

Psychiatric Illness and HIV

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Received date: 9 April, 2021; **Accepted date:** 23 April, 2021; **Published date:** 30 April, 2021

Abstract

Depression is intimately more related to the HIV infection. Patients with MDD may tend to have increased risk-taking behaviour and the substance use. HIV transmission or acquisition is more likely to the result from risky behaviour in the depressed individuals or mentally distressed individuals than in those who are not depressed. Risky behaviour includes the increased number of lifetime sex partners, having sex with the injection drug users, having sex while intoxicated. Psychiatric patients with the depressive disorders who are substance abusers are said to be at the higher risk for HIV infection than are the psychiatric patients with another diagnosis. HIV infection increases with the risk of depression. While depressive symptoms may also appear as a reaction to a new diagnosis of the HIV infection, there is also evidence that advancing the HIV infection increases the depression directly. A proposed mechanism of the interrelationship between the HIV infection and the MDD might be a decrease in the cobalamin in the brain which is associated with the HIV infection, which further increases the risk of MDD. This is also associated with the suppression of the natural killer cells and CD8 T cells, thereby worsening the HIV infection. Another suggested mechanism is that the HIV infection increases the risk of depression and psychiatric issues by reducing the serotonergic transmission in the brain.

Keywords: Depression • MDD • Psychosis • HIV infection

Description

New-onset psychosis probably considered as a serious complication of HIV infection and also develops more frequently in severely immunocompromised patients. The incidence of the first psychotic episodes in the patients who are the HIV-positive infected is estimated to range from 1% to as high as 15%. The pathogenesis of the new-onset psychosis in the HIV infection may not be clearly understood, and also the condition is not

clearly distinguished from the delirium. First-episode psychosis in the HIV-positive patients is more frequently associated with the paranoid delusions and in a small research study of few patients was found to be associated with the more negative symptoms and the positive paranoia but less the anxiety and its affective distress. Psychosis in the HIV-positive patients has been associated with the illicit drug use, its affective disorders, its cognitive impairment, dementia, other related illness and untreated HIV infection. High mortality rates have been reported in HIV-infected patients with psychosis. Patients who are HIV-positive have significantly higher rates of psychotic disorders than do controls. This may be because patients with schizophrenia are at increased risk for contracting HIV because of their poor understanding of risk behaviors. Posttraumatic stress disorder or commonly called as PTSD is more frequently prevalent in the HIV-infected population than in the general population. PTSD and depression account for the variance in the antiretroviral therapy adherence. PTSD is also associated with the faster progression of HIV/AIDS. Researchers determined that the PTSD in patients with HIV was merely associated with an increased risk of the suboptimal adherence to the schedule instructions in a multivariate analysis [1-4].

Conclusion

There is good evidence that the HIV epidemic is somewhat a part driven by untreated psychiatric conditions and that treatment improves the outcomes and reduces the risks. Those in the field of psychiatry must advocate for better resources for the vulnerable and undertreated people with the psychiatric illness conditions who are infected with HIV/AIDS and die because of a lack of psychiatric care. Such care would help to stop the epidemic, improves their quality of life, and save money in a long run. In the face of the evidence that the psychiatric illness conditions, patients are treatable and that with the respective treatment, outcomes improves and the risk of spreading HIV reduces, to ignore the need for the treatment simply makes no sense and undermines our own health and the well-being.

References

1. Resenberg SD., et al. "Prevalence of HIV, hepatitis B and hepatitis C in people with severe mental illness." *Am J Public Health.* 91(2001): 31-37.
2. Lyketsos, C., et al. "Psychiatric morbidity on entry to an HIV primary care clinic." *AIDS.* 20(1996): 131-144.
3. Dausey DJ, RA., et al. "Psychiatric comorbidity and the prevalence of HIV infection in a sample of patients in treatment for substance abuse." *J Nerv Ment Dis* 191(2003): 10-17.
4. Reynolds GP, AM., et al. "5-Hydroxytryptamine deficits in the caudate nucleus in AIDS." *AIDS.* 10(1996): 1303-1304.