

A study to assess the social profile and physical and psychiatric morbidity among the HIV/AIDS patients attending art center in Navodaya Medical College, Raichur

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Abstract

Acquired Immunodeficiency syndrome (AIDS) has been one of the dreaded and most researched diseases of today's era. HIV/AIDS has spread worldwide and has been currently notified as a pandemic. A multitude of factors interact to cause psychological stress in these individuals resulting in psychiatric morbidity, some of them being fatality of infection, fear of stigmatization, uncertainty about the future, avoidance by family and friends, concerns related to children, family and finances, etc. Depression and anxiety are the commonest clinical conditions diagnosed in them. A total of 64 HIV/AIDS patients attending the ART between February 2014 to January 2015, were included in the study. Out of the 64 patients, 31 (48.4%) were female and 33 (51.6%) were male patients. 93.8% of the patients were the permanent residents in the urban area. Majority were in the reproductive age group. 61% had a diagnosable Psychiatric illness with tuberculosis being the most common opportunistic infection. Hence there should be Psychiatric evaluation at first consultation, to detect the presence of psychiatric morbidity and the appropriate treatment for the same.

Key Word: AIDS, ART, Psychiatry, CD 4 Count

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INTRODUCTION

Since its first documentation in 1981, Acquired Immunodeficiency syndrome (AIDS) has been one of the dreaded and most researched diseases of today's era. HIV/AIDS has spread worldwide and has been currently notified as a pandemic. Since the beginning of the epidemic, almost 70 million people have been infected

with the HIV virus and about 35 million people have died of AIDS. HIV prevalence in the Indian context (15-49 years) was estimated at 0.28% in 2010 and 0.27% in 2012. Among the states, Manipur has shown the highest estimated adult HIV prevalence of (0.78%), followed by Andhra Pradesh (0.75%), Karnataka (0.69%), Nagaland (0.66%), Goa (0.43%) and Maharashtra (0.42%).¹ A multitude of factors interact to cause psychological stress in these individuals resulting in psychiatric morbidity, some of them being fatality of infection, fear of stigmatization, uncertainty of the future, avoidance by family and friends, concerns related to children, family and finances, etc. In addition, the patient has to come to terms with the fact that HIV/AIDS is a chronic terminal illness, with uncertain progression and complicated medication regimes. These factors, along with the grief related to the possible loss of family members make these patients especially vulnerable to plethora of psychiatric disorders. A multitude of factors interact to cause

psychological stress in these individuals resulting in psychiatric morbidity, some of them being fatality of infection, fear of stigmatization, uncertainty about the future, avoidance by family and friends, concerns related to children, family and finances, etc. Depression and anxiety are the commonest clinical conditions diagnosed in them. People with HIV were twice more likely to be diagnosed with major depressive disorder than those with HIV seronegativity. Hence this study was conducted to know the social profile and the underlying psychiatric manifestations among the HIV people attending the ART center.

METHODOLOGY

All the patients above the age of 18 years, both male and female, with HIV/AIDS, attending the Anti-Retroviral Treatment Centre (ART) of the NMC between February 2014 to January 2015, were included in the study. Ethical Committee clearance was obtained and data was collected in the pretested semi-structured questionnaire after obtaining the consent of the study subjects. All the patients who are to be initiated on ART were only included in the study.

RESULTS

Out of total 64 patients were included in the study. Out of the total 64 patients 31 (48.4%) were female and 33 (51.6%) were male patients. 93.8% of the patients were the permanent residents in the urban area.

Table 1: Distribution of Patients based on their age

Age in Years	Frequency	Percent
21-30	13	20.3
31-40	37	57.8
41-50	8	12.5
>50	6	9.4
Total	64	100.0

Majority of the study population in our study were between the age group of 31- 40 years (57.8%) followed by 21-30 yrs (20.3%). Only 9.4% of the subjects were aged above 50 years, indicating the burden of the disease in the middle age group people and leading to the economic burden to the family. Only 20.3% of the patients who reported to the ART center were illiterate

Table 2: Distribution of patients based on their education levels

Education	Frequency	Percent
Illiterate	13	20.3
Primary	16	25.0
Secondary	26	40.6
PUC	3	4.7
Degree	6	9.4
Total	64	100.0

In our study majority (79.7%) of the study participants were married, 12.8% were widow and the remaining

7.8% were unmarried. These socio demographic factors in our findings correlate with a study done by Shakirat I et al² where average age of study population was 39 years, as also the study done by Tichacek *et al*³, lingappa *et al*⁴, G.K.Ateka⁵, Spaulding A *et al*⁶ and Turner HA⁷.

Table 3: Distribution of patients based on the duration of their illness

Duration of Illness	Frequency	Percent
1-5	53	82.8
6-10	7	10.9
11-15	3	4.7
>16	1	1.6
Total	64	100.0

Table 4: Distribution of patients based on their CD4 counts

CD4 Count	Frequency	Percent
<250	41	64.1
250-350	20	31.2
>350	3	4.7
Total	64	100.0

Majority (82.8%) of the study patients were suffering from HIV/AIDS illness for a period of 1-5 years, with no history of taking ART treatment. It was also interesting to note that around 6.3 % of the patients were suffering from the illness for more than 10 years and living without ART. 64.1% of the study population who reported for ART had a CD4 count less than 250 cells/mm³, indicating the disease has been progressed in them and the time lag since the acquiring the infection and the arrival for ART. These findings correlates with the finding of Turner HA⁷.

Table5: Distribution of patients based on their Physical co-morbidity.

Physical illnesses	Frequency	Percent
Nil illness	38	59.4
Anaemia	1	1.6
Anemia, TB	1	1.6
Candidiasis	1	1.6
Cryptococcosis	1	1.6
DM, HTN	1	1.6
HTN	1	1.6
Psoriasis	1	1.6
TB	19	29.7
Total	64	100.0

Table 6: Distribution of patients based on the presence of psychiatric morbidity in pre HAART group.

Psychiatric morbidity	Frequency	Percent
NIL	25	39.1
Dysthymia	12	18.8
MDD	14	21.9
BPAD	1	1.6
Adjustment disorder	10	15.6
Dysthymia + ADS	1	1.6
ADS	1	1.6
Total	64	100.0

Majority (60%) of the people with HIV/AIDS did not have any physical co-morbidity. 40% of all cases received atleast one diagnosis, and among them 30% were diagnosed to have tuberculosis. The study shows that majority of the study population received a psychiatric diagnosis (61%). Majority of them belonged to the depressive spectrum (dysthymia 20%, adjustment disorder 15.6%, MDD 21.9%). The prevalence of psychiatric morbidity in individuals with HIV/AIDS has been found to be high worldwide. It has been found that 50% and 33% of patients had a 64 past-year and past-month diagnosis in two internationally conducted studies. (Bradley N. Gaynes, Brian Wells Pence, Joseph J. Eron Jr, and William C. Miller)⁸ The scenario is not much different in India as well, with, an ICMR study that looked at 70 HIV positive patients and found psychiatric morbidity in 49% of them.⁹

CONCLUSION

Majority of the study population were aged between 31-40 years, of both genders, from an urban background, educated mostly up to the high school level, married, and living with the diagnosis for between 1 to 5 years. One third of them were diagnosed to have tuberculosis, indicating a more severe form of illness. Among them 36% were diagnosed to have a Major Depressive Disorder, 31% with Dysthymia, and 25% with Adjustment Disorder. In all, 92% of those with a diagnosable psychiatric illness belonged to the depressive disorder spectrum, with more than half of them having low CD4 counts. There should be Psychiatric evaluation at first consultation, to detect the presence of psychiatric morbidity and the appropriate treatment for the same.

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