



THE UNIVERSITY OF
CHICAGO

SCHOOL OF SOCIAL SERVICE ADMINISTRATION

DEFINING PROBLEMS. SHAPING SOLUTIONS.

The Relationship Between Psychotropic Medication Use and STI Infections Among Detained Youth

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Detained youth

- High prevalence of psychiatric disorders among detained youth
- Excluding conduct disorders 60%-70 % versus 14% to 20% general youth population (Roberts, Attkinson, Rosenblatt, 1988; Teplin et al., 2002).
- Higher STI prevalence rates X 10 times (CDC, 2009)
- Few studies on mental illness among adolescents and a dearth on detained youth
- No studies examining uncontrolled mental illness and biologically confirmed STI (i.e., chlamydia and gonorrhea)

Adult mental illness and STIs

- Samples drawn from inpatient and outpatient units in Eastern U.S.
- Southern geography matters with regards to disease acquisition and risks (Koumans, et al., 2000)..
- Among adults mental illness and STIs covary (McKinnon et al., 2002; Meade & Sikkema, 2005).
- Adult HIV rates are 17X times higher among person with mental illness (Steele, 1994).

Potential mechanisms linking mental illness and STIs

- Sex as self medication
- Lack on condom use
- Injection drug use
- Homelessness
- Survival sex
- Institutionalization/detention
- Same sex interactions due to detention
- Ecological niches characterized by poverty, higher STI community viral loads

Methods

- Two year period
- Participants were recruited from 8 RYDC in Georgia
- Weekly recruitment efforts
- 82% participation rate
- Eligible if 14 to 18 years, gave informed assent and parental consent, and had vaginal sex

Measures

- A-CASI
- **DEMOGRAPHICS**
 - Race/ethnicity
 - Age
 - Length of time in detention

PSYCHOTROIC MEDICATION USE

--Are you taking doctor prescribed meds.?

--Are you taking doctor prescribed meds to make you feel better?

--Are you taking doctor prescribed meds to calm you down?

Medication use

- Name of medication
- MICROMEDEX Healthcare Series
- Meds used to control anxiety, affective and disruptive disorders were labelled PTMs
- Participants who were prescribed PTMs after admission were labeled non PTM users.

Sexual Risks

In the 2 months prior to being detained:

- High or drunk during sex
- Multiple sexual partners
- Penile/vaginal sex without condoms

Abbott assay test for chlamydia or gonorrhea

Statistical analyses

- Univariate
- Bivariate $p < .025$
- Logistic regressions (covariates age and gender)

Results

- Mean length of stay 14 days
- 1 in 5 participants reported PTM use
- PTM use higher among females (28% vs. 17%)
- PTM use was higher among whites than non-whites (32% vs. 14%)
- 18% tested positive for STIs

Table 1: Sample Description (N= 550)

	N	%
Female	270	48.1
14-15	292	32.7
16-17	249	45.4
18 years	7	1.3
White	223	40.8
Non-white	337	59.2
Psychotropic use (yes)	124	22.5
STIs (yes)	99	18

Table 2. Logistic regressions (n=550)

	Estimated PR	CI
STI Diagnosis		
PTM use	0.380	0.16-0.93*
Male	0.475	0.27-0.82**
Minority status	2.710	1.45-5.04***
Multiple Sex Partners		
PTM use	0.359	0.16-0.78**
Male	2.70	1.12-6.52*

*p < .04, ** p < .01, *** p < .01

Discussion

- Prior studies indicate 2/3 of detained youth have mental disorders (Teplin et al., 2002).
- PTM users could have greater health care access
- Girls and minorities have higher STI rates than their counterparts
- PTM compliance
- Convenience, cross sectional sample
- Evaluated for psychological problems
- STI testing and education upon admittance (14days)

