



Research Article

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Suicidal Ideation among HIV Positive Patients

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Abstract

Background: Globally one million people die by suicide every year. Suicide is a complex phenomenon caused by bio-psychosocial factors. It has been observed that people suffering with chronic diseases including immunosuppressive disorders, and HIV/ AIDS are at greater risk of suicidal behaviour. **Aim:** To study suicidal ideation and its correlates in HIV positive patients. **Methods:** A semi-structured socio-demographic Performa and mini international neuropsychiatric interview (MINI PLUS) was assessed to study suicidal ideation and its relationship with psychiatric disorders in 50 male and female HIV positive patients aged 18-60yrs without past psychiatric, organic brain disorder and current alcohol and substance dependence at regional institute of medical sciences (RIMS), Imphal, between 2009-2011. **Result:** Suicidal ideation was reported by 26% of HIV positive individuals. Psychiatric diagnosis especially major depressive disorder and generalized anxiety disorder was associated significantly with suicidal ideation. **Conclusion:** Suicidal ideation in HIV positive patients are significantly higher than the general population which emphasizes the need to screen for mental illness and suicide risk assessment.

Keywords: Suicide, AIDS, Depression.

INTRODUCTION

An estimated 450 million people suffer from mental illnesses worldwide. Reports suggest that 1 million people commit suicide globally each year with more than 90% of suicide attributable to mental disorders. Common mental disorders in HIV are anxiety and depression, with about one in ten people affected at any given time which can be severe and long-lasting impacting people's ability to lead their daily life. Between one and two in every 100 people will experience a serious mental health problem such as bipolar disorder, psychosis or schizophrenia [1]. A prevalence of 30-50% of mental disorders have been found in patients suffering from severe organic disorders [2]. The risk for mental disorders in HIV-positive patients is in the range of individuals suffering different chronic conditions due to the prolonged life expectancy achieved by the newer antiretroviral regimens [2].

The multiple challenges posed by the HIV antibody test notifications and , emergence of new symptoms of opportunistic infections, alterations in lifestyles, vocation, and interpersonal relationships and the burden of complex medications and its side effects are highly stressful [3]. Depressive spectrum disorders continue to be the most prevalent psychiatric diagnosis in HIV-1-seropositive men. Further, stress and depression may negatively affect immune function and accelerate the progression of HIV-1 disease [3]. Rates of depression have ranged from 5 to 25 %. An estimated 40% suffered from syndromal depression while 90% of depressive patients also had prominent anxiety symptoms [3]. Suicide is a complex bio-psycho-social phenomenon caused by multiple factors ranging from depression, anxiety, chronic medical illnesses, fear, apprehension, stigma, hopelessness, isolation and lack of social support. HIV infection can be a harbinger of future suicidal ideation or completed suicide with relative risk of suicide in men with AIDS greater than that of similar aged man without AIDS and 66.15 times the general population rate [4].

We examined rates and correlates of suicidal ideation with respect to psychiatric diagnosis in a sample of 50 HIV-positive individuals.

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MATERIALS AND METHODS

The cross sectional study was conducted in 50 consecutive confirmed cases of HIV seropositive 18-60 years both male (35) and female (15) between 2010 to 2011 attending Regional Institute of Medical Sciences (RIMS) hospital, Imphal, Manipur, India. Most of the participants (33) were taken from antiretroviral centre (ART) and 17 inpatients from department of Medicine, RIMS Hospital after taking consent. Exclusion criteria were past psychiatric disorder, organic brain disorder and current alcohol and substance dependence. All the participants were interviewed using semi-structured questionnaire that includes information regarding socio-demographic characteristics, mode of acquiring HIV infection, length of HIV illness, status of the highly active anti-retroviral therapy use (HAART) and levels of CD4 count. Mini international neuropsychiatric interview (MINI Plus) was administered to diagnose Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)/ International Classification of Diseases (ICD-10) psychiatric disorders and assess suicidal ideation in all the HIV positive individuals [5,6]. The data were analyzed using SPSS version-17 to obtain the distribution of socio-demographic variables and frequency of neuropsychiatric manifestations, suicidal ideation and relationship between different variables.

RESULT

Psychiatric morbidity was observed in 36 (72%) HIV positive patients and suicidal ideation was reported by 13(26%) seropositive patients. The commonest psychiatric diagnosis recorded among the seropositive patients was major depressive disorder (MDD), current -19 (38%) followed by social phobia and generalized anxiety disorder (GAD) with 17(34%) patients each. There were five (ten percent) cases each of MDD past and melancholia. Dysthymia were found in four (eight percent) HIV seropositive cases. Rates of other anxiety disorders such as panic disorder-current (n-6), panic disorder-past (n-5), agoraphobia (n-1), and post-traumatic stress disorder (n-5) were lower compared to GAD and social phobia. Three patients (six percent) had psychosis secondary to mood disorder. Suicidal ideation was found in 13(26%) seropositive patients.

Table 1: Relationship between psychiatric disorders and suicidal ideation in HIV infection

Psychiatric disorders	Suicidal ideation		p-value
	Present	Absent	
Major depressive disorder	11(58%)	8(42%)	0.000
Social Phobia	7(41%)	10(59%)	0.079
Generalized anxiety disorder	9(52%)	8(48%)	0.002

Table 1 shows suicidal ideation were recorded from 58% and 52% of MDD and GAD respectively. 61% of seropositive individuals who have three or more psychiatric diagnosis (61%) reported suicidal ideation compared to individuals who have one or two diagnoses (24% and 15%).

DISCUSSION

In the present study, 26% of HIV positive clients reported having suicidal ideation within past one month consistent with the findings of Badiie *et al* [7] who reported similar findings of lifetime suicidal ideation, plan or attempt. In the study done by Chandra *et al* [8] death wishes, suicidal ideation and attempted suicide were reported by 20%, 12% and 8% respectively in HIV positive patients. However, majority (37) of HIV positive clients did not report any suicidal behaviour. Factors that contribute to high suicidal ideation among HIV positive clients are stigma, discrimination, fear and apprehension related to disclosure of HIV seropositivity to their spouses, family members and significant others, perceived social isolation and lack of social support. Suicidal ideation was common in HIV positive individuals with MDD and

GAD consistent with the findings of Badiie *et al* [7] wherein individuals who endorsed depressive symptoms on the Composite International Diagnostic Interview (CIDI) reported 41.3% of lifetime suicidal ideation, plan or attempt. A very high statistically significant relationship was observed between the major depressive disorder and suicidal ideation ($p \leq 0.000$). Relationship between GAD and suicide ideation was also found significant ($p \leq 0.002$). According to Oiley *et al* [9] MDD showed more patients with suicidality (54%). Chandra *et al* [8] also stated in their study that HIV infected persons attempt suicide either due to discrimination or fears of it, depression being the most common cause (73%) of suicidal ideation followed by anxiety (29%). A very high statistically significant relationship was observed between the suicidal intent and group with three or more diagnosis ($p \leq 0.000$). The relationship between the duration of illness to appearance of suicidal ideation was similar in all three groups at 28% (less than one year), 25% (between one to five years) and 22% (above five years) respectively which shows there is lack of association of suicidal ideation to duration of HIV positivity. As the duration of infection increases psychosocial supports and counselling as well as ART may contribute to better psychological reaction thereby improving general reaction to the diagnosis. However, this finding is not in agreement with Quintana *et al* [10] who stated that the percentage of suicide attempts increased in the five year period from nine percent to 22%.

CONCLUSION

Suicidal ideation in HIV positive individuals is much higher than general population. MDD and GAD appear to be major risk factor for suicidal ideation. Therefore, health personnel involved in the care of HIV positive clients should be vigilant about the mental health issues and screen all the clients for risk of psychiatric illness and suicidal behaviour.

Conflict of interest

The authors of this article declare that there is no conflict of interest.

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