Summaries of Recent Studies Using WIHS Data


This study suggests that a greater ability to foster positive relationships (otherwise known as affiliation) and disclosure of HIV status are associated with better adherence to antiretroviral therapy. Further investigation may help to design interventions emphasizing gender role behaviors of affiliation, self-care, and self-advocacy to improve adherence and health for women with HIV.


1,352 HIV-positive women in the Women’s Interagency HIV Study were asked about depression and mental health services. The study suggests that adequate treatment was more likely among women who saw the same primary care provider consistently, who paid out-of-pocket for healthcare, and who were not African American or Hispanic/Latina.


This study looked at how resilience (functioning in spite of adversity) influenced antiretroviral (HAART) adherence, HIV viral load (VL), and CD4+ cell count among 138 HIV+ women from the Ruth M. Rothstein CORE Center/Cook County Health and Hospital Systems site of the Women’s Interagency HIV Study (WIHS). Among HIV+ women with sexual abuse or multiple abuses, resilience related to better HAART adherence. Improving coping strategies among HIV+ women may be beneficial for higher HAART adherence and viral suppression.


Single-tablet treatment use was associated with better adherence and virologic suppression. However, 15% of women on ART in this study were still not adherent; other interventions are needed to increase treatment benefits.


Smoking increases the risk of disease and death and is harmful to HIV-infected people. Even with declines in smoking rates, more interventions are needed to help women with and at risk for HIV infection quit smoking.


This study suggests that raising awareness of social oppression and joining others to enact social change may be an important step for improving HIV outcomes in African American HIV-infected women who experience high levels of gender and racial discrimination.

This study found that hot flashes, and depressive/anxiety symptoms, but not menopausal stage, were associated with worse cognitive performance in both HIV-infected and HIV-uninfected women, although elevated anxiety symptoms are more associated with verbal learning deficits in HIV-infected women. Because cognitive problems can interfere with everyday functioning, including treatment adherence, it may be important to screen and treat anxiety in HIV-infected women.