

MENTAL HEALTH DISORDERS IN HIV/AIDS PATIENTS

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Abstract: HIV- infected patients are at increased risk of developing mental health symptoms, which negatively influence the treatment of the HIV-infection. Mental health problems in HIV-infected patients may affect public health .psychopathology, including depression and substance abuse, can increase hazardous sexual behavior and, with it, the chance of spreading HIV. Therefore, it important to develop an optimal treatment plans for HIV-infected patients with mental health problem.

Keywords: HIV, Mental health, Depression, Homosexual men, Drugs, prevention.

1. INTRODUCTION:

There is no health without mental health.' Mental disorders are highly prevalent among people living with HIV/AIDS, with major depressive disorder (MDD) occurring almost twice as frequently among this group control than in the general population. Mental disorders may increase an individual's risk for HIV infection through increased social vulnerability, altered risk behavior, associated substance misuse and loss of within sexual relationship. Conversely, such disorders may also arise as a direct result of HIV neuro -invasion or psychosocial stressors, or due to complications of antiretroviral therapy (ART).Despite their prevalence, mental disorders are often under-diagnosed or inadequately managed in people living with HIV/AIDS. The impact of untreated mental disorders on health outcomes is substantial. It is imperative that clinicians caring for HIV- positive individuals actively screen for, diagnose and manage mental disorders in this population.

2. OBJECTIVES:

The main objective of this study were to describe the clinical and demographic characteristics of patients with HIV who seek treatment for their mental health symptoms in the India

We tested whether HIV infected and non-infected homosexual patients with a lifetime depressive disorder differed on several mental health symptoms.

3. HIV/AIDS IN INDIA:

India has the third largest HIV epidemic in the world, with over one billion inhabitants, around half of whom are adults in the sexually active age group. An estimated 2.1 million are currently living with HIV .India has a greater number of people living with HIV than any other nation in the world. The spread of HIV in India has been diverse, with much of India having low rate of infection and the epidemic being most extreme in the southern half of the country and in the north-east .In 2015, national adult (15-49 years) HIV prevalence in India is estimated at 0.26%(0.22% -0.32%).In 2015, adult HIV PREVALENCE IS estimated at 0.30% among males and at 0.22% among females. Among the States/UTs, in 2015 Manipur has shown the highest estimated adult HIV prevalence of 1.15%, followed by Mizoram (0.80%), Nagaland (0.78%),Andhra Pradesh and Telangana (0.66%), Karnataka (0.45%),Gujarat (0.42%) and Goa (0.40%). Beside these states, Maharashtra, Chandigarh, Tripura and Tamil Nadu have shown estimated adult HIV prevalence greater than the national prevalence (0.26%), while Odisha, Bihar, Sikkim, Delhi, Rajasthan and West Bengal have shown an estimated adult HIV prevalence in the range of 0.21-0.25%, all other States/UTs have levels of adult HIV prevalence is below 0.20% (NACO).

4. THE ROLE OF SOCIO-DEMOGRAPHIC FACTORS:

Age , marital status and education may also serve to identify group of individuals at high risk for poor mental health. However, the findings amongst PLWHA in India are few in number and inconsistent at times. Depression has been associated with both younger age and older age (Kaharuza et al. 2006;Myer et al . 2008); generalized anxiety disorder was found to be more common in older people and bipolar mood disorder in younger people (Els et al . 1999);but studies with adults and pregnant women failed to find an association with overall psychiatric morbidity (Collin et al . 2006; Adewuya et al. 2007) An association between level of education and mental disorder has also not been demonstrated (Collin et al. 2006; Adewuya et al.2007). Amongst the population of HIV-infected pregnant women, research has reported that married women experience less emotional distress (Bernatsky et al. 2007), but also that neither marital status nor having had children previously is associated with antenatal or postpartum morbidity (Collin et al . 2006). Further research on these and other potentially important psychosocial factors is required in order to clarify which groups are most at risk for poor mental health as a result of their positive HIV status

5. FACTORS ASSOCIATED WITH MENTAL HEALTH PROBLEMS IN PATIENTS LIVING WITH HIV/AIDS (PLWHA):

Research from India indicates several psychosocial and health –related factors which are associated with higher levels of mental health problems in PLWHA. Further, certain socio-demographic characteristics are associated with greater psychiatric morbidity, and may therefore point to those within Indian populations who are at greater risk for poor mental health.

6. SEXUAL BEHAVIOUR:

The public health and epidemiology literature has suspected for a few years that the belief in the efficacy of ARVs increases risky sexual behavior, (Crepaz, Hart and Marks, 2004), but it has failed to link the change in incentives with the issue of testing. In addition, some of these studies rely on Questioning individuals directly about their views on ARVs; hence they waver between a causal path from optimism to risk and optimism about treatment as a form of post hoc rationalization following risky encounters, (Huebner, Rebchook and Kegeles, 2002)

7. WHAT ARE HIV AND AIDS?

HIV, or human immunodeficiency virus, is the virus that causes AIDS. HIV attack the immune system by destroying CD4 positive (CD4+) T cells, a type of white blood cell that is vital to fighting off infection. The destruction of these cells leaves people infected with HIV vulnerable to other infections, diseases and other complications. A person infected with HIV is diagnosed with AIDS he or she one or more opportunistic infections (which occur when your immune system is damaged by HIV), such as pneumonia or tuberculosis, and has a dangerously low number of CD4+T cells (less than 200 cell per cubic millimeter of blood).

8. HIV/AIDS PATIENTS MENTAL HEALTH DISORDES:

If you are living with HIV, is important for you to be aware that you have an increased risk for developing mood, anxiety, and cognitive disorders. For example, people living with HIV are twice as likely to have depression compared to those who are not infected with HIV. These conditions may be treatable. Many people with mental health conditions recover completely.

Some forms of stress can contribute to mental health problems for people living with HIV, including:

Having trouble getting the services you need

Experiencing a loss of social support, resulting in isolation

Experiencing a loss of employment or worries about whether you will be able to perform your work as you did before

Having to tell others you are HIV –positive

Managing your HIV medicines

Doing through changes in your physical appearance or abilities due to HIV/AIDS

Dealing with loss, including the loss of relationships or even death

Facing the stigma and discrimination associated with HIV/AIDS

9. THE PREVALENCE OF MENTAL HEALTH PROBLEMS:

The difference in populations may be reflected in the lower rates of disorder prevalence amongst these studies. Collin et al. (2006) reported 23% morbidity antenatally amongst a group of HIV – infected pregnant women in Zambia, and still lower level antenatally (less than 5%). In a recent Indian study Myer et al. (2008) found that 19% of infected adults were either depressed, had PTSD or abuse alcohol, while Reece et al. (2007) and Maj et al. (1994) found a less than 7% prevalence of significant distress and a 5-11% lifetime prevalence of psychiatric morbidity. Carson et al. (1998), Poupard et al. (2007) and Myer et al. (2008) have also reported et al. (1998), Poupard et al. (2007) and Myer et al. (2008) have also reported rate of depression of 12-18%, compared with levels of nearer 30% in most other studies, while Maj et al. found even lower levels. Levels of anxiety were low (Maj et al. 1994; Carson et al. 1998) and levels of ‘happiness’ were similar to those in the general population (Booyesen et al. 2007).

10. THE ROLE OF HEALTH AND TREATMENT-RELATED FACTORS:

Most of the available research on PLWHA indicates that higher prevalence of mental health problems are associated with poor quality of health services, and either not accessing ART or being on treatment for shorter periods. The findings regarding time since diagnosis are unclear and should be examined in further research (Els et al. 1999; Booyesen et al. 2007; Myer et al. 2008).

Greater disease severity, as assessed by more advanced clinical stage, lower CD4 count, higher viral load or a higher number of physical symptoms, has been associated with poorer quality of life as well as higher levels of overall morbidity, clinical depression, dysthymia, suicidality, and self-reported depression and anxiety (Mast et al. 2004; Kaharuza et al. 2006; Olley 2006; Adewuya et al. 2007; Freeman et al. 2007). Moreover, Olley and colleagues reported that disability or impairment in work predicted PTSD amongst women, while the extent of disability experienced in general was the best and most consistent predictor of depression, dysthymia and PTSD in multivariate analysis (Olley

2006; et al .2006). The relationship between disability and PTSD and depression also held at a six –month follow –up , suggesting that it may be fairly robust (Olley et al. 2006).

11. CONCLUSION:

Habitual drug use is a risk factor for spreading HIV. It also more often diagnosed in HIV –infected Homosexual men with a lifetime than in the non-infected population. Untreated mental health problems, such as depressive symptoms and use of drugs can have serious repercussions. Therefore, general practitioners and internists should be trained to recognize mental health problems in HIV-infected patients.

PLWHA tended to have more mental health problems than non- infected individuals, with those experiencing lower levels less likely to be poor and more likely to be employed. Educated and receiving ART. Evidence also suggested that HIV- infected women may be at greater risk than HIV- infected men for poor mental health , at least where depression is concerned, while rates of alcohol and substance use were higher amongst men. Poor health, receiving poor quality health service and a lack of material and emotional support from family and friends were also reported to be associated with greater psychiatric morbidity.

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