

## **Aspects of Psychological Disorders in People Living with HIV-AIDS: An Indian Scenario**

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**Abstract:** In India Psychological problems in HIV patients are difficult to manage due to poor awareness among the rural population and lack of proper counseling. In fact, there is lack of adequate number of health and social workers to counteract the burden of AIDS in India. Patients living in rural areas are worst victim of the AIDS burden. The psychological problems in AIDS patients continue to increase while those who having good psychological health admit that, role of consoler is supreme in helping them to fight against stress and other psychological disorders. Various aspects of psychological disorders which are supposed to be causes for development of psychological disorders in AIDS patients are discussed in this paper.

**Keywords:** HIV patients, social workers.

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### **Introduction**

HIV patients have to go through a range of psychological challenges which include uncertainty about future, poor quality of life and social rejection. Of these, social rejection and development of low self esteem is a major contributing factor for progression of psychological disorders in HIV patients [1, 2]. Despite recent advances in treatment and prevention of AIDS there is very little change in people's outlook regarding AIDS.

In India two most important problems related to psychological health of HIV patients are, social rejection and poor quality of life due to financial burden of AIDS treatment [2]. Lack of awareness and superstitions in rural population worsen the condition of HIV patients living in rural areas. Poverty, illiteracy and poor health of HIV patients are other big obstacles [3] which altogether make management of psychological disorders in HIV patients a big challenge. Various factors which are supposed to be responsible for development psychological disorders in HIV patients are discussed below.

### **Fear of death**

Patients become surprised to know that they have been tested positive for HIV. People get confused whether to believe on reports or to go for another test. This initial period is very critical and is believed to be most important aspect of initiation of psychological

disorders in HIV patients. Confusion gives patients sleepless nights, distraction from other important works related to job or business. Absence from work hours or loss in business puts additional burden on patients. These factors make patient very irritable and underlying psychiatric disorders may be surfaced in a few patients. Finally they have to accept the reality after being found positive at other testing or higher testing centers. Patients feel overwhelmed, as they have to make a big change in their life style. Some patients go in depression and despair that they are going to die in few years and they start to believe that, their social life is going to be almost totally destroyed [4, 5]. Despite advances in pharmacotherapy and efforts from government organization to provide quality care to HIV patients, it's very difficult to assure patients of a healthy and normal life [5]. Depression and fear of death is most common psychological disorder in patients with HIV and referral centers are trying their best to raise awareness and to counsel the patients in this regard.

### **Exclusion from social activities**

Patients with HIV are forced to live in stigma which has serious impact on their social activities [5]. The behavior of Society make patients feels that, patients are suffering because of their own fault [6]. This totally disrupts individual's social interaction and patients feel isolated. Suicidal thoughts are seen mostly in such patients who are living in isolation away from social interaction [7]. Thus confidentiality of HIV

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testing is supreme to prevent them from getting excluded from social activities. The reports should be strictly confidential and opened by the responsible person only. Immediate counseling is needed in case testing is found to be positive. In rural India superstition is prevalent. Such superstitious community often punishes HIV people by asking them to leave their area without touching any body [8]. Patients feel humiliated and stigmatized and eventually try to terminate their own life.

### **Treatment-related stress**

Advances in pharmacotherapy have made AIDS a manageable disease but strict adherence to drug schedules and good patient co operation is required. Long term follow up and regular testing of viral load and T cell count is mandatory [9]. Any lack of co operation or discontinuation of drug therapy may lead to failure of treatment. Patient on drug therapy develop occasional side effects which are very distressing for patients. These include, diarrhea, dyslipidemia, neuropathy [10]. Due to dyslipidemia there is fat accumulation in neck, abdomen and on back while there is peripheral fat wasting in legs and arms [10]. This weird physical feature of patients make them feel that drug therapy is failing and they are going to die soon. When abnormal physical feature restrict them to attend social activities, patients begin to develop inferiority complex. Fear of death may worsen the psychological status of patients.

### **Maintenance of healthy life style**

HIV patients have to work very hard to maintain a healthy life style. Chronic illness and associated disorders often prevent them to live a healthy life. Strict adherence to drug therapy regular follow up and time management is very crucial in maintenance of health in HIV patients. Poor time management cost them absence from working hours while poor adherence to drug therapy disturbs their health [11]. Counseling centers again prove their worth in counteracting this problem. Patients are being educated at various counseling centers in India about importance of regular follow up and time management [12]. Financial problems are major burden on HIV patients in this regard. Financial problems not only restrict patients to get better medical care but also restrict them from improving the quality of life. Inability to achieve a quality life patient starts to stress them regarding their future.

### **Sex and relationship**

There is decline in sexual activity and sexual desires once patient start to believe he is infected with HIV virus. However HIV virus has little effect over reproductive organs but the patients live in fear and anxiety which slowly decrease their interest in sexual activity [13]. The partners of patient often see them with mercy whose death is near and avoid making

sexual relations with them. Despite the fact that, safe sex can be practiced in HIV infected patients, it is very difficult both for patients and their partners to enjoy sex related activities. Poor sexual life puts additional psychological stress on patients.

### **HIV-associated neurocognitive disorders**

Neurocognitive disorders are psychiatric disorders which are due to the intrusion of Virus in central nervous system [14]. Peripheral and spinal nerves also undergo varying degree of alteration in structure and function both due to infection from virus and side effect of anti retroviral therapy [14]. These disorders further affect mental health of HIV positive patients.

### **Conclusion**

Among various factors responsible for poor mental status of HIV patients, the social problems and the financial problems are the most important factors. These problems are more persistent in rural compared to urban due to poor status of education and employment in rural areas. Treatment of psychological stress in HIV patients will remain a strenuous task unless these two problems are resolved. The key to resolution lies in education and employment.

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