and the degree of internalized stigma in our patients.

Materials and Methods

This study assessed empathy in a sample of 70 PLWH. Instrument used:

- Interpersonal Reactivity Index (IRI). IRI consists of four subscales: Perspective Taking (PT); Fantasy (F); Empathic Concern (EC); Personal Distress (PD).
- Montreal Cognitive Assessment (MoCA) for the assessment of cognitive domains.
- 12-item HIV Stigma Scale (HSS-12)

❑ Exclusion criteria: difficulty with Italian language and PLWH < 18 years.

Results 1 Demographic and clinical characteristics of the population (n=70)

VARIABLES	NUMBER (%)
Sex	
Male	64 (91.4)
Female	6 (8.6)
Age, years	
31-45	20 (28.6)
46-55	26 (37.1)
>55	24 (34.3)
Education	
Lower secondary school	12 (17.1)
Upper secondary school	41 (58.6)
Bachelors Degree	17 (24.3)
Years from HIV diagnosis	
< 5 years	6 (8.6)
5-10 years	16 (22.9)
> 10 years	48 (68.6)
Time from starting first ART regimen	
< 5 years	22 (31.4)
5-10 years	9 (12.9)
> 10 years	39 (55.7)

Results 2 Nonparametric tests: IRI and demographic and clinical variables

PT subscale

VARIABLES	NUMBER	MEAN RANK	p
Sex			**0.004**
Male	64	33.46	
Female	6	57.25	
Age, years			0.529
31-45	20	39.00	
46-55	26	35.87	
>55	24	32.19	
Education			0.099
Lower secondary school	12	24.75	
Upper secondary school	41	38.88	
Bachelors Degree	17	34.94	
Years from HIV diagnosis			0.131
< 5 years	6	45.80	
5-10 years	16	38.23	
> 10 years	48	32.30	
Time from starting first ART regimen			**<0.001**
< 5 years	22	49.36	
5-10 years	9	38.70	
> 10 years	39	20.93	

Bold values represent significant p-value

PD subscale

VARIABLES	NUMBER	MEAN RANK	p
Sex			0.256
Male	64	34.66	
Female	6	44.50	
Age, years			0.424
31-45	20	40.15	
46-55	26	32.27	
>55	24	35.13	
Education			0.978
Lower secondary school	12	34.50	
Upper secondary school	41	35.88	
Bachelors Degree	17	35.29	
Years from HIV diagnosis			0.085
< 5 years	6	48.05	
5-10 years	16	36.53	
> 10 years	48	32.37	
Time from starting first ART regimen			0.470
< 5 years	22	40.71	
5-10 years	9	32.94	
> 10 years	39	36.29	

Bold values represent significant p-value

EC subscale

VARIABLES	NUMBER	MEAN RANK	p
Sex			**<0.001**
Male	64	33.13	
Female	6	60.75	
Age, years			0.641
31-45	20	36.30	
46-55	26	37.71	
>55	24	32.44	
Education			0.286
Lower secondary school	12	29.25	
Upper secondary school	41	34.98	
Bachelors Degree	17	41.18	
Years from HIV diagnosis			0.075
< 5 years	6	48.35	
5-10 years	16	36.53	
> 10 years	48	32.30	
Time from starting first ART regimen			0.203
< 5 years	22	43.50	
5-10 years	9	34.91	
> 10 years	39	31.14	

Bold values represent significant p-value

F subscale

VARIABLES	NUMBER	MEAN RANK	p
Sex			0.658
Male	64	32.00	
Female	6	35.83	
Age, years			0.424
31-45	20	40.15	
46-55	26	32.27	
>55	24	35.13	
Education			0.978
Lower secondary school	12	34.50	
Upper secondary school	41	35.88	
Bachelors Degree	17	35.29	
Years from HIV diagnosis			0.085
< 5 years	6	48.05	
5-10 years	16	36.53	
> 10 years	48	32.37	
Time from starting first ART regimen			**0.030**
< 5 years	22	35.14	
5-10 years	9	30.03	
> 10 years	39	44.86	

Bold values represent significant p-value

Results 3 Stigma and IRI subscales

PLWH with higher stigma scale scores had higher scores in PD and PT subscales (p=0.001; p=0.002, respectively).

Results 4 MOCA and IRI

Coefficients[a]

Model		Non-standardized coefficients B	Non-standardized coefficients Errore std.	Standardized coefficients Beta	t	Sign.	95.0% Confidence interval for B Lower limit	95.0% Confidence interval for B Upper limit
1	(Constant)	26,963	1,064		25,333	,000	24,839	29,087
	IRI subscale PT	-,029	,065	-,054	-,447	,657	-,158	,100

a. Dependent variable: MOCA

Coefficients[a]

Model		Non-standardized coefficients B	Non-standardized coefficients Errore std.	Standardized coefficients Beta	t	Sign.	95.0% Confidence interval for B Lower limit	95.0% Confidence interval for B Upper limit
1	(Constant)	26,066	,896		29,080	,000	24,277	27,855
	IRI subscale F	,033	,060	,066	,543	,589	-,088	,153

a. Dependent variable: MOCA

Coefficients[a]

Model		Non-standardized coefficients B	Non-standardized coefficients Errore std.	Standardized coefficients Beta	t	Sign.	95.0% Confidence interval for B Lower limit	95.0% Confidence interval for B Upper limit
1	(Constant)	25,541	,549		46,534	,000	24,446	26,637
	IRI subscale PD	,111	,049	,263	2,249	,028	,012	,209

a. Dependent variable: MOCA

Coefficients[a]

Model		Non-standardized coefficients B	Non-standardized coefficients Errore std.	Standardized coefficients Beta	t	Sign.	95.0% Confidence interval for B Lower limit	95.0% Confidence interval for B Upper limit
1	(Constant)	26,443	1,654		15,986	,000	23,142	29,743
	IRI subscale EC	,003	,077	,005	,044	,965	-,150	,157

a. Dependent variable: MOCA

Conclusions

Our results showed that WLWH would tend to put themselves in the shoes of others and empathize with their suffering compared with men living with HIV (MLWH). Patients in therapy for less time would tend to put themselves in the shoes of others, and those in therapy for the longest time have a richer imaginative world. High internalized stigma was associated with the ability to put oneself in others' psychological point of view and personal distress. Cognitive resources were associated with the use of coping strategies in personal distress. Combating stigma turns out to be crucial in enabling PLWH to create a social network that contributes to the management of their health status. Therefore, in the clinical assessment it would be important to assess the degree of emotional reactivity and internalized stigma to provide PLWH with appropriate coping strategies for optimal adherence to them treatment course.

References

1. Westen D, Blagov PS, Harenski K, Kilts C, Hamann S. Neural bases of motivated reasoning: An fMRI study of emotional constraints of partisan political judgment in the 2004 U.S. presidential election. Journal of Cognitive Neuroscience. 2006; 18(11):1947–1958. [PubMed: 17069484].
2. Davis, M. H. (1983). Measuring individual differences in empathy: Evidence for a multidimensional approach. Journal of Personality and Social Psychology, 44, 113-126.
3. Reinius, M., Wettergren, L., Wiklander, M., Svedhem, V., Ekström, A. M., & Eriksson, L. E. (2017). Development of a 12-item short version of the HIV stigma scale. Health and quality of life outcomes, 15(1), 115. https://doi.org/10.1186/s12955-017-0691-z