

Social connections, psychiatric and substance use disorders, and chronic disease self-management

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Social connections are critical to human well-being, and people lacking in these connections (social isolation) or who perceive that they are lacking these connections (loneliness) have lower self-management of chronic disease, are more likely to suffer from depression and substance abuse disorders, and are at higher risk for premature mortality. People living with HIV report a significant burden of loneliness and other indicators of impaired social connectedness; these impaired social connections have been linked to reduced HIV medication adherence and quality of life. The significant strain imposed on social relationships by COVID-19 restrictions and by losses of family, friends, and community has brought urgency to the issue of social connections, particularly for vulnerable populations such as those living with HIV infection. In this presentation, we present a framework for a new study that applies a longitudinal, mixed-methods, and community-engaged framework within a nationally representative HIV cohort study, the MACS/WIHS Combined Cohort Study. Responding to a lack of effective interventions in this area, this project seeks to characterize longitudinal patterns of social connection both prior to and during the COVID-era, identify multilevel predictors of these patterns, and advance understanding of modifiable mechanisms that link social connections to psychiatric and substance use disorders and to chronic disease self-management. Opportunities for collaboration and expansion are discussed in order to address additional gaps in how best to prevent and repair social disconnection in vulnerable populations.