1683. Empathy Scale Validation Among Expectant Serocorduate Couples Enrolled in HIV Care and Treatment in Zambezia Province, Mozambique

Daniel Sack, BA1; Caroline DeSchacht, MD2; Graves Erin, MPH1; Kipp Aaron, PhD3; Ezequiel Barreto, MPH1; Sara Van Rompuy, MD4; Carolyn Audel, PhD5; Aaron Haughey, MD1,2,3,4,6; Vanderbilt Medical Scientist Training Program, Nashville, Tennessee; 1Friends in Global Health, Maputo, Maputo, Mozambique; 2Vanderbilt University, Nashville, Tennessee

Session: 164. Stepping off your Doorstep - Global Health
Friday, October 4, 2019: 12:15 PM

Background. Among patients enrolled in HIV care and treatment in rural Mozambique, 30% abandon treatment within a year. A cluster randomized controlled trial assessing the impact of couple-based vs. individual treatment for concordant couples on viral suppression (the HopPS+ trial) hypothesizes that family support will improve patient outcomes. Individuals with high levels of empathy will likely provide greater social support for treatment retention and adherence. This study validates a locally tailored version of the interpersonal reactive index (IRI)—cognitive empathy (CE) and affective empathy (AE)—among expectant parents living with HIV in Zambezia province, Mozambique.

Methods. Using baseline data from 558 participants from the HOPS+ trial, we used a maximum likelihood exploratory factor analysis with a promax oblique rotation to assess the culturally relevant questions from the IRI. We examined discriminant and construct validity through analysis of subscale relationships by sex, age, education, and depression and intra-person reliability over time with an interclass correlation model (n = 119).

Results. Our participants live in 6 districts and receive health care at 24 health facilities. The median age was 25 (IQR: 22 to 30), 50% were female, and 82% were single. Participants had a median of 5 years of formal education (IQR: 2.7–2.5). Half of them report their occupation as “farmer” and 17% screened positive for depression. On a scale of 0–4, the median baseline CE score was 2.6 (IQR: 1.9–3.2) and the median baseline AE score was 1.9 (IQR: 1.2–2.6). Males (2.6 vs. 2.4, P < 0.01), participants who finished primary school (2.7 vs. 2.5, P < 0.01), and older participants (2.6 vs. 2.5, P = 0.04) had higher CE scores, while depressed participants had higher AE scores (2.3 vs. 1.8, P < 0.01). We found moderate stability over time (CE ICC: 0.63, AE ICC: 0.54) in a subset of 119 study participants.

Conclusion. While depression is associated with 12.5% higher AE scores, older participants, males, and those higher levels of education had higher scores on the CE scale. This preliminary work will inform future work on the HopPS+ trial and guide future interventions aimed at increasing retention in and adherence to treatment in people living with HIV.

Disclosures. All authors: No reported disclosures.

1684. Clinical Profile and Outcome of Scrub Typhus-Related Acute Respiratory Distress Syndrome in Adults Presenting to a Tertiary Care Hospital in North India

Savita Kumari, MBBS, MD, DM; Vikas Suri, MBBS, MD; H. R. Rao, MBBS, MD; Ashish Bhalia, MBBS, MD; Indepauri Singh, MBBS, MD, DM; Mini P. Singh, MBBS, MD; Manisha Biswal, MD; Kapil Goyal, MBBS, MD; K. Zaman, MBBS, MD; RK Ratho, MBBS, MD; Postgraduate Institute of Medical Education and Research, Chandigarh, India

Session: 164. Stepping off your Doorstep - Global Health
Friday, October 4, 2019: 12:15 PM

Background. To study the clinical profile and outcome of adult patients presenting with scrub typhus ARDS in emergency at our institute.

Methods. Prospective observational study which included 126 adult patients presenting to emergency department at PGIMER Chandigarh, a tertiary care referral institute in northwestern India with acute febrile illness with ARDS (acute onset respiratory distress within one week of fever or new/worsening respiratory symptoms with PaO2/FiO2 ratio less than 300 with PEEP or CPAP more than 5 cm H2O from January 2016 to December 2017. All the patients consenting for the study underwent detailed clinical evaluation and investigated for the etiology as per standard protocol followed at our institute with special emphasis to rule out tropical illnesses like scrub typhus, malaria, leptospirosis, dengue and H1N1 influenza. Patients were followed till discharge.

Results. Out of 126 patients eligible for the study, 45.2% were males and 54.8% were females. 47.6% were admitted in the monsoon/post-monsoon period. In addition to fever and dyspnea, cough (75.8%), hepatomegaly (56%), myalgia (63%), splenomegaly (31.3%), pedal edema (34.2%), pallor (40.4%), and vomiting (48.4%) were the common symptoms observed. Scrub typhus in 33.3%, followed by H1N1 influenza in 15.8%, co-infections in 12.6%, leptospirosis in 4.76%, dengue in 3.96% and malaria in 3.17% of the patients, were the most common etiologies encountered. In 26.9% patients, no definite infective etiology could be found. Among the scrub typhus patients, 16 required ventilation. SOFA score of more than 6 was noted in 24 (57.4%) patients with scrub typhus as compared 9 (47.3%) patients with H1N1 infection. 12.1% of patients with scrub typhus succumbed to their illness when compared with 36.8% of patients with H1N1 infection. At admission in emergency female sex (P = 0.048), age less than 45 years, (P = 0.020), abdominal pain (P = 0.011), presence of hepatosplenomegaly (P = 0.001/0.010), thrombocytopenia (<50,000) (P = 0.001), transaminasis (P = 0.000) were significant predictors of a diagnosis of scrub typhus when compared with a non-scrub typhus etiology of patients with fever and ARDS.