BACKGROUND
U.S. youth living with HIV (YLWH) have high rates of depression. Studies suggest that manualized, measurement-guided treatment is more efficacious than usual care. This study tests this treatment model for depression among U.S. YLWH, ages 12-24 years in care at sites of the International Maternal Pediatric Adolescent AIDS Clinical Trials Network.

METHODS
Using restricted randomization, 14 participating sites were assigned to either a 24-week, combination cognitive behavioral therapy and medication management algorithm (COMB-R arm) tailored for YLWH or to Enhanced Standard of Care (ESC arm), which provided standard psychotherapy and medication management. Primary outcome measures included depressive symptoms evaluated using the 19-item Quick Inventory for Depression Symptomatology Self-Report (QIDS-SR) collected through audio computer-assisted interviews, HIV viral load, and CD4 count. Eligibility included diagnosis of nonpsychotic depression and current depressive symptoms (score ≥ 11 on clinician-rated QIDS-C). Arm comparisons used t-tests on site-level means. Sensitivity analyses were conducted with Wilcoxon rank sum tests.

RESULTS
Six COMB-R (one site withdrew) and seven ESC sites enrolled 156 YLWH, with a median of 13 per site (range 2-16). At baseline there were no significant differences between arms on demographic factors, severity of depression, or HIV status (see Table 1 for sample characteristics).

At Week 24, youth at the COMB-R sites, compared to ESC sites (See Figures 1 and 2):
• Reported fewer depressive symptoms, (mean QIDS-SR score 6.7 vs. 10.6, difference -3.9, 95% CI -6.8, -0.9, p=0.01),
• Greater proportion with a treatment response (more than 50% reduction in QIDS-SR score from entry; 62.3% vs. 17.9%, p<0.001),
• Greater proportion in remission (QIDS-SR score less than or equal 5; 47.9% vs.17.0%, p=0.01).

The site mean viral load and CD4 level were not significantly different between arms at Week 24 (Figure 3). The proportions of participants with psychiatric hospitalization or suicide attempt were not significantly different between arms. Non-parametric sensitivity analyses largely confirmed these findings (data not shown).

CONCLUSIONS
A 24-week manualized, measurement-guided psychotherapy and medication management algorithm tailored for YLWH was more effective in reducing depressive symptoms than standard care at HIV care clinics.

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