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COMMON MENTAL DISORDERS IN TB/HIV CO-INFECTED PATIENTS IN ETHIOPIA A. Deribew¹, M. Tesfaye², Y. H.Michael³, L. Apers⁴, L. Duchateau⁵, R. Colebunders⁴ ¹Epidemiology, ²Psychiatry, ³Health Service Management, Jimma University, Jimma, Ethiopia, ⁴Institute of Tropical Medicine, Antwerpen, ⁵Physiology and Biometrics, Ghent University, Ghent, Belgium

Background: The relationship between TB/HIV co-infection and common mental disorders (CMD) has been scarcely investigated. In this study, we compared the occurrence of CMD in TB/HIV co-infected and non-co-infected HIV patients in Ethiopia.

Methods: We conducted a cross sectional study in three hospitals in Ethiopia from February to April, 2009.

The study population consisted of 155 TB/HIV co-infected and 465 non-co-infected HIV patients. CMD was assessed through face to face interviews by trained clinical nurses using the Kessler 10 scale. Several risk factors for CMD were assessed using a structured questionnaire.

Results: TB/HIV co-infected patients had significantly (p=0.001) greater risk of CMD (63.7%) than the non-co-infected patients (46.7%). When adjusted for the effect of potential confounding variables, the odds of having CMD for TB/HIV co-infected individuals was 1.7 times the odds for non-co-infected patients [OR=1.7, (95%CI: 1.0, 2.9)]. Individuals who had no source of income [OR=1.7, (95%CI: 1.1, 2.8)], and day labourers [OR= 2.4, 95%CI: 1.2, 5.1)] were more likely to have CMD as compared to individuals who had a source of income and government employees respectively. Patients who perceived stigma [OR=2.2, 95%CI: 1.5, 3.2)] and who rate their general health as "poor" [OR=10.0, 95%CI: 2.8, 35.1)] had significantly greater risk of CMD than individual who did not perceive stigma or who perceived their general health to be "good".

Conclusion: TB/HIV control programs should develop guidelines to screen and treat CMD among TB/HIV co-infected patients.