

PSYCHIATRIC DISORDERS IN HIV SEROPOSITIVE INDIVIDUALS

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ABSTRACT

Background: Infection with Human Immunodeficiency Virus (HIV), has been the most significant disease to affect our society during the last two decades. Profound psychiatric complications of HIV-infection and AIDS have been recognized almost since the recognition of this condition in 1984.

Aim: To study the incidence and prevalence of psychiatric disorders and their relation to socio demographic variables among HIV seropositive individuals.

Methods: Socio demographic data was collected from one fifty patients who were HIV seropositive and were assessed for various psychiatric disorders.

Results: Specific Phobia (AIDS Phobia) accounted for 30% patients of psychiatric diagnosis. Affective disorder was the next common diagnosis being 24%, 12% were diagnosed as having anxiety disorder, 6% had delusional disorder, 8% had somatoform disorder, 12% were mentally retarded and 8% had Post Traumatic stress disorders (PTSD).

KEYWORDS: Disorders, HIV, Psychiatry, Seropositive

INTRODUCTION

Infection with Human Immunodeficiency Virus (HIV) has been the most significant disease to affect our society during the last two decades. Psychiatric morbidity can precede, coexist or could be the consequence of HIV infection. Neuropsychiatric disorders are not frequently present in the early stages of HIV infection as the immune status is still intact. (1) There is emerging evidence that these psychosocial determinants could influence the progress of the disease through psycho-neuro-immunological axis. (2) It has been shown that chronically and more severely depressed seropositive men showed a steeper decline in CD4 T cell levels than a group of seropositive men without chronic depression. It thus seems conceivable that treating depression may have a positive effect on measures of immune status and the HIV disease. (3) (4) Most of the earlier studies on psychiatric aspects of HIV-infection are based on the work done in the west on homosexuals/bisexuals and intravenous drug addicts. There is a paucity of data about heterosexuals infected with HIV who do not use intravenous drugs and the psychological problems among HIV-infected persons from Asia because most of the studies have been done in Europe and the USA. In India unlike in the west, rates of partner change is less, sexual practices are different, use of barrier methods is very less and other risk behaviors such as intravenous drug use and homosexual behavior are minimal.

Even though there is a lot of data from western studies on different aspects of HIV infection and psychiatric morbidity, there is a relative lack of data from India. Systematic studies are required to know the prevalence of psychiatric morbidity in HIV infected individuals and the complex association between HIV illness and psychiatric morbidity in the Indian setting.

AIMS & OBJECTIVES

- To study the incidence and prevalence of psychiatric disorders and socio demographic variables among HIV seropositive individuals

Methods and Materials

The study was conducted at Mamata General Hospital, Khammam, which is a referral center for a large geographic area of three states (Andhra, Orissa & Chattisgarh). The diagnosis of HIV infection was made as per NACO guidelines.

Inclusion Criteria

- Age of patient between 18 to 60 years.
- Should able to read and write English, Telugu or Hindi.
- Willing to give an informed consent.

Exclusion Criteria

- Those less than 18 years and older than 60 years
- Those having chronic physical illness and thus not able to give consent.
- Those who are only ELISA positive but not HIV SPOT positive

Methodology

After taking the informed consent from the patient, the socio-demographic data were collected using a specially designed proforma drawn up for this purpose. The following scales were used: Hospital Anxiety and Depression Scale (HADS) (5) consisting of two sets of seven questions – one representing an anxiety sub scale and other representing a depression subscale. Self-Reporting Questionnaire (SRQ) (6) has been developed by WHO as an instrument designed to screen for psychiatric disturbances, especially in developing countries. The SRQ consists of 20 questions, which have to be answered as yes or no. Additional 4 questions have been used to screen for psychotic disorders

RESULTS

Of the 163 consecutive patients, aware of their HIV serostatus, 13 could not satisfy the inclusion criteria for the study and hence were excluded, leaving 150 patients to form the study sample.

Table 1

Age	N Value	(%)
20-30	48	32
31-40	84	56
41-50	12	8
51-60	6	4
Sex		
Male	123	82
Female	27	8
Marital Status		
Unmarried	36	24
Married	93	62
Separated	6	4
Divorced	15	10

The mean age of the subjects was 34 years (SD = 7.02). 88% of the subjects were in the 20-40 year's age group and only 4% were older than 50 years. In the study sample, 123 were males and 27 were females. As shown above 24% of the cases in the sample were unmarried and 62% were married. However, 4% of the subjects were separated and 10% were widowed.

Table 2

Occupation	N Value	(%)
Professionals	21	14
Labours	18	12
Farmers	15	10
Lorry Drivers	27	18
Hotel Workers	21	14
House Wives	21	14
Un employed	12	8
Others	15	10

Majority of the patients were professionals, manual laborers, housewives and hotel/bar workers constituting about 14%,12% of the patients were labourers, 10% were farmers, 18% were drivers, 8% were unemployed and 10% belonged to the other category (working in shop, shop owner etc.,).

Table 3

Psychiatric Manifestations	N Value	(%)
Specific Phobia (AIDS Phobia)	45	30%
Affective disorder	36	24%
Anxiety Disorder	18	12%
Delusional Disorder	9	6%
Somatisation Disorder	12	8%
Mental Retardation	18	12%
PTSD	12	8%

Specific Phobia (AIDS Phobia) accounted for 30% patients of psychiatric diagnosis. Affective disorder was the next common diagnosis being 24%, 12% were diagnosed as having anxiety disorder, 6% had delusional disorder, 8% had somatoform disorder, 12% were mentally retarded and 8% had PTSD.

DISCUSSIONS

In the present study, out of 150 HIV seropositive patients, 82% were male and 18% were female. This is almost similar to the findings reported by Jacob et al (7) and Chanadra et al. (8) This suggests that men continue to represent the majority of cases of HIV infection. The present study shows the vulnerability of men for exposure to disease is more in contrast to women in Indian culture.

In the study sample, 88% were between 20-40 age group with the mean age of 34 years (SD=7.02). These findings are similar to the reports by Jacob et al (7) and Madan et al. (9) This suggests that AIDS is more common in younger age groups as this age group is more sexually active and vulnerable for various risk behaviors leading to HIV infection and AIDS. (9) (10)

In the present study, 62% were married, 24% were unmarried and the rest 14% were widowed or separated. Out of 18 HIV seropositive females, 9 were widowed and 3 were separated. With the increased mortality in AIDS and the major transmission of HIV infection to women being via spouse or partner (8), there may be an increase in HIV infected widows over time. Perhaps this could be due to laxity of traditional, religious and moral values due to westernization.

The association between occupation and HIV infection has been speculated about with certain occupations being considered more prone for risk behaviour leading to HIV infection (8) (9) In the study 18% were lorry/truck drivers, 14% were working in hotel/bar, 14% were professionals, 22% were agriculturists or laborers and 8% were unemployed. Hotel/bar workers and drivers could have been more likely to seek the services of commercial sex workers or show other high risk behaviors for HIV infection and thus they constitute a high risk group and need special attention and education to decrease prevalence of HIV infection. (11) As observed elsewhere the tendency for getting exposed to HIV infection and subsequent psychiatric manifestations is seen in this present study also. 30% patients had Specific Phobia (AIDS Phobia) because of their extramarital relationships, unsafe sexual practices and abnormal perception of AIDS in mass media, they became demoralized. This indicates the lack of comprehensive knowledge about the disease and misguidance by the unqualified medical practitioners in dealing with the disease. Phobias and fears related to HIV and AIDS have been reported early in history of HIV infection. (12) Cases of AIDS related phobias among heterosexuals with risky sexual behavior have been reported from India. (13) The patients who had been tested for HIV have continued concerns about the infection. (8)

Affective Disorder was the next common diagnosis found among (48%) patients in the current study. Out of 36 HIV seropositive patients with affective disorder; 24 patients had depressive episode; 9 of them had dysthymia; 3 had bipolar affective disorder. Rates of current major depression in AIDS patients are elevated two-fold above those in a healthy community sample. (14) In hospitalized HIV patients, rates may be much higher and may approach 80% (9) (14) The impact of AIDS on the human mind is considerably sufficient for making them vulnerable for major Psychiatric disorders. Findings of the study are in concurrence with the above studies.

Anxiety Disorder was present in 18 (12%) patients. This is similar to reports by Jacob et al (7) Williams et al (15) and Madan et al. (9) A higher prevalence of anxiety disorder has been reported in majority of studies, with onset being related to seroconversion and after disclosure of HIV serostatus. (8) Some studies found that diagnosis of somatoform disorders is more in HIV seropositive patients which could be attributed to perceived and somatic symptoms of AIDS infections. (1) (10)

In the study, 9 (6%) patients had Delusional disorders. These people showed paranoid trends in their personality profile. This is similar to report by Blank et al, (16) and Naber et al, (17) Eighteen patients were found to be Mentally Retarded and they were victims of social exploitations. These people had an excessive indulgence in extra marital sexual activities and they were unaware of HIV disease. The other 12 patients were commercial sex workers with post traumatic stress disorder symptoms. They were associated with high risk influence by virtue of their profession. In short, the present study has given a topographical view of Psychiatric disorders in patients with HIV positive serostatus. A community oriented study will go a long way in identifying, motivating for treatment and preventing the disease in a multi pronged way.

LIMITATIONS OF THIS STUDY

This sample size relatively small and it was a cross – sectional study and follow up assessments after HIV serostatus could not be done.

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