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UNDER-REPORTING OF ALCOHOL CONSUMPTION AMONG PERSONS WITH HIV NOT YET ON ART IN MBARARA, UGANDA

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Background: Heavy alcohol consumption impacts HIV transmission and treatment, especially in sub-Saharan Africa, where both HIV and heavy alcohol use are common. As little is known about the magnitude of under-reporting alcohol consumption to clinic counselors, we examined patients' reporting of alcohol consumption utilizing a biomarker of alcohol use.

Methods: The Alcohol Drinking Effects on HIV Prior to Treatment (ADEPT) study enrolled ART-naïve, HIV infected adults at the Mbarara, Uganda hospital HIV clinic. Structured baseline interviews included alcohol use, demographics, literacy, the Ironson-Woods Spirituality and Religiosity Index (SRI), the Marlowe-Crowne Social Desirability Scale (SDS), health and functional status. Laboratory testing measured CD4 cell count, viral load (VL) and phosphatidylethanol (PEth), a biomarker of prior 3-weeks' alcohol use. We identified those with disparate reporting of alcohol consumption in the past year (i.e., between the assessment obtained at the initial clinic visit and research interview). We then assessed if this group, suspected of under-reporting alcohol use, was PEth-positive (≥ 8 ng/ml) and explored the correlates of under-reporting alcohol use to clinic staff.

Results: Among the 95 participants reporting prior year alcohol abstinence to clinic counselors, 37% (35/95) reported consumption to the research team. More than half (20/35, 57%) of those reporting prior year alcohol use to the research team were PEth-positive, versus 8% (5/60) who reported no drinking. Using logistic regression, the odds of reporting drinking to the research team were lower for those with higher SRI (Adjusted odds ratio [AOR]: 0.90; 95% confidence interval [CI]: 0.90-1.0), lower SDS score (AOR: 0.90; 95% CI: 0.7-1.1) and higher for males (AOR: 2.1; 95% CI: 0.7-6.3); the latter two AORs did not reach statistical significance.

Conclusions: Under-reporting alcohol use to clinic staff among ART-naïve HIV-infected patients is substantial, as suggested by research interviews and a biological marker of alcohol use, PEth. Gender, religiosity and social desirability may play a role in under-report. Strategies to improve alcohol self-report are needed to improve clinical care in the Ugandan HIV clinic setting.