

## Individual Psychological Reactions to disclosure of HIV positive Diagnosis in Adults victims

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### ABSTRACT

**Context:** AIDS is a disease on individual and society. The patient suffering from AIDS shows a higher degree of psychiatric morbidity. The patient develops psychiatric reaction such as denial, hopelessness about life, tension/anxiety and are neglected by family and society. Aims: study of Patient Perception and early Reaction just after diagnosis of HIV positive in adult victims. **Methods:** Cross sectional study was carried out by conducting exit interview of 62 victims' of HIV positive Observations: More than half of the cases in 62 studied cases belonged to age group more than 30 years in both sex and female to male ratio was 33:29. The initial reaction to the diagnosis was negative in majority of the respondents. Only 22% of them were hopeful of cure, 56% had anxiety or tension with 54% loss of interest from life while 64% had depression. **Conclusion:** Patients belonging to higher educated class and higher socioeconomic class were more hopeful of cure. So there is need to create awareness in the community on various aspects of disease and misconception has to be solved.

**Keywords:** HIV diagnosis, Early reaction, Perception behaviour

**HIV/AIDS** is no longer just a medical condition, but an epidemic, that has vital psychological, social, economical and legal dimensions. The fight against HIV/AIDS poses enormous challenges worldwide, generating fears that success may be too difficult or even impossible to attain. It impairs the quality of life, affect disease prognosis, and impede treatment by compromising adherence to medication. Behavioural prevention is currently the only effective way to stop the further spread of HIV.

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## **Individual Psychological Reactions to disclosure of HIV positive Diagnosis in Adults victims**

The psychological or internal challenges a person with HIV/AIDS faces vary from individual to individual. Not everyone will experience all of the emotional responses or stages of the emotional responses described.

They may become withdrawn, aggressive, and rude to colleagues and friends. This may be because the infected person may feel (or imagine) being victimized. Infected persons are normally in fear because they have to adjust to a new lifestyle. It is not easy to accept that one is infected and thus shock and disbelief, leading to denial, is a frequent initial response. According to Watstein and Chandler (1998) there are emotional responses that are symptoms of the psycho- logical effects that people have when infected or affected with HIV/AIDS.

Being a chronic and life-threatening disease, AIDS/HIV is stressful to manage. The person inflicted with the HIV infection has to face medical, psychological, and socio-economic issues specific to the illness. All these factors may often lead to various psychiatric conditions such as anxiety and depression, which force to adapt maladaptive coping style.

It also carries social stigma and results in adverse psychological reaction<sup>1</sup>. A wrong perception of illness can create social stigma and panic in the community, might lead to harbouring of wrong belief and misconception about various aspects of disease, which may affect the timely reporting, and poor compliance. Present study was conducted to ascertain the individual early reaction to the diagnosis of HIV

### **MATERIAL AND METHOD**

The present study was conducted on patients attending ART clinic after confirmation of HIV infection by VCTC centre in the department of Microbiology under G.R. Medical College, Gwalior. The protocol was approved by the Ethics Committee of the G.R. Medical College Gwalior. A written informed consent was taken from all the patients. The present study includes 62 patients attending ART centre and were put on ART. They were interviewed with Hindi version of the “Short explanatory model interview” to assess psychiatric morbidity and patients’ perception of their illness respectively. They were interviewed about, psychological effect and early reaction on disclosure of diagnosis of HIV. The diagnosis of psychiatric disorder was made according to international classification of disease 10 (ICD-10) primary criteria for psychiatric diagnosis. Prevalence was presented in percentage proportion and Chi-square test was used to compare categorical variables.

### **RESULTS**

People diagnosed with HIV experience many of the emotional responses identified in people facing a terminal illness. They commonly go through an initial stage of denial, in which they do not acknowledge having the disease or deny its likely consequences. HIV threatens a person’s life, goals, expectations, and significant relationships; no wonder that many people are reluctant to admit their diagnosis or their risk of infection. People who subject themselves to high risk situations or behaviours commonly deny that they are at risk of HIV infection.

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Out of 62 HIV Positive victims included in the study 33 were females and 29 were males. The initial reaction to the diagnosis was negative in majority of the respondents. Only 22.6% of them were hopeful of cure, 64.5% had depression, 56.4% had anxiety or tension while 54.8% had loss of interest from life. 38.7% of patient denied the diagnosis, 37.1% had felt the guilty in themselves, and 59.7% had been suffered by the fear of social negative response/Social rejection while 37.1% of them could not explain how they felt. The Early negative reactions like stress/Anxiety, hopeless to life and not accepting the diagnostic confirmation was more among in the male victims then the female and it was found statistically significant (Table-I).

**Table I : First Reaction of Victims to HIV positive diagnosis**

Reaction	Male (n=29; 46.8%) No(%)	Female (n=33; 53.2%) No(%)	Total (n=62) No.(%)	P value
Depression	23(79.3)	19(57.6)	42(67.7)	0.067
Stress / Tension/Anxiety	21(72.4)	14(42.4)	35(56.4)	0.034*
Hopeful of cure	06(20.7)	08(24,2)	14(22.6)	0.97
Loss of interest From life	21(72.4)	13(39.4)	34(54.8)	0.018*
Denied the diagnosis	17(58.6)	7(21.2)	24(38.7)	0.005*
Feeling of Guilt	14(48.3)	09(27.3)	23(37,1)	0.15
Fear of social negative response/ Social rejection	20(68.9)	17(51,5)	37(59.7)	0.255
Cannot explain	10(34.5)	13(39.4%)	23(37.1)	0.891

*\*Significant Statistically*

The negative reaction like tension and depression were more common in less educated patients. Similarly this negative reaction was also more prevalent in low socio economic class compare to higher socio-economic class.

## DISCUSSION

Change, adaptation, and evolution are principles of life. Having a disease is discouraging, growth inhibiting, and fosters hopelessness and helplessness. Often denial and regression are the first processes that take place in the psychological life of persons newly disclosed to HIV. 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. Some people even have suicidal thoughts. It is understandable that one might feel helpless and fear illness, disability, and even death.

Anxiety/Stress is a feeling of panic or apprehension, which is often accompanied by the physical symptoms of sweating, shortness of breath, rapid heartbeat, agitation, nervousness, headaches, and panic. Anxiety can accompany depression or be seen as a disorder by itself, often caused by circumstances that result in fear, uncertainty, insecurity or losing interest in life.

## **Individual Psychological Reactions to disclosure of HIV positive Diagnosis in Adults victims**

AIDS is a disease of individual and society. The victims suffering from AIDS shows a higher degree of psychiatric morbidity. The patient develops psychiatric reaction such as denial, hopelessness about life, tension/anxiety and are neglected by family and society.

In our study we found that early reaction to the diagnosis was negative in the larger proportion of respondents that includes anxiety/tension, loss of interest in life or depression etc. in other studies of Robert H 59% had fear of death, worry; tension etc. And one fifth of the subject has psychiatric morbidity. 75% of AIDS patients in a study had psychiatric illness with mixed anxiety and depression as the commonest. It was found that literacy and good socioeconomic condition has positive effect. Patients belonging to higher educated class and higher socioeconomic class were more hopeful of cure. Similarly One Investigators at Columbia reported prevalence of depression in the range of 30 percent to 35 percent and stressed in the more than 50% for HIV positive men compared to 5-10 percent for HIV negative. Given the recurrent nature of psychological reactions, these findings suggest increased vulnerability to episodes of different psychological reactions after finding diagnosis as HIV positive. De Hert et al.,[2011] has been estimated that the prevalence of anxiety and depression was found significantly more among individuals with HIV positive much higher than the rates found among HIV-uninfected persons.

### **CONCLUSION**

Some of the feelings those people with HIV experience include shock or anger at being diagnosed, fear over how the disease will progress, fear of isolation by family and friends, and worries about infecting others. By bearing such a heavy emotional burden it is not surprising that depression is twice as common in people with HIV compared to the general population. While HIV-infected individuals may experience distress they are more psychologically resilient than we may assume, and therapists should not dismiss it as usual and understandable but should instead treat it aggressively and more emphasis must be placed on the lives and stories of the people living with HIV/AIDS, and not just on statistics. After all, the statistics are people and not just numbers. We must create a paradigm shift in thinking about HIV/AIDS. So there is need to create awareness in the community on various aspects of disease and misconception to battle HIV successfully, people must have some level of acceptance of the disease so that they can seek counselling, social support, and medical care.

### ***Limitations***

Because HIV infection and AIDS are associated with a number of physical, psychiatric, and psychological issues, this observation cannot be sufficiently explored in a brief summary. This summary is not intended to stand on its own as a comprehensive evaluation of HIV and AIDS but a footstep to go ahead. A parallel control group was not considered. Hence, its results with regard to the prevalence of psychological reactions rate cannot be compared with the studies carried out in general population. The relatively small sample size might have hampered generalizations. The self-reporting measures have some inherent limitations. However, the results of the present study are generalizable and provide fruitful insight.

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