

Study of Depression and Role of Support Groups in Its Management among HIV/AIDS Patients: A Cross-Sectional Study in D.K.

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Abstract: The acquired immuno-deficiency syndrome (AIDS) is one of the most dreaded entities that modern medicine has ever had to tackle. Depression is the most frequently observed psychiatric disorder among HIV/AIDS patients. It interferes with all aspects of living and may have a severe negative impact on quality of life. An HIV positive diagnosis is a life changing event and may induce shock, a sense of helplessness, denial, and occasional self blame. Belonging to a support group may be of assistance in preventing depression. PLWHA should be advised to belong to a support group. To improve the role of support groups their sizes should be limited.

Methodology: Aim of the Study: To determine the prevalence of depression among HIV positives and to find out the role Support group in reduction of depression.

Study Setting & Design: A tertiary care hospital, and Positive networks, Cross sectional study.

Sample Size: Study constituted of 100 HIV positive patients, depression was assessed using BDI, The data was collected using a pretested semi structured preformed, after obtaining written informed consent.

Sampling Method: Random Sample

Statistical analysis: Data was be analyzed using SPSS version 11.5, statistical test ANOVA and CHI-SQUARE will be used and P less than 0.05 taken as significant.

Exclusion criteria: people below the age of 18 years and above 65 years patients, who are not given consent.

Study Duration: 6 Months

Data Collection: The data was collected using a BDI –Beck Depression Inventory Scale (annexure 1) The HIV positive subjects were invited to participate in the interview and those who presented for treatment, People were invited to participate in the interview and after obtaining a written informed consent the subjects were recruited in the study. The study details were explained to them that this procedure would not affect the scheduled times of their consultation. The interviews were conducted in medical consultation rooms by the investigator. Each interview lasted an average of 1 hour.

Results: The result showed was that statistically significant ($p=0.002$) depression among urban area.69.5% were depressed among primary education, 59.4% were depressed among 8-12, 100% were depressed those who are education above 12 standard. There is no statistically significant in education and depression.

62% were depressed daily waged, 61.1% were depressed among salaried, 83.3% were depressed among business, 84.6% were depressed among unemployed

There is no statistically significant depression based on their education.

Unmarried 100% were depressed, 67.3% married were depressed, 100% depressed among divorced, 100% were depressed among spouse, 64.1% were depressed among widowed. There is no statistically significant between depression and marital status.

Keywords: HIV, Depression, support group.

1. INTRODUCTION

The acquired immuno-deficiency syndrome (AIDS) is one of the most dreaded entities that modern medicine has ever had to tackle. Depression is the most frequently observed psychiatric disorder among HIV/AIDS patients. It interferes with all aspects of living and may have a severe negative impact on quality of life. An HIV positive diagnosis is a life changing event and may induce shock, a sense of helplessness, denial, and occasional self blame.

Depression has been associated with increased risky behaviors, non compliance to treatment..Depressive tendencies are reduced if the patient's condition is known and accepted by the patient's family and when he involves himself in gratifying activities which could be professional, social or otherwise.

Depression is one of the most common psychiatric disorders and its prevalence among PLWHA has been noted to be twice as high as in the general population.

HIV infected people may experience a variety of psychological, spiritual and socioeconomic consequences and including fear, loss, grief, guilt, denial, anger, anxiety, low self esteem, depression, suicidal behavior or thinking. Various studies indicate that PLWHA experience lower levels of social support after diagnosis than before. Socio-economic issues include the loss of income, discrimination, social stigma, relationship changes and changing requirements for sexual expression.

Support groups are known to be highly beneficial to patients with chronic diseases as sharing experiences help to improve their ability to cope with their condition.

support group as a structure or a meeting wherein people with common challenges, concerns and needs come together to support one another in various aspects of daily living and functioning, such as emotional, spiritual, physical and psychological needs. It is a platform where people with the same problem find ways to cope with and conquer the problem. Support group members support each other with pragmatic approaches to deal with certain life challenges and needs.

Support groups for PLWHA's help with support, care and treatment and in advocacy to tackle stigma. Support groups meet once or twice a week and share about their experiences and their coping mechanisms. Support groups for PLWHA are usually formed to provide care and support to people infected and affected by HIV and AIDS.

Support groups for PLWHA provide diagnosed people with a safe environment to talk about the virus, share their experiences, and learn from stories of other infected individuals and access to information. Several studies have shown that support groups are effective in reducing psychological distress in both in PLWHA and in other chronic illnesses, Support groups have also been found to be effective in improving coping styles and psychosocial adjustment of PLWHA. The support group was able to assist its members in working through their difficulties associated with being HIV positive, provided an opportunity for the participants to give and receive meaningful support on. support groups have also been found to be effective in improving coping styles and psychosocial adjustment of PLWHA.

Support groups offer a forum of peer support, a sense of universalism or shared experience, and an opportunity to learn from others who are facing similar challenges.

Peer support and modeling may contribute to new coping resources and self-efficacy, perhaps more effectively than is possible in individual based interventions. Participants began to derive hope by witnessing others face the challenge of living with HIV participants in their groups experienced renewed self-worth by helping others who were doing poorly than they were for example through downward and upward social comparison processes. Groups as less stigmatizing and cost effective.

Belonging to a support group may be of assistance in preventing depression. PLWHA should be advised to belong to a support group. To improve the role of support groups their sizes should be limited.

Aims:

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2. DATA COLLECTION

The data was collected using a BDI –Beck Depression Inventory Scale (annexure 1) The HIV positive subjects were invited to participate in the interview and those who presented for treatment, People were invited to participate in the interview and after obtaining a written informed consent the subjects were recruited in the study. The study details were explained to them that this procedure would not affect the scheduled times of their consultation. The interviews were conducted in medical consultation rooms by the investigator. Each interview lasted an average of 1 hour.

TABLE 1: HIV Depression among PLWHA was assessed using BDI Scale

Severity of Depression	Score
Normal	0 - 9
Mild Depression	10- 16
Moderate Depression	17 - 29
Severe Depression	30 - 63

TABLE 2: BASELINE CHARACTERISTICS OF THE STUDY POPULATION (n=100)

S. No	Characteristics	No's	%
1.	Sex		
	1. Male	48	48
	2. Female	52	52
2.	Residence		
	1. urban	51	51
	2. Rural	49	49
2	Education		
	1. 1-7	59	59
	2. 8-12	32	32
	3. above 12	9	9
3	Occupation		
	1. daily wage	50	50
	2. salaried	18	18
	3. business	6	6
	4. unemployed	26	26
4	Income		
	1. Up to 25000	100	100
	2. above 25000	0	0
5.	Marital status		
	1. single	2	2
	2. married	52	52
	3. divorced	2	2
	4. separated	5	5
	5. widowed	39	39

Table no 2 shows that HIV positive people who participated in study were residing at urban area(59%), 59% them were primary school educated, 50% of them daily wage, family income of them was 100% less than 25000. 52% of them were married .

Table No. 3

Characteristics	Depression No (%)	No Depression No (%)	
Residence			Chi-square =9.67 P=0.002
1. Urban	23(54.9)	23(45.1)	
2. Rural	41(83.7).	8(16.3)	
Education			Fishers exact test p=0.108
1. 1-7	41 (69.5)	18 (30.5)	
2. 8-12	19 (59.4)	13 (59.4)	
3. above 12	8 (100)	0	
Occupation			Fishers exact test p=0.147
5. daily wage	31 (62)	19 (38)	
6. salaried	11 (61.1)	7 (38.9)	
7. business	5 (83.3)	1 (16.7)	
8. Unemployed	22 (84.6)	4 (15.4)	
Marital status			Fishers exact test p=0.474
6. single	2 (100)	0	
7. married	35 (67.3)	17 (32.7)	
8. divorced	2 (100)	0	
9. separated	5(100)	0	
10. widowed	25 (64.1)	14 (35.9)	

As shown in the above table 3, there is statistically significant ($p=0.002$) depression among urban area.

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62% were depressed daily waged, 61.1% were depressed among salaried, 83.3% were depressed among business, 84.6% were depressed among unemployed.

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There is no statistically significant between depression and marital status.

3. DISCUSSION

TABLE No. 4

Sl. No	Support group	Depressed (%)	Not Depressed(%)
1	Belonging to a support group	37	63
2	Do not belonging to a support group	64	36

$\chi^2 = 14.58$, $P = 0.001$

Among in despondence who belonging to a support group majority of them are not depressed (63%) whereas those who do not belonging to a support group majority are found to be a depressed (64%). The association of this group shows very highly significant.

Discussions in the groups. Also, structured curriculum containing up-to-date information about management of depression and anxiety among HIV infected patients should be offered to support groups. The members help each other and support each other to overcome the emotional and psychological stresses.

Benefits of being a Support group Members:

TABLE No. 5

Sl. No	Benefits	Percentage (%)
1	Able to attend the social function	10
2	To Gain the family Support	25
3	ART Adherence	60
4	Confidently talk in a group	10
5	Able to take a decision	20
6	Flat form to share my feelings	45
7	To overcome the stress	62
8	Financial Help	30
9	To discuss the problem in the group	48
10	Able to face the Society	52

The above table 5 shows that 10% were able to attend the social function after diagnosis, 25% to Gain the family Support, Majority of them said that they were able to follow the ART treatment on time (60%) ART Adherence 10% Confidently talk in a group, 20% Able to take a decision, 45% Flat form to share my feelings, 62% To overcome the stress, 62% To overcome the stress, 30% Financial Help, 48% To discuss the problem in the group, 52% Able to face the Society.

Group members influence each other for positive thinking

Group members motivate one another for treatment compliance

Preparedness for the final – the acceptance increases

Group learn from one another how decisions can be made for the welfare of remaining family members

4. CONCLUSION

This study showed that belonging to a support group may be of assistance in preventing depression, yet only a small percentage belonged to a support group. It is therefore recommended that routine psychiatric

Screening of patients should be done at HIV clinics with referrals to appropriate services as necessary. PLWHA should also be advised to belong to a HIV support group. However, to improve the roles of the support groups their sizes should be limited to allow confidentiality and open

Increased confidence, increased hope for health living and increased acceptance for the end of life

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