

received HAART, which again was significant compared to other females or males of other ethnicities ( $P < .05$ ).

Ethnicity	Male	Female	Trans	Total
Aboriginal	27/65 (42%)	7/42 (17%)	1/4 (25%)	35/111 (32%)
Caucasian	41/84 (49%)	6/26 (23%)	1/2 (50%)	48/112 (43%)
Other	7/10 (70%)	1/2 (50%)	0	8/12 (67%)
Total	75/159 (47%)	14/70 (20%)	2/6 (33%)	91/235 (39%)

### **Conclusions**

Utilization of HAART was low in this population. Female gender was associated with less use of HAART compared to male gender ( $P < .001$ ). Aboriginal females had extremely low utilization of HAART and less use of HAART compared to other females or males ( $P < .05$ ) of all other ethnicities. Further study is needed to delineate and reduce the barriers to HAART in this population.

## **Direct Observed Therapy for Delivery of Highly Active Antiretroviral Treatment to Inner-City HIV-Positive Patients**

Kerry J. Lavender and Peter S. Akai

*Boyle McCauley Health Center, Edmonton, AB, Canada*

### **ABSTRACT**

#### **Background**

Patients who are positive for human immunodeficiency virus (HIV) and who have a high-risk or chaotic lifestyle are typically considered poor candidates for highly active antiretroviral treatment (HAART) because of their potential for noncompliance. Such patients may benefit from daily direct observed therapy (DOT) in an appropriate setting to increase their compliance with HAART. In addition to the decreased HIV-related morbidity and mortality associated with HAART, measures to increase compliance may promote an overall lifestyle-stabilizing effect.

#### **Objective**

We aimed to evaluate the efficacy of an innovative DOT for HAART program in decreasing HIV-related morbidity, promoting psychosocial well-being, and stabilizing the lifestyle of high-risk HIV-positive patients residing in inner-city Edmonton, Alberta, Canada.

#### **Methods**

The primary focus was to attract patients and maintain compliancy within this high-risk target population. Incentives and psychosocial supports were established to create a program molded to the requirements of a population incapable of complying with the traditional medical model. Indicators of program success in reducing the risk of HIV transmission include adequate patient representation, high compliancy rates, and increased knowledge of HIV transmission and harm-reduction measures. Regular virologic and immunologic testing and patient utilization of health care services are tracked to assess the effect of the program on the overall health of enrollees. Indicators of lifestyle stabilization include crime and victimization reports, access to substance abuse and psychological supports, and measures of improved quality of life (assessed by the SF-36 Health Survey and Addiction Severity Index). In addition, all collaborative interactions with the HIV community are documented.

#### **Results**

The program is successfully reaching its target population, surpassing projected patient numbers. Significant compliancy rates are being demonstrated, and long-term adherence ap-

pears maintainable. Marked viral load and CD4 count improvements are seen for all compliant patients. Preliminary psychosocial data indicate the program is fulfilling its health care access, housing, financial assistance, counseling, HIV knowledge, and harm-reduction objectives for enrollees. The program has successfully achieved collaborative interactions with a number of Edmonton's HIV physicians, the Sexually Transmitted Diseases Clinic, Edmonton Remand Centre, and HIV community groups, including Living Positive (The Edmonton Persons Living with HIV) Society and HIV Network of Edmonton Society.

#### **Conclusions**

DOT for HAART can be effectively delivered to improve the overall health of a traditionally noncompliant and untreatable, HIV-positive inner-city population. In addition, the DOT for HAART program successfully facilitates access to psychological, social, and health care supports that this high-risk HIV-positive population requires to achieve a healthier and more stable lifestyle.

## **Racial Differences in Psychiatric Treatment in an Urban HIV Clinic**

Christine Nollen, Hannah Wolfe, Mary Theodore, Ellen Feldman,  
and Victoria Sharp

*St. Luke's Roosevelt Hospital Center, Center for Comprehensive Care,  
New York, NY, USA*

#### **ABSTRACT**

##### **Objectives**

The Center for Comprehensive Care (CCC) is an urban human immunodeficiency virus (HIV) clinic that provides medical, social, and mental health services to over 3,000 patients. Because psychiatric disorders are prevalent among patients with HIV/AIDS (acquired immunodeficiency syndrome) and evidence points to racial disparities in health care, we examined racial differences in psychiatric treatment at our clinic. We compared psychiatric diagnoses and prescription of psychiatric medications across ethnic groups as a first step in understanding racial disparities in mental health treatment.

##### **Methods**

The sample consisted of all patients prescribed psychiatric medications from January 1, 2001, to June 1, 2001 (N = 915). Data were retrieved from patients' medical records. The following were documented: prescriptions most commonly written (antianxiety, antipsychotic, and antidepressant); diagnoses most commonly associated with these prescriptions (anxiety disorder, psychotic disorder, mood disorder); and racial groups of patients (black/African American, African, and Caribbean; Hispanic; and white).

Primary care and mental health providers enter *International Classification of Diseases, Ninth Revision (ICD-9)* codes into the medical record. Diagnoses were clustered according to *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* categories. The most common correlation of prescription to diagnoses was analyzed, although there is not a one-to-one correlation between diagnosis and prescription categories. The crude odds ratios were calculated on the number of patients across racial groups with prescriptions and diagnoses.

##### **Results**

In this sample, 38% of patients were black, 42% Hispanic, and 20% white. Despite no statistically significant differences between racial groups in the diagnosis of anxiety disorders, whites were prescribed more antianxiety medications than both blacks ( $P < .001$ ) and Hispanics ( $P < .01$ ).