

AIDS briefs

Brief intervention on alcohol use leads to safer sex

A single counselling session that brings up the question of the relationship between excess alcohol use and unsafe sexual practices may have an impact, so helping to prevent HIV infection related to unsafe sex, according to an article published recently in the *Journal of Acquired Immunodeficiency Syndromes*. There are large numbers of studies that report a link between using alcohol and the incidence of sexually transmitted infections (STIs).

Alcohol abuse is a major problem in Cape Town in areas that have particularly high HIV prevalence. More than 85% of the places where people meet new partners serve alcohol. According to the authors, in Cape Town more than 42% of the men and 12% of the women seen at STI clinics report drinking alcohol before sex. This jumps to 61% among men who are known to be problem drinkers.

Researchers looked at the impact of a single counselling session on sexual risk behaviours and alcohol use. They recruited 143 people who were attending an STI clinic in Cape Town who used alcohol. They were given a 60 minute experimental counselling session that focused on HIV and alcohol, or a 20 minute session that focused on HIV alone.

Overall, the experimental counselling session was associated with a more than 25% increase in condom use and a 65% reduction in unprotected sex over the 6-

month follow-up period. Condom use at last intercourse exceeded 95% in the group counselled about alcohol use and HIV.

The authors caution that the study had major limitations, two main ones being self-reporting and the lack of women in the study. Further research is urgently needed to support risk-reduction interventions in places such as shebeens and taverns.

Kalichman SC et al. *J Acquir Immune Defic Syndr* 2007; 44: 594 – 600.

Depression linked to progression of HIV in Tanzanian women

Depression plays an important role in clinical disease progression and death in HIV-infected women in sub-Saharan Africa, according to a study published in the *Journal of Acquired Immune Deficiency Syndromes*. The study found that depression is common among HIV-infected Tanzanian women and recommends screening for depression and providing psychosocial interventions as part of comprehensive HIV care.

The study was part of a randomised controlled trial of vitamin supplementation in pregnant women Dar-es-Salaam, Tanzania. The women were offered HIV testing and recruited into the trial from April 1995 to July 1997. Thirteen per cent of the women were HIV positive and 1 078 infected women were followed up until June 2003. The women were followed up monthly and then quarterly for around 6 - 8 years after HIV diagnosis. About

2 months after diagnosis, then every 6 months until 2001 and every 12 months thereafter, a psychosocial questionnaire was administered to assess depression /anxiety symptoms based on 8 out of the 25-item scale of the Hopkins Symptoms Checklist (HSCL-25).

A psychiatric nurse provided individual counselling and facilitated a weekly peer support group for women who suffered from symptoms of depression, and women were encouraged to attend the clinic if they needed counselling.

Depression was associated with an increased risk of being diagnosed with WHO Stage III/IV disease. Counselling or group attendance and low social support at baseline were not significantly associated with disease progression. However, low education was significantly associated with disease progression. Women working in offices were at an increased risk while women working as professionals were at a significantly lower risk of clinical progression.

Depression was significantly associated with an increased risk of death. The relationship was independent of baseline stage of disease and CD4 cell count. The authors concluded that depression is common and is an independent predictor of disease progression and death among HIV-infected African women. This suggests that psychosocial support should be an integral part of HIV care.

Antelman G, et al. *J Acquir Immune Defic Syndr* 2007; 44: 470-477.

BRIDGET FARHAM

Single suture

Daily aspirin and cancer

Regular aspirin may not only protect your heart. It may also reduce your risks of cancer. Asitya Bardia and colleagues from the Mayo Clinic, Rochester, USA analysed the cancer history of more than 22 000 postmenopausal women over a period of 12 years. Those women who reported taking aspirin regularly at the start of the study were 16% less likely to develop cancer and 13% less likely to die of it during the period of the study.

The only lifestyle factor that influenced the results was smoking, which reduced the positive effect slightly. Bardia suggests that aspirin's anti-inflammatory effects may be responsible, although a similar effect was not seen with other anti-inflammatories, such as ibuprofen.

New Scientist, 21 April 2007.