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Prevalence of psychiatric disorders in HIV patients in the Central Region of Ghana.

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KEYWORDS

Prevalence, Psychiatric disorder, HIV infection, Mental challenges.

ABSTRACT

BACKGROUND:

Literature reveals that there is an association between HIV infection and mental disorders.

OBJECTIVE:

The study aimed at examining the prevalence of psychiatric disorders in HIV infected individuals cared for at the Central Regional Hospital, a referral hospital in Cape Coast, Ghana.

METHOD:

This was a cross-sectional study. A standardized questionnaire was used to collect epidemiological and clinical data. Mini International Neuropsychiatric Interview (MINI) was used to evaluate psychiatric disturbances. Two hundred and six HIV patients (females, 120 and males, 86) were assessed using Mini International Neuropsychiatric Interview (MINI) for mental disorders. Socio-demographic and clinical information were collected from patient's records with permission from the hospital authority. The statistical package for social sciences (SPSS) was used for the analysis.

RESULTS:

The prevalence of psychiatric disorder was 146 (70.9%). The psychiatric conditions identified were mood disorders (depression and mania) and anxiety disorders (General anxiety, agoraphobia, social phobia, obsessive-compulsive disorder and post traumatic stress disorder).

Conclusion:

Findings suggest that there is need to consider mental and psychological care of clients with HIV/AIDS to minimise the prevalence of psychiatric disorder among HIV clients.

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INTRODUCTION

Mood disorders including depression have been associated with HIV infection.[1,2] HIV-associated dementia (HIV-D) occurs in approximately 10 – 15% of all individuals with HIV/AIDS and is more common in late stages of infection.[3]

Receiving an HIV diagnosis can produce strong emotional reactions. Initial feelings of shock and denial can turn to fear, guilt, anger, sadness, and a sense of hopelessness.[4] Some people even have suicidal thoughts. It is understandable that one might feel helpless and fear illness, disability, and even death. Antiretroviral therapy may precipitate or worsen psychiatric disorders.[5,6]

Depression is described as a serious medical condition. It is twice as common in people with HIV as in the general population.[7,8] Depression is characterized by the presence of most or all of the following symptoms: low mood, apathy, fatigue, inability to concentrate, loss of pleasure in activities, changes in appetite and weight, trouble sleeping, low self-worth, and,

possibly, thoughts of suicide.[9,10] Depression also may be a consequence of HIV – induced brain injury or antiretroviral treatment.[11]

Anxiety can accompany depression or be seen as a disorder by itself, often caused by circumstances that result in fear, uncertainty, or insecurity. Each HIV patient and each experience of anxiety is unique and must be treated as such. For many, mental health problems predate substance use activity.[12,13] Mania may appear in patients with AIDS who have mild cognitive impairment, and is observed in both early-and late-stage disease. Less severe disorders are even more common, occurring in 30-60% of people infected with HIV depending on disease stage.[14]

HIV infection and AIDS affect all aspects of a person's life. Those with HIV/AIDS must adapt to a chronic, life-threatening illness and corresponding physical and mental challenges.[15]

HIV stigma has been found manifesting at both individual and community levels and impact negatively on mental health invoking feeling of shame, guilt, fear and depression.[1,2] They often face a myriad of emotional demands such as stress, anger, grief, helplessness, depression, and cognitive disorders.

Mental health services remain underfunded, understaffed, and underutilized in both developed and developing settings despite the growing burden of mental health illness.[16,17,18] Compared to developed settings, resource-poor settings have a greater number of individuals who need but who do not receive mental health services.[18,19,20] Most common are feelings of acute emotional distress, depression, and anxiety, which can often accompany adverse life-events.[21]

Based on the strong association between HIV infection and mental disorders as revealed by literature [22] this study examined the prevalence of mental disorders among HIV infected individuals in Central Regional Hospital, Cape Coast, Ghana.

Materials and Methods

The researchers carried out a cross sectional study from April 2010 to February 2011. The study was approved by the Institution's Ethics Committee. Informed consent of individual patients was also sought. Two hundred and six HIV positive patients on treatment at the Central Regional Hospital Cape Coast were interviewed.

A standardized questionnaire was used to collect epidemiological and clinical data. The Mini International Neuropsychiatric Interview (MINI) was used to evaluate psychiatric disturbances. The questionnaire consisted of a standardized diagnostic interview that was validated in six languages. The questionnaire include the main mental problems of the group I of the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) (American Psychiatric Association, 1994) and the International Classification of Diseases (ICD-10) (DSM-IV).

The statistical analysis was descriptive, calculating the mean $\pm$ standard deviation for age and period of diagnosis and the percentages in the various categories.

Results

The socio-demographic characteristics of the respondent: 120 patients (58%) were females

and 86 (42%) were males with mean age of 32.2 ±12 years (median 33 years) (figure 1). The majority 122 (59%) were not married.

Most of the patients (72.8%) were diagnosed more than a year ago with a mean time of 35± 24.6 months. Ninety two (44.7%) of the patients were on Highly Active Antiretroviral Therapy (HAART) of which 61 (66%) had some form of mental disorder.

One hundred and forty six (70.9%) of the patients had some kind of psychiatric disorders. Out of the total 146 patients with psychiatric disorders, seventy eight (53.4%) had mood disorders, which is classified into mania (n=7, 9%) and depression (n=71, 91%). The rest had anxiety disorders (n=68, 46.6%), which is further classified into general anxiety (n=32, 47%), agoraphobia (n=26, 38.2%), social phobia (n=5, 7.4%), obsessive-compulsive disorder (n=4, 5.9%), post-traumatic stress disorder (n=1, 1.5%) (figure 2). A higher frequency of mental disorder was recorded in females as against males (table 1).

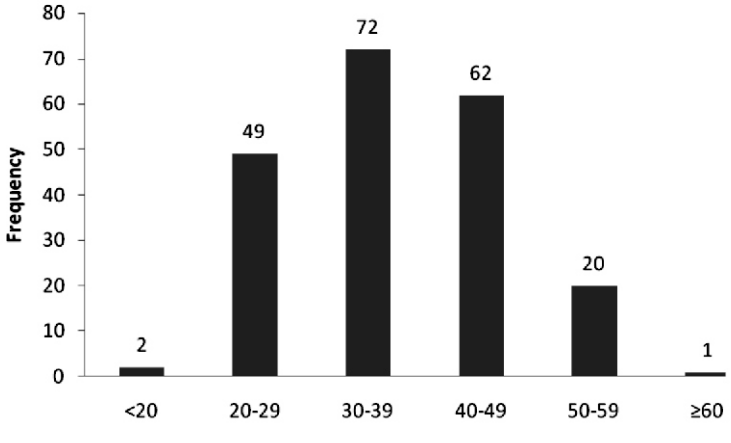

Figure 1: Distribution of age across group

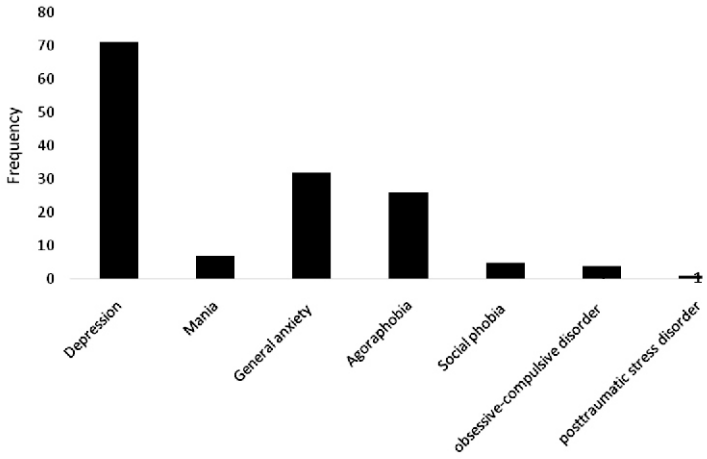

Figure 2: Distribution of Psychiatric disorders

Table 1: Distribution of psychiatric disorders across gender (n=146)

psychiatric disorders	Male		Female	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Mood disorder:				
Depression	24	30.5	47	60.5
Mania	5	6.0	2	3.0
Anxiety disorders:				
General anxiety	11	16.2	21	30.8
Agoraphobia	4	5.9	22	32.4
Social phobia	3	4.4	2	2.9
Obsessive-compulsive disorder	0	0	4	5.9
Posttraumatic stress disorder	1	1.5	0	0

DISCUSSION

Findings from this study indicate an association between HIV infection and mental disorders as reported in other studies.[3, 7, 8, 14, 15] More than 70% of the clients studied had one kind of mental disorder or the other. The common mental disorders identified to be associated with HIV infection in this study include mood disorders such as depression and manic disorders, then anxiety disorders such as general anxiety, agoraphobia, social phobia, obsessive-compulsive disorder and post-traumatic stress disorder. This could be attributed partly to the highly active antiretroviral therapy (HAART) given to the clients. It was found that 92 of the clients studied were on HAART and 66% of those on HAART had some form of mental disorder. Similar result was reported by Sacktoret et al.[3] Other studies suggested that anti-HIV therapy could increase the frequency or complicate mental disorders in individuals receiving these drugs.[5,6,11]

The association between HIV infection and mental disorder especially anxiety disorders and depression as identified in this study could also be attributed to the stigma attached to HIV/AIDS and the emotional reaction to HIV diagnosis more so that majority (59%) of the clients studied were not married. HIV stigma has been found to be manifesting at both individual and community levels impacting negative feelings of shame, guilt, fear and depression.[1, 2, 23, 24] Receiving an HIV diagnosis can produce strong emotional feelings. Initial reaction of shock and denial can turn to fear, guilt, anger, sadness and a sense of hopelessness[4] and may lead to suicidal tendency. Anxiety can accompany

depression or exist as a disorder by itself.

In terms of prevalence, findings from this study indicated a higher frequency of mental disorder in females compared with males. Looking at the sample size in this study, females are more (120) than the males (86). This could be responsible for the higher frequency of mental disorder in females. The mean age of these clients was found to be 32. 2 ±12 (median 33 years). This suggests that prevalence of mental disorder in HIV clients is higher in productive age group who are considered as future leaders. This could result to a growing burden of mental illness in the society. The finding is similar to what had been recorded elsewhere.[25]

CONCLUSION AND RECOMMENDATION

It is evident from this study that mental disorders in HIV clients is prevalent among the youths ranging from 20 to 49 years with average age of 33 years. Although the researchers had no access to information on the prevalent of mental disorders in the general population, inference can be drawn from the results of this study that the trend of mental disorders in HIV clients is on the high side with more than 70% of clients studied in Central Region Hospital which is a referral centre in Cape Coast, serving a large number of communities in the Central Region.

This should be of great concern to the government and stakeholders in the health care system especially community health nurses who provide health promotion and counselling services. It is therefore recommended that better attention should be given to mental health services in terms of funding and adequate infrastructure to cater for those who need mental health care. Stigmatization and discrimination against people infected with HIV should be discouraged through well organised public campaign and community health education. This will minimise the emotional reaction to HIV diagnosis with the accompanied negative feelings of shame, guilt, depression and suicidal tendency. Psychotherapy can also help clients infected with HIV to understand their condition and adapt to the situation as reported by Kalichma and Rompa.[26] Physicians should consider new anti-HIV therapies in combination with psychiatric medication which can help to minimise mental disorders.

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