Signs of stigma and poor mental health among carriers of MRSA

Background
Many countries implemented guidelines to prevent transmission of Methicillin-resistant Staphylococcus aureus (MRSA). Concerns have been raised over a stigmatizing effect of these actions. Important contextual factors of stigma can be identified in the context of MRSA (figure 1). Aim of this study was to identify and quantify the occurrence of MRSA-associated stigma and to explore its association with mental health in a country with a MRSA ‘search and destroy’ policy.

Methods
In 2014 we performed a questionnaire study among Dutch MRSA-carriers (people colonized with MRSA without signs of MRSA infection).

We measured stigma with an adjusted version of the Berger HIV Stigma Scale. Mental health was assessed with the 5-item RAND Mental Health Inquiry.

Results
From October 2013 to April 2014, 139 MRSA carriers were identified in the databases of four participating institutions. 61 Questionnaires were returned (response rate 44%); 57 of which were eligible. Of the respondents, 24 (42%) were under 40 years old, 28 (49%) were male and 31 (55%) had received intensive MRSA eradication therapy i.e. topical treatment and oral antibiotics. We found that 32 (56%) MRSA carriers reported stigma: 8 (14%) ‘clear stigma’ (Berger score >110) and 24 (42%) ‘suggestive for stigma’ (Berger score 76-110).

Educational level, female gender and intensive MRSA eradication therapy were associated with higher stigma scores (p<0.05, anova and Student-t tests respectively). Poor mental health (RAND score <60) was reported by 33% of MRSA carriers. Stigma and mental health scores were inversely correlated (Pearson correlation -0.7, p<0.01; figure 2). Stigma was experienced most frequently in healthcare settings and seldom in non-medical settings, e.g. in religious communities or at sport facilities.

Conclusions
A substantial proportion of MRSA-carriers reported stigma due to MRSA and stigma was associated with poor mental health. Anticipation of MRSA-associated stigma is warranted, both in the way the care is directly delivered by hospital staff as well as in the way care is organized within the hospital.