

The Positive Outlook Study: A Randomised Controlled Trial Evaluating Online Self-Management for HIV Positive Gay Men

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Background

- Online intervention delivery - improved access and reduced associated costs
- Beneficial for populations who are diverse and difficult to engage in existing services
- Increased number of HIV-specific websites; online delivery increasingly employed in HIV programming
- Lack of empirical evidence regarding efficacy

Background

- HIV now a chronic condition
- Psychosocial issues prominent
- Self-management
 - Client central in managing physical, social, emotional aspects
 - Widely used in chronic disease management
 - Effective at improving health outcomes
 - Effectiveness for PWHIV has not been well established
- Barriers to existing programs for PWHIV: time; location; transport; **stigma**; desire for anonymity; lack of association with community organisations

The Positive Outlook Program

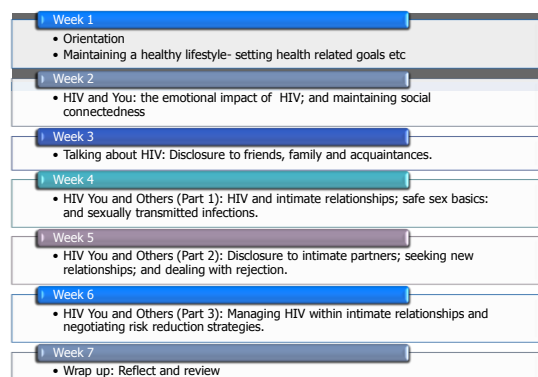
- Based on self-efficacy theory; utilised a self-management approach
- The intervention encouraged participants to take responsibility for the self-management of their condition including managing physical, social and emotional aspects of health and making behavioural changes
- Full intervention description in protocol paper*



*Millard T, Elliott J, Slavin S, McDonald K, Rowell S, Girdler S. The positive outlook study- a randomised controlled trial evaluating the effectiveness of an online self-management program targeting psychosocial issues for men living with HIV: a study protocol. *BMC Public Health* 2014, 14:106.

The Positive Outlook Program

- *Enhance participants' (MSM) skills, confidence and abilities to manage the psychosocial aspects of HIV in their daily lives.*
- Closed group
- 7 week program, ~90 minutes per week
- Information modules (10-15 web pages); goal setting and action planning activities; discussion boards; weekly live chat
- Peer-facilitated
- Participants used pseudonyms



Methods

- Randomised Controlled Trial
- Research Question: What is the effectiveness of the Positive Outlook program on improving general health and HIV-specific outcomes compared with usual care only?

Methods

- **Inclusion Criteria**
 - HIV positive men over 18 years living in Australia
 - Self-identified as gay or MSM
 - Ability to read and write in English
 - Self-reported access to a computer and the Internet for >90 minutes per week for seven weeks
 - Adequate computer skills
- **National recruitment**

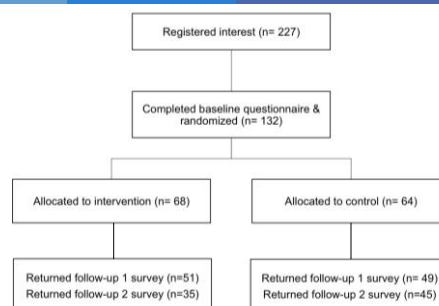
Outcome Measures

- Three time-points: (1) after randomisation, (2) at conclusion of intervention and (3) at 12 week follow-up.
- **Primary Outcomes:**
 1. HIV-related quality of life (PROQOL-HIV)
 2. Outcomes of health education (heiQ)
 3. Positive Outlook Self-Efficacy Scale (POSE)

Secondary Outcomes:

- Quality of life (SF12)
- Duke Social Support Index (DSSI)
- Depression, Anxiety and Stress Scale (DASS21)
- Mental Adjustment to HIV Scale (MAH)
- General Self Efficacy Scale (GSE)

Flow of Participants



Statistical Analysis

- Contingency table analyses comparing baseline characteristics
- Maximum likelihood marginal-linear modelling on repeated measures data

Results

Participant characteristics

- Median age 43
- 72% born in Australia
- 67% single; 72% tertiary qualification; 40% live alone
- 60% full-time employment; 15% part-time; 25% unemployed
- Median length of diagnosis 6 years
- 80% on ART

PROQOL-HIV

Table 2: Primary outcomes at baseline, 8 week and 12 week follow-up by study group: marginal means, standard error (SE) and group by time interactions from linear mixed models.

	Group by time interaction: p-value†	Intervention Group: Marginal mean (SE)‡			Control Group: Marginal mean (SE)			Partial group by time contrasts: p-value*		
		Baseline	8 weeks	12 weeks	Baseline	8 weeks	12 weeks	Baseline vs 8 weeks	8 weeks vs 12 weeks	Baseline vs 12 weeks

† robust standard errors specified in modelling

* p-values are Bonferroni adjusted

PHS = Physical health and symptoms; BC = Body change; SR = Social relationships; IR = Intimate relationships; ST = Stigma; ED = Emotional distress; HC = Health concerns; TI = Treatment impact;

HeiQ

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	Group by time interaction: p-value†	Intervention Group: Marginal mean (SE)‡			Control Group: Marginal mean (SE)			Partial group by time contrasts: p-value*		
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HDA = Health directed activity; PAE = Positive and active engagement in life; ED = Emotional distress; SM = Self monitoring and insight; CAA = Constructive attitudes and approaches; STA = Skill and technique acquisition; SS = Social integration and support; HSN = Health service navigation.

Positive Outlook Self-Efficacy Scale (POSE)

	Group by time interaction: p-value†	Intervention Group: Marginal mean (SE)‡			Control Group: Marginal mean (SE)			Partial group by time contrasts: p-value*		
		Baseline	8 weeks	12 weeks	Baseline	8 weeks	12 weeks	Baseline vs 8 weeks	8 weeks vs 12 weeks	Baseline vs 12 weeks

† robust standard errors specified in modelling

* p-values are Bonferroni adjusted

Discussion/ Conclusions

- Significant improvements in quality of life, self-management skills and domain specific self-efficacy for gay men with HIV
- Consistent improvements in emotional distress and social relationships/participation
- Pattern of diminishing effect
 - Participant engagement
 - Duration
- Further research needed to explore long-term effectiveness

Discussion/ Conclusions

- Limitations: sample size; high loss to follow-up; short follow-up
- Innovative programs are required to address pervasive issues
- Online delivery: feasible, effective, well-accepted and anonymous

Acknowledgements

- Sexual Health and Blood Borne Virus Program; Australian Postgraduate Award
- Watson Browne Bequest; NAPWAH
- NAPWAH; VAC; Living Positive Victoria; ACON; WAAC
- Recruiting partners
- Participants
- Facilitators

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Week 3

Talking About HIV

Disclosure can be very difficult and cause significant stress and anxiety. Figuring out *who to disclose to, what to say, when the best time to disclose is and how to deal with negative reactions* can be very complicated.

People have different reasons for disclosing to various people in their lives. Some of these reasons may include:


- Not wanting to carry the burden of a secret;
- To gain support and understanding;
- Because they feel the person has a 'right to know'.

Some people are happy to just tell a few, close people, others are happy for their HIV status to be known by everyone. Some men find disclosure just too difficult (for a variety of reasons) and for that reason, do not disclose to anyone.

You do however need to be cautious as disclosure can sometimes be met with negative reactions. At the end of the day, some people just won't understand, or the news may bring up issues for them that may have nothing really to do with you or HIV.

This session will provide you with information and skill building activities aimed to enhance your confidence in disclosure situations. We will cover reasons for disclosure, the pros and cons of disclosure, disclosure strategies and how to deal with a variety of reactions. The topic of disclosure within intimate relationships will be discussed in further detail later in the program, however many of the skills you learn in this session will be applicable to intimate relationships.

Richard Brown



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ACTIVITY

Scenario



John and Marc met on an online dating site. They went out for coffee earlier this week and tonight, they will be going out for dinner. Neither of the men posted any information on their HIV status on their profile and they have not had a discussion about HIV status. Marc is HIV positive. He is really keen on John and is planning on inviting him back to his apartment if dinner goes well. He is wondering when and if he should disclose his HIV status to John. What would you do if you were in Marc's situation? Would you disclose?

If you think he should disclose: - Why do you think he should disclose? When and where? What exactly would you say?

If you don't think he should disclose: - Why not? What risk management strategies (if any?) would you use?

ACTIVITY

Please share your thoughts on the discussion board.

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Week 6

HIV, You and Others (Part 3)

Negotiating Risk



Many of us want to have unprotected sex for a variety of reasons. Condoms can be difficult, uncomfortable, reduce pleasure or cause problems maintaining an erection. People may also wish to avoid disclosure or the perception may be that if you insist on safe sex, you must be positive. Add into the mix drugs and alcohol and sometimes our best intentions regarding safe sex can go out the window.

While using condoms may be the ideal way to have safe sex in most circumstances, in some circumstances it might be possible to reduce risks in a number of ways. By providing information on how to reduce risks, we are hoping to reduce some of the harms that can potentially occur including the transmission of HIV and STIs and we are acknowledging that sometimes unprotected sex happens for various reasons.

This week we will talk about negotiating risk within casual and long term relationships with both HIV+ and HIV- partners.

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Positive Outlook Discussions > Group Discussions > Group 1 - Week 2

Group 1 - Week 2

Topic	Replies	Views	Last Post
Stress Management HIV and You: Page 7 Facilitator 2 months ago	12	108	about a month ago
Diagnosis Experience HIV and You: Page 2 (1/1) Facilitator 2 months ago	11	75	about a month ago
Lost Interest sexed coding money John about a month ago	2	39	about a month ago
Other Comments From Participants Facilitator about a month ago	1	19	about a month ago

Users browsing this forum

Facilitator

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Hot Topics (New Posts)

Hot Topics

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Positive Outlook Discussions > Group Discussions > Group 1 - Week 2 > Stress Management

Stress Management - HIV and You: Page 7

Previous Topic Next Topic

Facilitator

#1 Posted: 2 months ago

Think about how stress, depression or feeling down affects you:
- How does your life change when you are feeling down or overly stressed?
- Are there things that you do or don't do as a consequence of these feelings? Eg: drink/party/sleep more/ isolate yourself/ give up exercising?
- What do other people notice about you when you are down or stressed?
- What are your thought patterns when you are stressed or down? [list]

Brainstorm some healthy strategies you could utilize when you are feeling stressed or down.

Share your responses with the group if you feel comfortable to do so.

Edited by user 2 months ago | Reason: Misinterpreted

202 75 188 81

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Online Chat

0 participants online

Group 1 Group 2

Join Chat Leave Chat Start Chat Close Chat

Positive Outlook Facilitator #
Warum # 24 July 2013 10:56 Actually a bit sad it is all coming to an end
Warum # 24 July 2013 10:56 Yeah I really liked it as well, hence
alohem # 24 July 2013 10:56 thanks men.
Stoykard # 24 July 2013 10:55 and a big thanks

Positive Outlook Facilitator #
Ad1 # 28 May 2013 10:47: "What I got out of the program was"... reassurance that I am doing ok, making the correct decisions and preparing for the next phase.

Positive Outlook Facilitator #
k1w1 # 12 March 2013 10:30: Guys, thanks for all you input, its one thing to read sanitised info on the web, your honest and open chat has helped my self confidence to even higher levels, its appreciated greatly, welcome to my place anytime!!!!

Positive Outlook Facilitator #
Hugo # 13 March 2013 10:37: It's been good thanks! The most I have ever talked on the issue!

Positive Outlook Facilitator has joined the chat

28 August 2014 2:4
28 August 2014 2:1
28 August 2014 1:57
28 August 2014 1:56
28 August 2014 1:55

➦ Questions?

➦ tanya.millard@monash.edu

Thank you!