



Depression, dissatisfaction with sleep and cognition interfere with work productivity in the Positive Brain Health Now (BHN) study

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Background

As people with HIV live longer, the capacity to remain productive at work takes on a greater importance.

Objective

The purpose of this study was to identify physical, emotional and cognitive symptoms that impair productivity.

Sample

- Participants were members of the Positive Brain Health Now (BHN) cohort
- 50 years of age or older
- Recruited from five Canadian sites (2014-2016)
- Prospective follow-up over 27 months (4 visits)

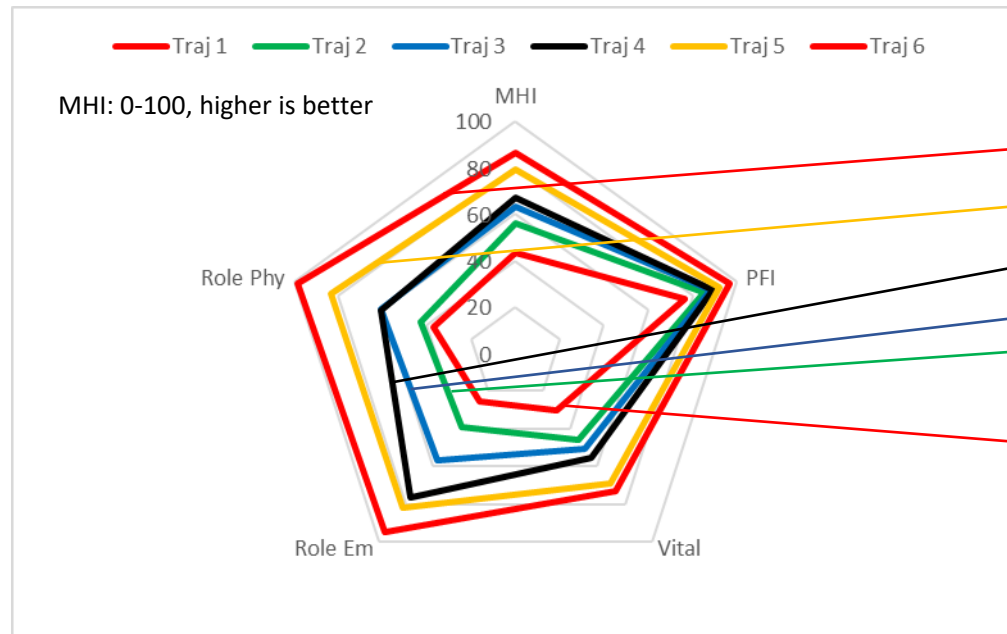
Methods

- Productivity : Stanford Presenteeism Scale (0-100, higher is better).
- Changes over time: Group Based Trajectory Analysis (GBTA).
- Logistic regression to compare trajectory groups

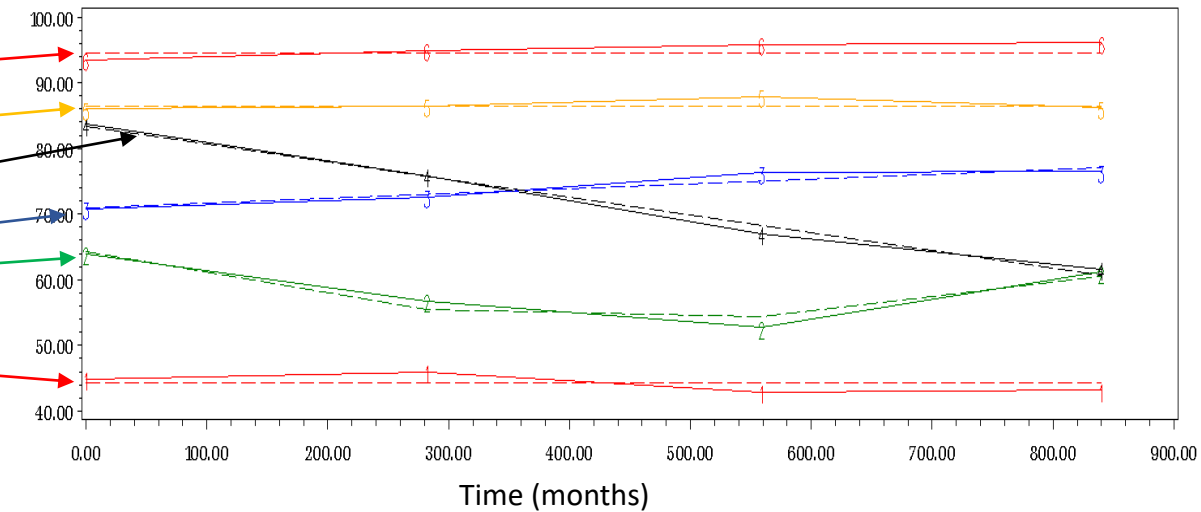
417 participants (mean age: 51; 86% men) worked for pay \geq 15 hours a week.

Productivity at study entry

6 distinct groups that differ at baseline on several components of health-related quality of life:



Score on Stanford Presenteeism Scale

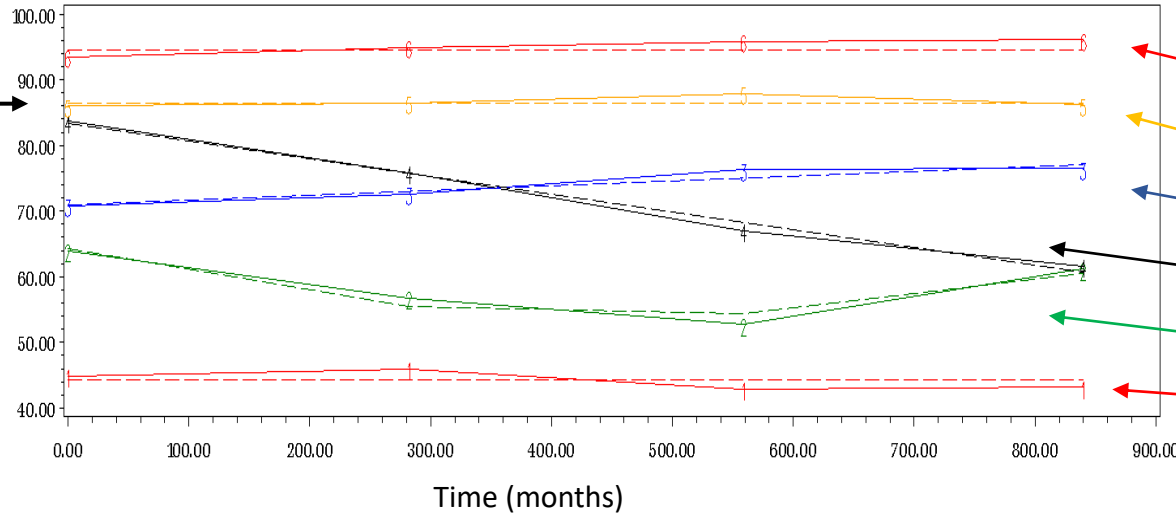


- MHI:** Mental Health Index: anxiety and depression in the past month
- PFI:** Physical Function Index: health limits physical activities
- Vital:** Vitality: energy in the past month
- Role Em:** Role Emotional: problems with work or other regular daily activities as a result of emotional problems in the past month
- Pole Phy:** Role Physical: problems with work or other regular daily activities as a result of physical problems in the past month

➤ Variation in productivity at baseline was explained mostly by fatigue and poor sleep (not feeling rested in the morning).

Evolution of productivity over time

Score on Stanford Presenteeism Scale



6 distinct groups:

8.8% **stable high** (mean: 97)

33.4% **stable middle** (mean: 87)

27.0% with **increasing productivity** (mean at time 1: 71)

11.6% **declining middle** (mean at time 1: 83)

13.8% **fluctuating** (mean at time 1: 64)

5.4% at **very low stable productivity** (mean:44)

The **stable middle group** and the **declining middle group** started at the same level of productivity, but their trajectories diverged over time. At baseline, these 2 groups differed on:

- Sleep quality
- Self-reported cognitive difficulties at time 1.
- Health-related quality of life (SF-36) components: Mental Health, Vitality, Pain, General Health Perception, Social function, Role physical
- Anxiety and Depression scales from the HADS*
- WHOQOL domains 1-5: Physical, Psychological, Level of Independence, Social relationships, Environment
- WHO-5 Well-Being Index

* Hospital Anxiety and Depression Scale

Conclusions

- Optimizing sleep, mood, cognitive difficulties that people are reporting, health aspects of quality of life, and overall well-being is important to help maintain work productivity in people aging with HIV.
- Over 27 months, work productivity was stable or improved over time for the vast majority of participants

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