

[課程— 2]

審査の結果の要旨

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This thesis aimed to develop a new group-based cognitive behavioral therapy (CBT) led by peer counselors targeting depressive symptoms and ART adherence and 2) to investigate the effectiveness of the program in improving sub-threshold depression and ART adherence among PLHIV in Yangon, Myanmar. This thesis also aimed to examine the effect of the intervention program on immunological outcome (CD4 count) as the secondary outcomes among PLHIV in Yangon, Myanmar.

1. The overall mean score of depressive symptoms by mBDI-II improved over 6-months follow-up in both intervention and controlled groups (from 21.1 (SE=9.2 to 3.8 (SE=4.8), from 20.4 (SE=7.7) to 11.1 (SE=8.7). For HSCL-D depressive scale; the mean scores decreased from 16.1 (SE=6.7) to 3.4 (SE=5.5) in the intervention group and from 13.6 (SE=7.6) to 6.4 (SE=6.1) in the control group after 6-month follow-up. The Cohen's *d* at 6 months was -1.0 for mBDI-II and -0.8 for HSCL-D.
2. The peer-led CBT program had a significant effect on the depressive symptoms for both scales; for mBDI-II ($b=-8.1$, $SE=3.0$, $p=0.007$) and for HSCL-D ($b=-5.5$, $SE=2.4$, $p=0.03$).

3. The mean score of ART adherence increased in both groups from the baseline to 6-month follow-up and the Cohen's *d* at 6 months was -0.15. The peer-led CBT program had no effect on ART adherence ($b = 8.8$, $SE = 5.2$, $p = 0.1$).
4. For the secondary outcome; the mean CD4 count improved in both groups at 6-month follow-up, and the Cohen's *d* was 0.4. The unstandardized coefficient at the 6-month follow-up was not significant ($b = 135.3$, $SE = 135.5$, $p = 0.32$).

This study indicated that the peer-led CBT program was feasible, acceptable and was effective in reducing depressive symptoms, while improving CD4 count among PLHIV who are currently taking ART and have depressive symptoms.

よって本論文は博士(医学)の学位請求論文として合格と認められる。