ISSN 2349-7831

International Journal of Recent Research in Social Sciences and Humanities (IJRRSSH)
Vol. 3, Issue 1, pp: (258-260), Month: January - March 2016, Available at: www.paperpublications.org

Psychological Problems Faced By People Living With HIV in the Era of Combination Antiretroviral Therapy (ART)

Manjula A Rao[1], JohnRamapuram[2], Deepak Madi[3], M ShashidharKotian[4], Dr. Suphala S Kotian[5]

[1]Counsellor,[2,3] Dept of Medicine, [4]Community Medicine.[5]Dept of Social Work
[1]Kasturba Medical College, [5]Sri Devi College

1. INTRODUCTION

Depression, Anxiety and Suicidal tendencies are common psychiatric problems seen in people living with HIV/AIDS(PLWHA)[1]. Many psychological and social stressors associated with HIV can lead to depression and anxiety. 25-36% of PLWHA may suffer from anxiety.[2,3]There is a threefold greater prevalence of major depression among PLWHA when compared to the general population.[4]Psychiatric illness can be an important factor determining adherence to treatment.The main aim of our studywas to determine the prevalence of Depression and Anxiety among PLWHA.

2. METHODOLOGY

Study Setting, design & subjects and sampling method:

This cross sectional study done in a tertiary care hospital (KMCMangalore). Study subjects were 100 HIV positive patients. Convenient sampling used.

Data collection:

HIV positive subjects who presented for treatment were recruited in the study after obtaining written informed consent. The study details were explained to them. The interviews were conducted in medical consultation rooms by the investigator. Each interview lasted an average of 1 hour. Depression and Anxiety was assessed by Hospital Anxiety and Depression scale(HADS).The Hospital Anxiety and Depression Scale (HADS) is a widely used instrument for measuring psychological distress. It was developed in 1983 by Zigmond and Snaith. [5]Anxiety and depression subscales are each represented by seven items. The items are rated on a four point Likert scale ranging from 0 to 3 giving maximum and minimum scores of 0 and 21 respectively for each subscale. Sub-scores on the anxiety or depression subscales ranging from 0 to 7 are considered normal; while 8 to 10 and 11 to 21 are considered 'cause for concern' and 'probable cases of anxiety or depression' respectively.

Statistical analysis:

Data was done by using SPSS version 11.5, statistical soft ware.Descriptive statistics were done and the results are presented as proportions and mean.To compare proportions, chi-square ($\chi 2$) statistics were used. A P value <o.o5 was considered significant.

ISSN 2349-7831

International Journal of Recent Research in Social Sciences and Humanities (IJRRSSH)
Vol. 3, Issue 1, pp: (258-260), Month: January - March 2016, Available at: www.paperpublications.org

3. RESULT

Our study population was predominantly male (53%). Majority of them had primary (49%) and secondary (47%) level of education [Table 1].

In our study out of total 100 cases 77.4% had depression and88.7% had anxiety. Compared to females, males had higher depression and anxiety scores which was statistically significant. [Table 2].

Table-1Baselinecharacteristics (n=100)

Characteristics	%
Gender	
Male	53
Female	47
Residence	
Urban	61
Rural	39
Education	
Primary	49
Secondary	47
College	9
Income	
≤ 25000	98
≥25000	02

Table 2: Depression & Anxiety scores among the study population

	Gender	n	Mean± Std Deviation	P
HADS(depression)	Male	53	12.25±2.703	0.011
	Female	47	10.77±3.016	
HADS(anxiety)	Male	53	12.09±2.151	.
	Female	47	11.74±2.454	0.449

4. DISCUSSION

In our study 77.4% had depression and88.7% had anxiety. Compared to females, male had higher depression and anxiety which was statistically significant. .

In a study from Brazil the prevalence of anxiety and depression was 35.8% and 21.8%using the Hospital, Anxiety and Depression Scale (HADS) [6].The prevalence of symptoms of anxiety and depression in a study done in Africa was 30.6% and 25.4%.[7] In a study done in our institution depression as assessed by the BDI scale was found to be 43.8%[8]. According to Desai et al 40% of HIV patients in India had depression.[9]

Our study had some limitations .It was done in a predominant urban population and we did not assess factors influencing anxiety or depression.

5. CONCLUSION

In our study majority of the patients had depression and anxiety.Assessment of mental disorders must be an integral part of HIV/AIDS programmes.

ISSN 2349-7831

International Journal of Recent Research in Social Sciences and Humanities (IJRRSSH)
Vol. 3, Issue 1, pp: (258-260), Month: January - March 2016, Available at: www.paperpublications.org

REFERENCES

[1] Chandra PS, Ravi V, Puttaram S, Desai A. HIV and mental illness. Br J Pychiatry. 1996;168:654.

[2] Chandra PS, Krishna VA, Ravi V, Desai A, Puttaram S. HIV related admissions in a psychiatric hospital: A five year profile. Indian J Psychiatry. 1999;41:320–4.

[3] Chandra PS, Carey MP, Carey KB, Shalinianant A, Thomas T. Sexual coercion and abuse among women with a severe mental illness in India: An exploratory investigation. Compr Psychiatry.2003;44:205–12.

[4] Kessler RC, Gruber M, Hettema JM, Hwang I, Sampson N,Yonkers KA. Co-morbid major depression and generalizedanxiety disorders in the National Comorbidity Survey follow-up.Psychol Med. 2008;38(3):365–74.

[5] Zigmund AS, Snaith RP. The hospital anxiety and depression scale. ActaPsychiatr Scand. 1983;67:361–370.

[6] Nogueira Campos L, De FátimaBongolo P, CroslandGuimarães MD: Anxiety and depression assessment prior to initiating antiretroviral treatment in Brazil.AIDS Care 2006, 18(6):529-536.

[7] Pappin M, Wouters E, Booysen FL. Anxiety and depression amongst patients enrolled in a public sector antiretroviral treatment programme in South Africa: a cross-sectional study. BMC Public Health. 2012 ;12:244.

[8] Jagannath V, Unnikrishnan B, Hegde S, Ramapuram JT, Rao S, Achappa B, Madi D, Kotian MS. Association of depression with social support and self-esteem amongHIV positives. Asian J Psychiatry. 2011 ;4(4):288-92.

[9] Chandra SP, Ravi V, Desai A, Subbakrishna DK: Anxiety and depression among HIV-infected heterosexuals - A report from India. J Psychosom Res 1998, 45(5):401-409.