

Joint Event

11<sup>th</sup> World congress on

# Addictive Disorders & Addiction Therapy

3<sup>rd</sup> International Conference on

# Epilepsy Research and Treatment

September 12-13, 2022

WEBINAR

Sadik Aliko et al., J Neurol Disord 2022, Volume 10

## Psychiatric manifestations in HIV patients

Sadik Aliko<sup>1\*</sup>, Monika Dede<sup>1</sup>, Artan Simaku<sup>2</sup> and Arjan Harxhi<sup>1</sup>

<sup>1</sup>University Hospital Centre "Mother Teresa", Albania

<sup>2</sup>Institute of Public Health, Albania

The discovery of the diagnosis is a heavy blow for those who suffer from it and the existence of a large number of changes in the lives of patients who, in addition to the disease itself, usually experience various disorders such as depression, panic attacks and anxiety as a result of the recognition of suffering from this condition. Somatic symptoms are likely to occur due to anxiety, which people may associate with their condition. It is not uncommon for them to become distracted, irritable, or feel guilty because of the infection. Self-esteem can be greatly reduced, as it is not uncommon for anhedonia, a feeling of emptiness and dread, to occur. At the social level, it is not surprising that the subject tends to withdraw and isolate, both because of their emotional state and the fear of infecting third parties. In the same way, HIV assumes a stigma that can make other people avoid contact with the subject or that he considers that he will be rejected by his environment, causing serious damage at a social and professional level. Therefore, assessing depression and anxiety among HIV patients has a crucial role for further interventions. This is a cross-sectional study was conducted at Infectious Disease Service, University Hospital Center of Tirana during 2019 including 105 patients. Data were collected using a pretested, structured and standardized questionnaire. Systematic sampling technique was used to select the study participants. The prevalence of co-morbid depression and anxiety among HIV patients was 21% and prevalence of depression and anxiety among HIV patients was 32% and 28% respectively. Multivariate analysis showed that individual who had perceived HIV stigma ( $p<0.01$ ), poor social support ( $p=0.02$ ), HIV stage III ( $p<0.01$ ) and poor medication adherence ( $p<0.01$ ) were significantly associated with depression. Being female ( $p=0.03$ ), being divorced ( $p<0.01$ ), having co morbid TB ( $p<0.01$ ) and perceived HIV stigma ( $p<0.02$ ) were also significantly associated with anxiety. Prevalence of depression and anxiety was high. Having perceived HIV stigma, HIV Stage III, poor social support and poor medication adherence were associated with depression. Whereas being female, being divorced and having co morbid TB and perceived HIV stigma were associated with anxiety. Individuals in HIV care should be screened and treated for depression and anxiety in integration mental health services.

**Importance of Research:** As the life expectancy of people living with HIV infection has increased (through recent advances in antiretroviral therapy), clinicians have been more likely to encounter neuropsychiatric manifestations of the disease. Most patients with serious, progressive illness confront a range of psychological challenges, including the prospect of real and anticipated losses, worsening quality of life, the fear of physical decline and death, and coping with uncertainty. HIV infection brings additional challenges due to the rapidly changing treatment developments and outlook. Some patients present with cognitive deficits due to an HIV-triggered neurotoxic cascade in the central nervous system. However, more patients present with a depressive spectrum disorder during the course of their illness, the underlying pathogenesis of which is not

Joint Event

11<sup>th</sup> World congress on

# Addictive Disorders & Addiction Therapy

3<sup>rd</sup> International Conference on

# Epilepsy Research and Treatment

September 12-13, 2022

WEBINAR

as well understood. This category of psychiatric disorders presents diagnostic challenges because of the many neurovegetative confounding factors that are present in association with HIV illness. As quality of life becomes a more central consideration in the management of this chronic illness, better awareness of these neuropsychiatric manifestations is paramount.

## Biography

Sadik Aliko is an infectious diseases specialist from Tirana, Albania. He graduated on 1992 from the Faculty of Medicine, University of Tirana, Albania. In 2002 he commenced the four year residency in infectious diseases and work at the Service of Infectious Diseases at the University Hospital centre "Mother Teresa" in Tirana. Currently he is doing PhD in infectious diseases from Tirana University, in Tirana-Albania. His research focuses on the neurocognitive and daily functioning abilities, particularly medication adherence of persons with HIV infection and co-occurring mental illness.

---

**Received:** September 05, 2022; **Accepted:** September 07, 2022; **Published:** September 12, 2022

---