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A Comparative Study of Phenomenology of Depression between The HIV Positve Patients Attending HIV Clinic and The Patients Attending Psychiatry OPD

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ABSTRACT

Depression is very common in HIV positive patients. It often goes undiagnosed and untreated as it is assumed that depressive symptoms are an inevitable reaction to being diagnosed with HIV. Depression not only causes more suffering in HIV positive patients but also contributes to poor adherence to treatment. Keeping this fact in a view this cross sectional comparative study of phenomenology of depression between the HIV positive patients attending HIV clinic and the patients attending psychiatry OPD was conducted. The study included 132 HIV positive patients and 105 psychiatry OPD patients. Depression was diagnosed on SCID-I (based on DSM IV) and phenomenology was studied on first 27 questions of SADS-CB. Appropriate standardized statistical tools were applied. Among the screened HIV positive patients , 23.48% (31 patients) were found to be suffering from depression. There was no statistically significant difference was found in phenomenology of depression between two group. The study concluded that depression is very high in HIV positive patients. Therefore every HIV positive patients attending the HIV clinic should also be assessed thoroughly for depression.

KEYWORDS : DEPRESSION, HIV PATIENTS, PHENOMENOLOGY

INTRODUCTION

Acquired immune deficiency syndrome (AIDS) is a lethal neuromedical disorder associated with infection by virus of the retroviridae class known as human immunodeficiency virus (HIV)(Grant et al.,2000). Infection of cells primary astrocytes, in central nervous system is responsible for neuropsychiatric manifestation. The physical, psychological, social and economical implication of disease is devastating and still we are far from a definitive cure. Recent medical advances have begun to alter natural progression of the illness from one of the accelerating deterioration to more chronic course. With the prospect of long term survival of HIV infected individual optimization of health services is important and psychiatric care seems to be essential. Worldwide several studies have been done to know prevalence of psychiatric morbidity in HIV positive patients and they found high psychiatric morbidity that ranged from 40 -60% (Tross et al., 1987; Seth et al., 1991; Catlan et al., 1992; Fell et al., 1993; Lyketsos et al., 1996; Kilbourne et al., 2001; Venkoba et al., 1991; Madan et al., 1997 ;Mathew et al., 1996).Among all psychiatric morbidity ,depression is one of the most common psychiatric disorder. Studies have shown that depression is 2-4 times more prevalent in HIV in comparison to general population (Dew et al., 1997; Rabkin et al., 1997; Satz et al.,1997; Ciesla et al., 2001; Morrison et al., 2002). There are several factors behind the increased morbidity for depressive disorder found in this population, first of all the patient discovery of the infection has a dramatic psychological impact, as does the disease relentless progression. Secondly, the neurotropism of virus itself produces neuropath logical changes in deep grey structure whose dysfunction is known to cause depression.

Despite the enormous advances in brain research in the past 20 years, depression often goes undiagnosed and untreated. Although as many as one in three persons with HIV may suffer from depression (Bing et al., 2001),the warning sign of depression are often misinterpreted. People with HIV ,their families and friends, and even their physicians may assume that depressive symptoms are an inevitable reaction to being diagnosed with HIV. Self neglect ,apathy and forgetfulness are all potential consequences of depression and may contribute to poor adherence to treatment and poor compliance(Schulz et al., 1998;Holenzer et al., 1999;Paterson et al., 1998). The ascertainment of depression in people with HIV infection is sometimes difficult because insomnia, loss of appetite, fatigue and weight loss may be physical symptoms of HIV infection or may be symptoms of depression. To avoid misdiagnosing depression one has to focus on symptoms like persistent low mood, anhedonia, and feeling of hopelessness, suicidal thought, guilt and self reproach. Dementia and depression can occur simultaneously in patients with HIV infection (Mc arthuer et al .,1997),distinguishing between two needs skilled training.

Keeping these facts in a view, it was decided to do a comparative study of phenomenology of depression between depressed HIV positive patients and depressed patients attending psychiatric outpatient department by using standardized tools, so that we can understand the phenomenology better.

MATERIAL AND METHOD-

The study was conducted at king george's medical college university ,lucknow in the department of psychiatry and medicine. The present work was a noninvasive ,crosssectional,comparative study of phenomenology of depression between hiv positive patients attending hiv clinic medicine department and the patients attending psychiatric opd. First three new hiv positive patient attending hiv clinic on specified day of week ,who were in in the age range of 18 to 60 years and registered at the hiv clinic atleast one month prior to assessment,were screened for depression by applying module A of SCID 1(STRUCTURED CLINICAL INTERVIEW FOR DSM-IV AXIS -1 DISORDER) after taking informed consent. Those patients who were found depressive on module A ,were further assessed on full SCID 1 to establish diagnosis of depression and to rule out any comorbid diagnosis on axis 1. Those patients who were having any other comorbid diagnosis were excluded.then MMSE were administered to rule out dementia.those who scored less then 24 were excluded.semistrustured profarma containing sociodemographic data ,chief complaint ,history of present lllness.past history,family history personal history,physical examination ,mental status examination and details regarding hiv infection was filled for each study subject.SADS –CB was applied further for phenomenology of depression and HDRS 17 ITEM was applied for severity of depression. In the psychiatry opd ,first three newly registered patient were screend by module A OF SCID1 after taking informed consent. Those patient who were found depressive were applied full SCID1 , for establishing diagnosing of depression and to rule out co morbid disorder.MMSE WERE amistered to rule out dementia.semistrutured profarma ,SADS –CB, HDRS WERE Also admistered.

Stastical analysis were done by stastician to analyse results in both groups.mean,standard deviation, chi square test and mean whitney U test applied in stastics.

Observation and result-

132 HIV positive patients were screened in HIV clinic during the period of study. Out of this 132 HIV positive patients,124 were symptomatic HIV positive patients and 8 were asymptomatic HIV positive patients. 31(23.48%) were found to be suffering from depression on SCID 1. 3 patients were excluded from the study as 2 of them had minimental state examination score less than 24 and 1 was suffering from bipolar depression. Thus 28 patients were included in the study. Out of those 28,22 patients(78.57%) were suffering from major depressive episode and 6 (21.4%)were suffering from sub syndromial depression. Out of 22 patients were suffering major depressive disorder,20 were symptomatic HIV positive patients and 2 were asymptomatic HIV positive patients. All the 6 patients who were suffering from subsyndromal depression were symptomatic HIV positive patients.

In psychiatry OPD,105 patients were screened, out of which 39(37.14%) were found to be suffering from depression. 9 patients were excluded as 2 were having physical disorder(diabetes),6 were having bipolar depression and 1 was having substance use disorder(alcohol).thus 30 patients were included in the study, all of them were suffering from major depressive episode. No patient was found to be suffering from minor depressive episode. For comparing phenomenology of major depression between two groups on first 27 questions of SADS-CB, we compared 22 patients of HIV depressed group with 30 depressed patients of psychiatry OPD. 6 sub syndromal HIV depressed patients were not taken in to account for this comparision as no equivalent type of patients (minor depressive episode) in psychiatry OPD were found. They had statistically significant difference on only 3 items on SADS-CB i.e. on appetite, weight loss and feeling of self reproach or guilt. Depressed patients attending psychiatry OPD had scores higher on feeling of self reproach or guilt in comparision to HIV depressed patients and the difference was statistically significant(p=0.04) between two groups.HIV depressed patients had scores higher on decreased appetite and weight loss in comparision to depressed patients attending psychiatry OPD and this difference was statistically significant(p=0.01). On other items of SADS-CB, like depressed mood, worry, worthlessness, hopelessness, suicidal tendency, somatic anxiety, psychic anxiety, insomnia, bodily concern, loss of interest, no statistically significant difference was found between the two groups. All the patients in both the groups were assessed on Hamilton rating scale for depression for knowing severity of depression. No statistically significant difference was found between the two groups on it.

Some qualitative difference was found in their thought content between the HIV depressed patients and depressed patients attending psychiatry OPD. The ideas expressed by the HIV depressed patients in their thought content were almost similar and specific. They attributed it as a part of HIV illness. Patient attending psychiatry OPD did not have any specified explanation or reason or idea in their thought content.

DISCUSSION

In HIV clinic, only those HIV positive patients were taken who were aware of their HIV status and were registered at HIV clinic at least one month prior to assessment. This was done to eliminate the possibility of diagnosis of acute stress reaction that is often associated with positive declaration of HIV status in an individual. Mario Maj(1990) and Ayuso Mateo(2002) also supports this fact that the dramatic psychological impact of the discovery of the infection causes acute stress reaction. Minimental state examination was applied on study subjects and those who scored less than 24 were excluded. This was done to rule out the possible confounding effects of cognitive impairment related to HIV infection. As Mario Maj (1996) reported that the possible confounding effects of the cognitive impairment related to HIV infection of the brain (psychomotor slowing ,forgetfulness and difficulties in concentration are early symptoms of this impairment)may inflate estimates of depression in HIV infected people.132 HIV positive patients were screened ,out of which 31 (23.48%) were suffering from depression on SCID-1 .similar result have been obtained in the studies done in west and in India. Lipstiz et al .,(1994) also reported a similar percentage (26%) when subjects were assessed on the structured clinical interview based onDSM-3 R criteria. In India, comparable to our results, Madan et al.,(1997) found 22% prevalence of depression in HIV positive individuals. Catalen et al.,(1992);Gala et al.,(1993) have reported 20-25% prevalence of depression when assessment was done in HIV positive patients attending out patients department and this correlates with the present study. The type of depressive symptoms reported by both HIV positive depressed patients and depressed patients attending psychiatry OPD on SADS-CB were similar and consistent. However feeling of self approach and guilt was found more in depressed patients attending psychiatric OPD. This difference was statistically significant. The explanation of difference could be that in HIV depressed group when questions were asked to the patient regarding this most of the female(7 out of 9)answered that they had not done anything wrong in life, but their husbands were responsible for their suffering. Some of the males (2) have attributed their condition to the fault of hospital services or doctor as according to them they got this infection because of them.

The findings in the present study was supported by the study done by Hintz et al.,1990,who compared phenomenology of depression between 45 HIV positive depressed patients and 45 HIV negative depressed patients on 18 symptoms and they found the same depressive symptoms in both groups.

The important finding of present study is that depression is very high in HIV positive patients. It may affect prognosis of HIV disease and it is often under diagnosed. Therefore every HIV positive patients attending the hospital for medical check up should also be assess thoroughly for depression and should be treated. Depression should not be seen as understandable consequences of physical illness.

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