

A study of prevalence pattern of psychiatric co-morbidity in patients with HIV

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Abstract

Background: Psychiatric and psychological issues associated with HIV infection have received considerable attention in the last decade owing to the emotional impact of the disease and its effect on individuals personal sexual, occupational and social life. **Aims and Objectives:** To study Prevalence pattern of psychiatric co-Morbidity in patients with HIV **Materials and Methodology:** This was a cross-sectional study carried out at the Department of Psychiatry of a Tertiary health care center during the year 2015 to 2016 in patients of who were taking treatment at ART center were taken consent for taking interview. A Detailed clinical and psychological history was taken and a prevalence of psychiatric conditions was done. In the one year duration total 50 patients were enrolled for the study. The data was presented in percentages and proportions. **Result:** In our study, HIV infection was most commonly observed in age group of 27-34 years (54%), 35-42 years (26%), 43-45 years (14%) and 18-26 years (6%). Out of 50 patients, it was noted that 34 of them were male (68%) and 16 of them were females (32%). 74% of HIV patients were married, 10% patients were separated, 8% patients were single, 6% patients was divorced and 2% were widowed. 40% of patients were educated up to secondary school, 36% of patients were illiterate, 12% of patients were educated up to primary school, 8% of patients educated up to graduate and 4% of patients were educated up to higher secondary school, 62% of patients are employed and 38% are unemployed. 37% patients were employed and 7% patients were unemployed 32% of patients were earning 1000-2000 rs/month, 40% of patient, earning 2000-3000 Rs/month, 12% of patients were not earning, these 12% of patients were supported by their extended family members. **Conclusion:** It can be concluded from above study that HIV infection was most commonly observed in young age groups majority of them were males was common in poor socio economic group.

Key Words: Psychiatricco-Morbidity, HIV /AIDS.

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INTRODUCTION

Psychiatric and psychological issues associated with HIV infection have received considerable attention in the last decade owing to the emotional impact of the disease and its effect on individuals personal sexual, occupational and social life². There is an increased risk of HIV infection in an individual because of addiction, personality, mood

disorder, impulse control disorder, cognitive impairment, social isolation and other barriers to behavior change². World wise 25-30% of infeted patients are women and 90% of them are in group of 20-49 years. 35-45% of patients are male in age group of 18-45 years. HIV infection is common in developed and developing countries which is now a global problem². Based on revised estimate, the HIV epidemic in country has been declined. The stimated adult HIV prevalence in country has decline from 0.48% in 2002 to 0.29% in 2008¹⁻³. The total number of people living with HIV/AIDS has also declined from 2.73 million in 2002 to 2.31 million in 2008¹. The percentage of people living with HIV/AIDS who are females continues to be around 39%. It has been recognized for some time that a person living with HIV, like other patients with a chronic illness may suffer from some form of psychiatric disorder during the course of their illness⁴. This disorder may be a condition found in general population; depression, bipolar disorder, alcohol

abuse, schizophrenia and other psychiatric diagnosis are common^{4,5}. On the other hand the disorder may be directly or indirectly related to HIV. Due to the prolong life expectancy achieved by the newer antiretroviral regimens the risk for mental in HIV positive patient is in range of individuals suffering from different chronic conditions, although significantly higher than those described for general population (15.4-30%)⁵. Studies indicate that the prevalence of major psychiatric disorder in persons living with HIV range from 30% to 60%. Apart from the more obvious impact of HIV on mental state there are several ways in which HIV infection and psychiatric disorders are linked⁶⁻⁷

MATERIALS AND METHODOLOGY

This was a cross-sectional study carried out at the Department of Psychiatry of a Tertiary health care center during the year 2015 to 2016 in patients of who were taking treatment at ART center were taken consent for taking interview. A Detailed clinical and psychological history was taken and a prevalence of psychiatric conditions was done. In the one year duration total 50 patients were enrolled for the study. The data was presented in percentages and proportions.

RESULT

Table 1: Distribution of the Patients as per the Age

| Age(years) | No. of patients | Percentage (%) |
|--------------|-----------------|----------------|
| 18-26 | 03 | 06 |
| 27-34 | 27 | 54 |
| 35-42 | 13 | 26 |
| 43-45 | 07 | 14 |
| Total | 50 | 100 |

In our study, HIV infection was most commonly observed in age group of 27-34 years (54%), 35-42 years (26%), 43-45 years (14%) and 18-26 years (6%).

Table 2: Distribution of the Patients as per the Sex

| Sex | No. of patients | Percentage (%) |
|--------------|-----------------|----------------|
| Male | 34 | 68 |
| Female | 16 | 32 |
| Total | 50 | 100 |

In this study, out of 50 patients, it was noted that 34 of them were male (68%) and 16 of them were females (32%).

Table 3: Distribution of the Patients as per marital status

| Status | No of patients | Percentage (%) |
|--------------|----------------|----------------|
| Single | 4 | 8% |
| Married | 37 | 74% |
| Divorce | 3 | 6% |
| Separated | 5 | 10% |
| Widow | 01 | 2% |
| Total | 50 | 100% |

As shown in table III, 74% of HIV patients were married, 10% patients were separated, 8% patients were single, 6% patients was divorced and 2% were widowed.

Table 4: Distribution of the Patients as per educational status

| Status | No. of patients | Percentage (%) |
|------------------|-----------------|----------------|
| Illiterate | 18 | 36 |
| Primary | 06 | 12 |
| Secondary | 20 | 40 |
| Higher Secondary | 02 | 04 |
| Graduate | 04 | 08 |
| Total | 50 | 100 |

As shown in Table 4, 40% of patients were educated up to secondary school,36% of patients were illiterate,12% of patients were educated up to primary school,8% of patients educated up to graduate and 4% of patients were educated up to higher secondary school.

Table 5: Distribution of the Patients as per occupation

| Status | No. of patients | Percentage (%) |
|--------------|-----------------|----------------|
| Employed | 31 | 62 |
| Unemployed | 13 | 38 |
| Total | 50 | 100 |

As seen in table VI, 62% of patients are employed and 38% are unemployed. A similar statistics was seen in a study by sherbourne *et al*, the American journal of psychiatry, feb.2000, 37% patients were employed and 7% patients were unemployed.

Table 6: Distribution of the Patients as per income

| Rupees per month | % of patients |
|------------------|---------------|
| 00 | 12 |
| 100-1000 | 08 |
| 1000-2000 | 32 |
| 2000-3000 | 40 |
| >3000 | 08 |

In this study, 32% of patients were earning 1000-2000 rs/month, 40% of patient, earning 2000-3000 Rs/month, 12% of patients were not earning, these 12% of patients were supported by their extended family members.

DISCUSSION

The presence of psychotic symptoms in patients with HIV contributes to difficulties in medical care and residential placement and may have other serious consequences. Psychotic symptoms can appear as a part of delirium, dementia or any other organic brain syndrome. New onset psychotic symptoms are not uncommon in HIV infection. One of the earliest studies reviewed cases of new onset psychosis in HIV infected patients and reported that patients with psychotic symptoms and abnormal computed tomography (CT) and electro encephalography (EEG) findings at the time of presentation with psychosis tended to have relatively rapid deterioration in cognitive and medical status⁸. A subsequent study⁹ reviewed

records of 20 HIV infected individuals with psychosis without delirium, current substance abuse or previous psychotic episodes. Subjects with psychosis had higher rates of stimulant abuse and at follow up higher mortality rate. They also showed greater neuropsychological impairment. Mania typically occurs as part of bipolar affective disorder, but it may occur secondary to a variety of medical and pharmacological antecedents in HIV infection. The prevalence of mania is reported to be significantly increased in patients with AIDS compared to the general population¹⁰⁻¹². Patients with secondary mania did not differ in clinical characteristics and response to treatment compared to mania associated with bipolar affective disorder. However, neuroradiological abnormalities and cognitive dysfunction have been commonly reported. Hence it is important to differentiate secondary or organic mania from a pre existing or concurrent manic syndrome. A few cases of AIDS related mania and psychosis have been reported from India^{13,14} but systematic studies on the clinical manifestation and course of illness are lacking. In our study we have found that HIV infection was most commonly observed in age group of 27-34 years (54%), 35-42 years (26%), 43-45 years (14%) and 18-26 years (6%). Out of 50 patients, it was noted that 34 of them were male (68%) and 16 of them were females (32%). 74% of HIV patients were married, 10% patients were separated, 8% patients were single, 6% patients were divorced and 2% were widowed. 40% of patients were educated up to secondary school, 36% of patients were illiterate, 12% of patients were educated up to primary school, 8% of patients were educated up to graduate and 4% of patients were educated up to higher secondary school. 62% of patients are employed and 38% are unemployed. A similar statistics was seen in a study by Sherbourne *et al*, the American journal of psychiatry, feb.2000, 37% patients were employed and 7% patients were unemployed. 32% of patients were earning 1000-2000 rs/month, 40% of patient, earning 2000-3000 Rs/month, 12% of patients were not earning, these 12% of patients were supported by their extended family members. These findings are similar to Prabha S.Chandra¹⁵ *et al* they found that HIV infection and psychiatric disorders have a complex relationship. Being HIV infected could result in psychiatric disorders as a psychological consequence of the infection or because of the effect of the HIV virus on the brain. Disorders may be as varied as depression, post-traumatic stress disorders, AIDS phobias, grief and the

whole gamut of cognitive disorders. In addition, several psychiatric conditions may predispose individuals to acquiring HIV infection as a consequence of their influence on behavior.

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