



Tavitiya Sudjaritruk^{1,2}, Oramai Mueangmo^{1,2}, Jutamad Saheng^{1,2}, Worawan Wongjak², Tanachot Chaito², Pasawat Nantarat², Jeremy L. Ross³, Annette H. Sohn³, Claude A. Mellins⁴
Contact information: tavitiya.s@cmu.ac.th

KEY POINTS / CONCLUSIONS:

- Suicidal ideation and behaviors were prevalent in a cohort of Thai adolescents and young adults living with HIV
- Screening for suicidality in local primary HIV clinics could help with earlier detection and linkage to appropriate management

Background:

- **Suicide** is the fourth leading cause of death in adolescents and young adults (AYA) worldwide
- **Suicidality** can negatively impact quality of life and HIV treatment outcomes

Objectives:

- This study aimed to describe suicidal ideation and behaviors among Thai adolescents and young adults living with HIV (AYA-HIV)

Methods:

- **Study design:** Cross-sectional
- **Study setting:** Chiang Mai University, Chiang Mai, Thailand
- **Study period:** February to June 2022
- **Study population:** Thai AYA-HIV aged 15-24 years who were aware of their HIV status
- **Suicidality assessment:**
 - ❖ Lifetime and recent suicidal ideation and behaviors were captured through interviews
 - ❖ A cross-culturally validated Thai version of the Columbia-Suicide Severity Rating Scale (C-SSRS) was used by self-assessment
 - ❖ The C-SSRS's questions are divided into 4 subscales: (1) suicidal ideation; (2) intensity of ideation; (3) suicidal behaviors; (4) intensity of suicide attempts

Results:

Table 1. Demographic characteristics of study participants

Characteristics*	Results (N=150)
Age, years	21 (19-23)
Male sex	101 (67)
Sexual orientation	
• Heterosexual	85 (57)
• Gay / lesbian / bisexual	65 (43)
Graduated with bachelor degree or higher	66 (44)
Being employed (N=70)	56 (80)
Monthly income <500 USD/month	126 (84)
Primary caregiver	
• Both parents	26 (17)
• Only mother or father	22 (15)
• Grandparent(s)	15 (10)
• Living independently	48 (32)
• Others	39 (26)
Previous mental health disorder	(N=12)
• Depression	8 (67)
• Adjustment disorder	1 (8)
• Obsessive-compulsive disorder	1 (8)
• Specific diagnosis unknown	2 (17)

*Data are presented as number (%) for categorical variables and median (interquartile range) for continuous variables.

Affiliations:

1 Division of Infectious Diseases, Department of Pediatrics, Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand; 2 Clinical and Molecular Epidemiology of Emerging and Re-emerging Infectious Diseases Research Cluster, Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand; 3 TREAT Asia/amfAR, The Foundation for AIDS Research, Bangkok, Thailand; 4 HIV Center for Clinical and Behavioral Studies, NY State Psychiatric Institute; and Columbia University, New York, United States of America.

Funding:

This study was funded through TREAT Asia, a program of amfAR, The Foundation for AIDS Research, with support from the US National Institutes of Health's National Institute of Allergy and Infectious Diseases, the Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Cancer Institute, National Institute of Mental Health, National Institute on Drug Abuse, the National Heart, Lung, and Blood Institute, the National Institute on Alcohol Abuse and Alcoholism, the National Institute of Diabetes and Digestive and Kidney Diseases, and the Fogarty International Center, as part of the International Epidemiology Databases to Evaluate AIDS (IeDEA; U01AI069907). The content of this publication is solely the responsibility of the authors and does not necessarily represent the official views of any of the governments or institutions mentioned above.

Table 2. HIV-related characteristics of study participants

Characteristics*	Results (N=150)
Route of HIV infection	
• Perinatally acquired	90 (60)
• Non-perinatally acquired	60 (40)
Current cART regimen	
• NNRTI-based regimen	104 (69)
• PI-based regimen	33 (22)
• INSTI-based regimen	13 (9)
Self-reported adherence, %	95 (90-100)
Current CD4 count, cells/mm ³	547 (378-747)
Current viral load <50 copies/mL (N=135)	107 (79)
Age at HIV disclosure, years	15 (10-20)

Abbreviations: cART, combination antiretroviral therapy; INSTI, integrase strand transfer inhibitor; NNRTI, non-nucleoside reverse transcriptase inhibitor; PI, protease inhibitor. *Data are presented as number (%) for categorical variables and median (interquartile range) for continuous variables.

Results (cont'd):

- Overall, 44 (29%) AYA-HIV reported lifetime suicidal ideation, and 16 (11%) reported suicidal behaviors

Table 3. Characteristics of suicidal ideation and behaviors of study participants

Suicidality characteristics*	Lifetime (N=44)	Recent [†] (N=8)
Subscale 1: Suicidal ideation		
Type of suicidal ideation		
• Non-specific active suicidal thoughts	35 (80)	8 (100)
• Active suicidal ideation without intent to act	23 (52)	4 (50)
• Active suicidal ideation with intent to act	12 (27)	1 (13)
• Active suicidal ideation with specific plan and intent	8 (18)	1 (13)
Subscale 2: Intensity of suicidal ideation	(N=44)	(N=8)
Frequency		
• Less than once a week	20 (46)	4 (50)
• Once a week	5 (11)	2 (25)
• 2-5 times in a week	7 (16)	0 (0)
• Daily or almost daily	10 (23)	2 (25)
• Many times each day	2 (4)	0 (0)
Reason for suicidal ideation		
• Completely to get attention/revenge/reaction from others	3 (7)	0 (0)
• Mostly to get attention/revenge/reaction from others	2 (5)	1 (13)
• Equally to get attention/revenge/reaction from others and to end/stop pain	8 (18)	1 (13)
• Mostly to end/stop pain	12 (27)	1 (13)
• Completely to end/stop pain	7 (16)	2 (25)
• Non-specific reasons	12 (27)	3 (38)
Subscale 3: Suicidal behavior	(N=16)	(N=2)
Type of suicidal behavior		
• Actual suicide attempt	12 (75)	2 (100)
• Interrupted attempt	8 (50)	1 (50)
• Aborted or self-interrupted attempt	9 (56)	0 (0)
• Preparatory acts or behavior	2 (13)	0 (0)
Subscale 4: Intensity of suicidal attempt[‡] (N=12)	The most severe	The most recent
Intensity of suicidal attempt		
• No or very minor physical damage	2 (17)	2 (17)
• Minor physical damage	6 (50)	6 (50)
• Moderate physical damage	3 (25)	3 (25)
• Severe physical damage	1 (8)	1 (8)

*Data were presented as number (%); [†]Within 1 month for suicidal ideation, and within 3 months for suicidal behavior;

[‡]Among participants with actual suicidal attempt (N=12).

