

Abstract
Posters

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Socioeconomic Status Moderates the Neurocognitive Implications of Major Depressive Disorder Among People Living with HIV

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Objective: While low socioeconomic status (SES) and major depression are highly co-occurring among people living with HIV (PLWH), there is a paucity of literature examining how these factors may influence neurocognition. Thus, this study aimed to identify the interactive effects of SES and lifetime major depressive disorder (MDD) within a diverse sample of PLWH. **Method:** A sample of 119 PLWH (47 with lifetime MDD, 72 without MDD) underwent a comprehensive neurocognitive battery, neuromedical examination, psychiatric/substance use evaluations, and urine toxicology. The Hollingshead Four Factor Index of Social Status served as a proxy for SES. A lifetime MDD diagnosis was determined using the Composite International Diagnostic Interview. After adjusting for covariates (i.e., illicit opiate positive urine toxicology), a series of least squares regression analyses tested the interactive effects of SES and MDD upon seven demographically-adjusted neurocognitive domain T-scores. **Results:** The interactive effects of SES and MDD were significantly associated with the domain of attention/working memory ($F(4, 109) = 4.34, p = .003, R^2 = .14$), such that PLWH and lifetime MDD performed better as SES increased ($\beta = .38, SE = .12, p = .002$). SES did not influence performance in attention/working memory among those without MDD. Significant interactive effects were not observed in other domains. **Conclusions:** Those with higher SES and lifetime MDD performed better across tests of attention/working memory, suggesting heightened access to various resources associated with higher SES could be providing neurocognitive benefits to PLWH and MDD. Future directions should examine this interaction longitudinally and evaluate differences in the severity/duration of MDD.