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A RETRO POSITIVE PATIENT WITH MOOD DISORDER: A CASE REPORT

Mental Health Nursing

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KEYWORDS

Mood disorders or affective disorders are described by marked disruptions in emotions (severe lows called depression or highs called hypomania or mania). Human immunodeficiency virus (HIV) infection is caused by the HIV virus, a blood-borne virus transmitted by three main routes: through sexual contact, via blood or blood products, and from mother to child during pregnancy or breastfeeding. Because alterations in mood may impact on quality of life and perhaps reduce adherence to antiretroviral treatment regimens that are critical for preventing disease progression, recognition and effective treatment of mood disorders is essential[1]

The present case discusses a retro positive 71 year old lady with mood disorder with psychotic symptoms.

Case:

An illiterate unemployed widow having 4 children presented with complaints such as increased irritability, decreased sleep, and suspiciousness towards family members since 2 weeks. The patient also reported somatic symptoms of pain, nausea, giddiness and demanded the family members to take her to hospital. They took her to the ART clinic for managing the somatic complaints and was told the symptoms were not due to ART drugs and hence brought to psychiatric OPD. Patient is a known case of behavioral illness since 30 years, the onset of which is the death of her husband. The patient tested retro positive 4 years back and is a known case of hypothyroidism for the past 20 years and is on Tab. Thyroxin 100 microgram once daily. She was on irregular medication and follow-up for the past 4 years. The informant is her son-in-law and hence the premorbid details are unavailable.

The mental status examination findings revealed moderately kempt, groomed and nourished. Maintains eye contact, pacing around and having relevant and coherent speech. She is suspicious that people might do some harm and often refuses food and water from home. She wish to make food for herself. No negative cognitions and suicidal ideas. Mood seems to be depressed but appropriate affect. She is having perceptual abnormality like visual hallucination, saying she can see the spirit of son-in-law's mother. Regarding higher mental functions, oriented to time, place and person. Intact immediate and recent memory but unable to recall remote events. Impaired personal and social judgment. She is having a grade 2 insight level. Patient is provisionally diagnosed as mood disorder with psychotic features.

The laboratory findings were within normal level and the patient is currently on ART regimen (Tab.Dolutegravir 50mg, Tab. Lamivudine 300mg, Tab. Tenofovir 300mg, and Tab. Disoproxil 245mg once daily), Tab. Olanzapine 15mg, and Tab. Escitalopram 5mg per day.

The nursing care area mainly focused on preventing self and/or other directed violence related to persecutory delusions, maintaining balanced nutritional status and adequate sleep, demonstrates accurate perception of the environment and maintains optimum social interaction.

Harris and colleagues note that persecutory, grandiose and somatic delusions were the most common symptoms found in HIV disease, followed by hallucinations and affective disturbance[2]. This supports the presented case as the patient is having persecutory delusions and visual hallucinations after diagnosing retro positivity.

Fukunishi et al examined the relationship between somatic complaints and mood states in retropositive patients and the results suggest that depressive symptoms accompany several somatic complaints in HIV patients. The HIV patients indicated somatic complaints more frequently such as abdominal distress, sleep disturbance, smothering sensations, chest pain or discomfort, and numbness or chills.[3]The case presented reported somatic symptoms of body pain, nausea, and giddiness and demanded the family members to take her to hospital.

Psychiatric disorders, particularly mood disorders, have a profound effect on the use of and adherence to antiretroviral therapy among patients with human immunodeficiency virus (HIV) infection. HIV-positive patients with mental disorders are less likely to receive and adherence to antiretroviral therapy.[4] Therefore psychoeducation regarding drug compliance is of paramount important in this case. The appropriate evaluation and treatment of psychiatric symptoms can significantly improve a patient's quality of life as well as the risk of relapse of symptoms.[5]

From the above discussion, we can conclude that, mood disorder patients diagnosed retro positive encounter multiple manifestations following psychopharmacologic drug default. Nursing care should focus on addressing the symptoms and management and also ensuring drug compliance. Further studies are needed to find out interventions promoting adherence to treatment and promote better quality of life among retro positive patients with mood disorders.

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