Psycho-social issues in patients with HIV/AIDS: a survey from Ayder Hospital, 2013

Coenenberg J¹, Tessera R¹, Abhra K¹, Brockmeyer NH², Gebri S¹, Potthoff A², Skaletz-Rorowski A², Hallu A³, Teshome A³

¹ Ayder Referral Hospital, Mekelle University
² Clinic for Dermatology, Venereology and Allergology of the Ruhr-Universität Bochum

1. Background

Ethiopia (East Africa)
- Population: ~90 Mio.
- Size: 1.104.300 sq km (land: 1 million sq km, water: 104.300 sq km)
- GDP Per Capita (PPP) per year (2013): US$ 1.258
- HIV Prevalence: 0.2–6.0 \%
- Health service: ~36.000 people/1 Doctor; 2.500 people/1 Health ass.

![Map of Ethiopia](image)

Fig. 1: HIV Prevalence in Ethiopia (2009): Gambir Region, the Capital Addis Ababa, Afar Region and the Tigray Region are the Most Affected Regions by HIV/AIDS.

What means Psycho-Social?
- Definition: involving both, psychic & social aspects
- The American Psychiatric Association reports that depression is twice as common in people living with HIV/AIDS (PLWHA) compared to the general population
- Most common presenting problems are mood disorder, personality disorder and psychosexual dysfunction
- Stigma and discrimination are critical factors for psycho-social well being
- WHO recommends integration into chronic HIV care, as adequate support can help people and their carers cope more effectively with the infection and enhances quality of life

2. Study Design/Methods

- n = 100
  - Included: adult HIV-positive patients, that appeared during study period and followed up for > 1 year and were consented for interview
- Method: Questionnaire, interviews by health workers
- Kessler 6 System was used to detect possible psychological disorder
- Score of ≥3 indicated psychological distress

<table>
<thead>
<tr>
<th>Kessler 6 Test</th>
<th>Score</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3</td>
<td></td>
<td>Psychological distress indicated</td>
</tr>
</tbody>
</table>

3. Socio-demographic and clinical data

Demographic Data
- 39% male; 61% female
- mean age 34.98 ± 8.8 years
- 39% married/l in long term relationship
- 55% have 1-3 children
- 62% with lower education (max. primary school)
- 68% poor, living on less than 1 USD/day (Fig. 2)

Clinical Data
- 93% under ART
- mean CD4 count 326 ±180/µl

4. Results

4.1 Psychological Distress in every 4th person!
- Possible psychological distress found in 26% of the patients (33.3% male, 21.3% female, P=0.181) (Fig. 3)

4.2 Income is relevant!
- Psychological distress was seen in 33.3% in poor patients (less than 1 USD/day; 60%)

4.3 (verbal) Violence / discrimination is a potential predictor!
- Patients who claimed they faced verbal violence or sanction because of their HIV-status (20%) had higher psychological distress (P=0.005) (Fig. 4)

4.4 Negative self esteem is connected with psychological distress
- Most of the patients with psychological distress reported that they feel shamefully different from the social ideal because of their HIV-infection (p<0.005)

4.5 How to enhance psycho-social services?
- 56% wish for having more time to talk with nurses/doctors
- 31% wish for personal counselling
- 11% wish for group counselling
- 2% wish for a self help group

4.6 HIV and Sexual life
- 66% say that the HIV-infection does not negatively effect their daily life (24% a bit; 10% a lot)
- Sexual life of most of the patients did change since they know about their HIV-status, only 15% said it did not really change
- 32% answered that they feel more uncomfortable whilst having sex now. Using condoms “more frequent” (21%) or “always” (20%) are other changes of sexual behaviour
- 2% stated that they do not have sexual intercourse anymore

4.7 Adherence is problematic!
- 65% find it difficult to take the drugs regularly!
- Biggest problem: taking drugs secretly (49%)
- Minor problems: way to ART-clinic (7%), timing for taking pills (6%), where to store pills (6%), side effects (6%)
- Difficult situations: taking drugs at work (54%), when depressed (13%), with parents/family around (4%)

5. Conclusion

- Psychosocial problems are common in patients with HIV/AIDS
- Comprehensive HIV care should try to address psychosocial support
- Promoting available care services
- Larger study population needed for more detailed results

Contact

Prof. Dr. N. H. Brockmeyer, Clinic for Dermatology of the Ruhr-Universität Bochum
E-Mail: n.brockmeyer@klinikum-bochum.de
Judith Coenenberg, MA
E-Mail: j.coenenberg@klinikum-bochum.de
Amir Adem Teshome, MD
E-Mail: amiradem@gmail.com