**Appendix G: Table 2.2.**Summary Matrix of Selected Publications.

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| **Study** | **Study Design and Aim** | **Sample characteristics and Setting** | **Loneliness Questionnaire** | **Loneliness Results** | **Quality** |
| Golub et al. (2010) | Cross-sectional study assessing the prevalence and correlates of sexual behavior and risk management  Data from ROAH | * 914 older PLWH * Mean age=54 (range: 50-78) * Setting: New York City * Gender:   + Male=640   + Female=264   + Transgender=10 * Race:   + AA=455 (50%)   + Latino/a=299 (32.7%)   + White=116 (12.8%) * Sexual orientation   + Heterosexual=577 (63.1%) * Live alone=631 | UCLA Loneliness scale v.3 | Being over age 60 was associated with higher scores of loneliness.  Unprotected anal/vaginal sex in the past 3 months was significantly associated with higher loneliness score (Odds ratio [OR], 1.03; 95% Confidence interval [CI], 1.01-1.06; *p*<.01), controlling for other covariates (gender, sexual orientation, ethnicity, partner status, drug use). | 5 |
| Greene et al. (2017) | Cross-sectional study assessing the prevalence of loneliness and examining the association of loneliness with functional impairment (IADL) and health related quality of life (HRQoL).  Data from the Silver Project | * 356 older PLWH * Median age= 56 * Setting: San Francisco * Gender:   + Male=85% * Race:   + White=57% | 8-item UCLA Loneliness Scale | 58% participants (n=206) reported any loneliness symptoms with 24% reporting mild, 22% moderate, and 12% reporting severe loneliness.  Lonely participants were more likely to be depressed (*p* <.001), at risk of alcohol and/or drug use (*p* =.001), current cigarette smoker (*p*=.04), poor/fair HRQoL (*p*<.01), and have fewer support (p<.001) than not lonely participants.  In unadjusted model, loneliness was associated with HRQoL (Prevalence ratio [PR], 1.36; 95% CI, 1.13-1.63) and IADL (PR 1.19; 95% CI, 1.01-1.40). | 7 |
| Grov et al. (2010) | Cross-sectional study assessing the associations of HIV-related stigma, loneliness, and perceived health to depression  Data from ROAH | * 914 older PLWH * Mean age=54 (range: 50-78) * Setting: New York City * Gender:   + Male=640   + Female=264   + Transgender=10 * Race:   + AA=455 (50%)   + Latino/a=299 (32.7%)   + White=116 (12.8%) * Sexual orientation   + Heterosexual=577 (63.1%) * Live alone=631 | UCLA Loneliness scale v.3 | The mean score of loneliness was 43.9 (SD=10.56; range=21-73)a  Controlling for covariates, higher loneliness (OR=1.06, CI=1.04-1.09; *p*<.001) predicted depressive symptoms and the model explained 42% of variance in depressive symptomology. | 5 |
| Han et al. (2017) | Cross-sectional study assessing the relationships of race (Black/AA vs. White) and objective cognitive function to loneliness and evaluating if findings are specific to HIV status or race.  older PLWH data came from the baseline CEDHA  Uninfected White older adults data came from MAP  Uninfected Black/AA older adults data came from MARS | Total (HIV-infected and HIV-uninfected older adults)=370   * Mean age=58.79 * Total Male=272 * Total Female=96 * Total Transgender=2 * Total AA=31.08%   177 older PLWH   * Mean age=58.71 * Gender:   + Male= 134   + Female= 42   + Transgender= 1 * Race:   + AA=124   193 uninfected older adults   * Mean age=58.86 * Gender:   + Male=138   + Female= 54   + Transgender=1 * Race:   + AA=131 | Modified version of the de Jong Gierveld Loneliness Scale | AA/Black adults report significantly lower overall loneliness than White adults, regardless of HIV status, controlling for covariates and confounders (*β* = -0.39, *p* < 0.01).  AA/Black older PLWH had a significant correlation between loneliness and global cognition (*r*= -.24, *p*=.007) but not in White older PLWH (*r*=.20, *p*=.16).  Although there was no significant association between loneliness and global cognition in multivariate models using only older PLWH (CEDHA) and also in models using both CEDHA and seronegative older adults (MAP and MARS), there was an interaction between Black race, HIV status, and loneliness such that higher loneliness was associated with lower cognitive function in Black/AA with HIV (*β* = -0.27, *p* < 0.05). | 7 |
| Mannes et al. (2017) | Cross-sectional study assessing the effects of age on the associations between affective states, social support, and alcohol use. | * 96 older PLWH * Mean age=55.77 (5.27) * Setting: Florida * Gender:   + Male=37% * Race:   + AA=100% | Original UCLA loneliness scale | Although the group difference was statistically non-significant, older age group (60+ years old) had higher mean score of loneliness (19.90 vs. 18.67, *p*=.751) and lower mean score on social support (23.50 vs. 23.97, *p*=.746) than the younger age group (50-59 years old group). | 5 |
| Siconolfi et al. (2013) | Cross-sectional study characterizing recent drug use stratified by sexual orientation (gay/bisexual men, heterosexual men, and heterosexual women) and examining the relations between mental health and substance use (cigarette, alcohol, marijuana, popper, hard drugs).    Data from ROAH | * 811 older PLWH * Setting: New York City * Sexual orientation/Gender:   + Heterosexual men=44.9%   + Homosexual men=29.5%   + Heterosexual Female=25.6% * Race:   + AA=50.9%   + White=13%   + Latino/a=32.3% | UCLA Loneliness Scale v.3 | Mean score of loneliness for Latino=44.95; Black=42.59; White=45.20; for heterosexual men=44.85; gay/bisexual men=44.25; heterosexual women=41.52.  Higher loneliness was reported by Latino participants compared to Black participants (F=3.81, *p*=.01). Heterosexual men reported higher loneliness than women and gay/bisexual men (F=7.01; *p*=.001).  Associations between substance use and loneliness was statistically non-significant. | 5 |
| Vincent et al. (2017) | Cross-sectional study testing the direct and indirect associations of health-related quality of life and HIV-related shame by depression and loneliness in older PLWH.  Pre-intervention data from a randomized controlled trial testing depression treatment efficacy of a coping group intervention | * 299 older PLWH * Mean age= 55.23 (4.84) * Setting: New York City, Columbus, Ohio, and Cincinnati, Ohio * Sexual orientation/Gender   + Heterosexual women=31.77%   + MSM=45.82%   + Heterosexual men=20.74% * Race/ethnicity:   + AA=49.2%   + White/Non-Hispanic=29.1% | Revised UCLA Loneliness Scale | Mean score of loneliness for MSM= 22.17 (SD=6.28); for heterosexual men=20.83 (6.12); for women=20.13 (5.35); and the group differences were statistically different (*p*=.031).  HIV-related shame accounted for 29.3% of the variance in loneliness.  The association between HIV-related shame and social well-being latent variable (from health-related quality of life) was partially mediated by loneliness.  In exploratory analyses, there was a significant full mediation of loneliness in the association between HIV-related shame and social well-being in men (including both heterosexual men and MSM), but only a partial mediation in women. | 5 |

***Notes***. a., The total score for UCLA Loneliness Scale (revised version and version 3) ranges from 20 to 80 with higher scores indicating higher levels of loneliness.

PLWH=persons living with HIV/AIDS; AA=African Americans; MSM=Men who have sex with men; ROAH=Research on Older Adults with HIV initiative; IADL= Instrumental Activities of Daily Living; HRQoL= health related quality of life; CEDHA= Center of Excellence on Disparities in HIV and Aging cohort; MAP= Memory and Aging Project; MARS= Minority Aging Research Study