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قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات

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بعض الوثائق الأصلية تالفة

PSYCHIATRIC MANIFESTATIONS OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION

Essay

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In

Psychiatry and Neurology

By

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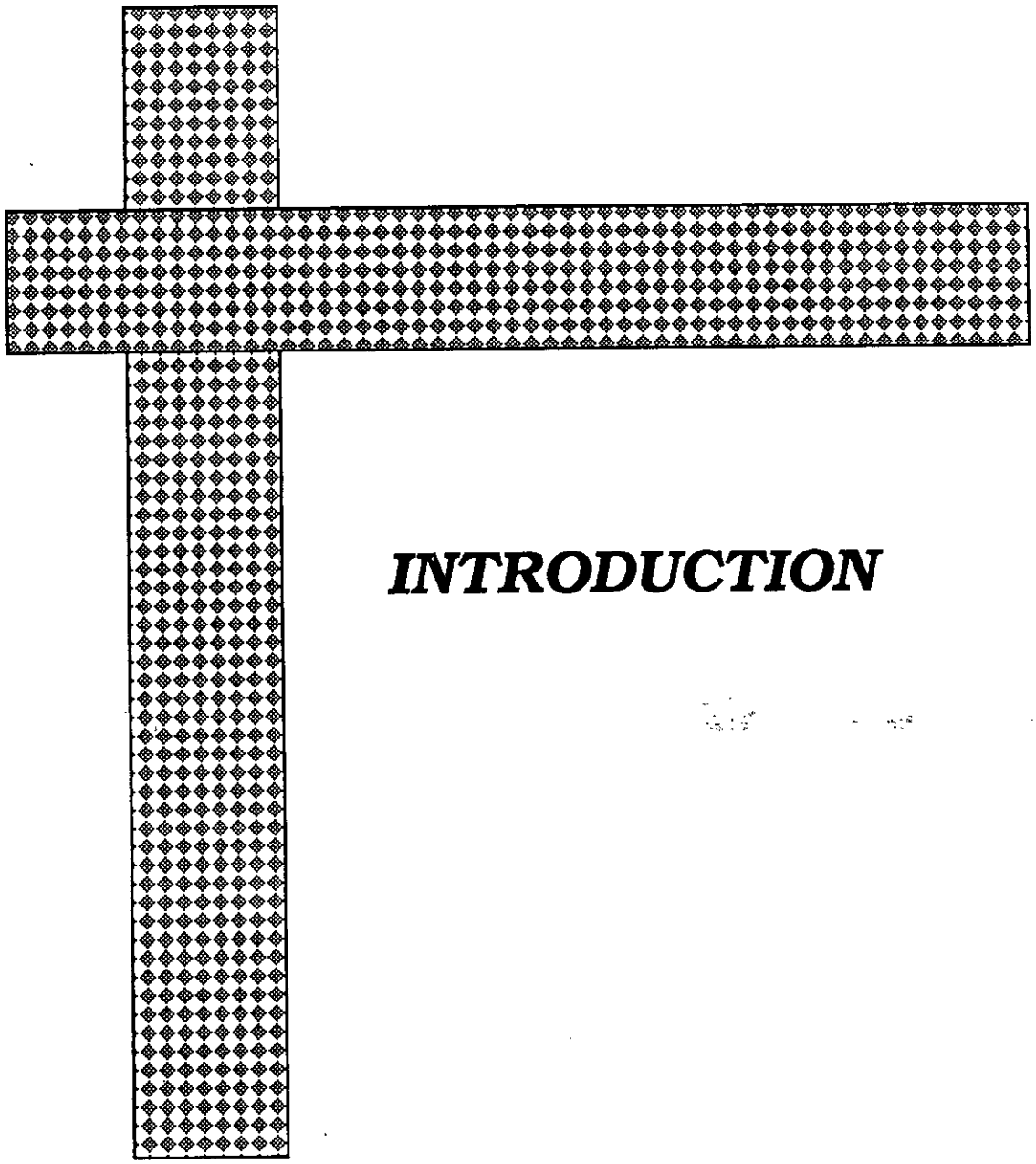
AIM OF THE STUDY

The aim is to study the psychiatric manifestions of HIV infection in different stages, including the relation between psychiatry and immunity, psychosocial impact of HIV, the relation between HIV infection and mental illness, medicolegal aspect of HIV infection and the possible management.



INTRODUCTION

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Coffin et al.,(1986) reported that the French team led by Dr . Luc Montaginer isolated the lymphadenopathy virus (LAV) and the American team led by Dr. Robert Gallo isolated the human T lymphotropic virus III (HTLV-III). The organism LAV/HTLV-III has been confirmed to be the primary cause of AIDS; It is now known as the human immunodeficiency virus (HIV).

Beckett et al.,(1987) showed that AIDS is marked by the occurrence of disease indicative of defective cell-mediated immunity. In addition to AIDS, less severe disorders of immune function are also caused by HIV. These include the lymphadenopathy syndrome and AIDS related complex, which is characterized by conditions such as oral candidiasis, malaise , and fever.

Infection with HIV can have a significant impact on the central nervous system as well as on the immune system. Recent research by *Heaton et al.,(1994)* has consistently demonstrated an increased risk for neuropsychological impairment in later stages of HIV infection . Most often such impairment, even if severe enough to qualify as dementia, is not a consequence of diagnosable opportunistic CNS infections or tumours.

Perkins et al., (1994) wrote that HIV may directly or indirectly cause an organic mood disorder in some infected

individuals. HIV invades the central nervous system early in the course of infection, and some asymptomatic HIV- infected patients may show subtle psychomotor deficits. Furthermore, (Price and colleagues) have suggested that depressed mood is a symptom of HIV- related CNS impairment.

It is known to *Stern et al ., (1992)* that many patients with AIDS suffer from neurobehavioral dysfunction, including impairment of memory, language, information processing, attention and motor function

Sewell et al., (1994) recorded that HIV infection is associated with considerable psychiatric morbidity , including anxiety, dysphoria and suicide as well as psychosis. The presence of psychotic symptoms in patients with HIV contributes to difficulties in medical care and residental placement and at times may have other serious consequences. New onset psychosis may be, at least in part, a manifestation of an HIV associated encephalopathy.

Empfield et al.,(1993) have stressed the importance of severe mental illness may increase the risk of HIV infection by contributing to indiscrminate sexual activity or drug use at times of decompensation. Prevalent substance abuse and sex exchanging for drugs, money or food put persons with severe mental illness at increased risk.

Brooner et al.,(1993) were among the first recgnize that antisocial personality is a risk factor for HIV infection among intravenous drug abusers .

Mahler et al.,(1994) also found that alcoholics may be at higher risk for infection by HIV because of their higher lifetime prevalence of intravenous drug use and because of the association between alcohol use and unsafe sexual practices.

The psychological impact of the illness on parents of HIV-infected children has received scant scientific attention by *Wiener et al.,(1994).* Families struggle with unique social stresses associated with this disease, including public fear and ignorance regarding the nature and transmission of HIV, discrimination, isolation. social ostracism, stigma and the fear of physical and mental disability. Fear of rejection, abandonment or discrimination often prevents parents from disclosing HIV status to family and friends .

Sahs et al.,(1994) showed the highly variable course of illness progression seen among those infected by HIV has led to speculation that psychological states may affect immune function and thereby the rate of this progression .

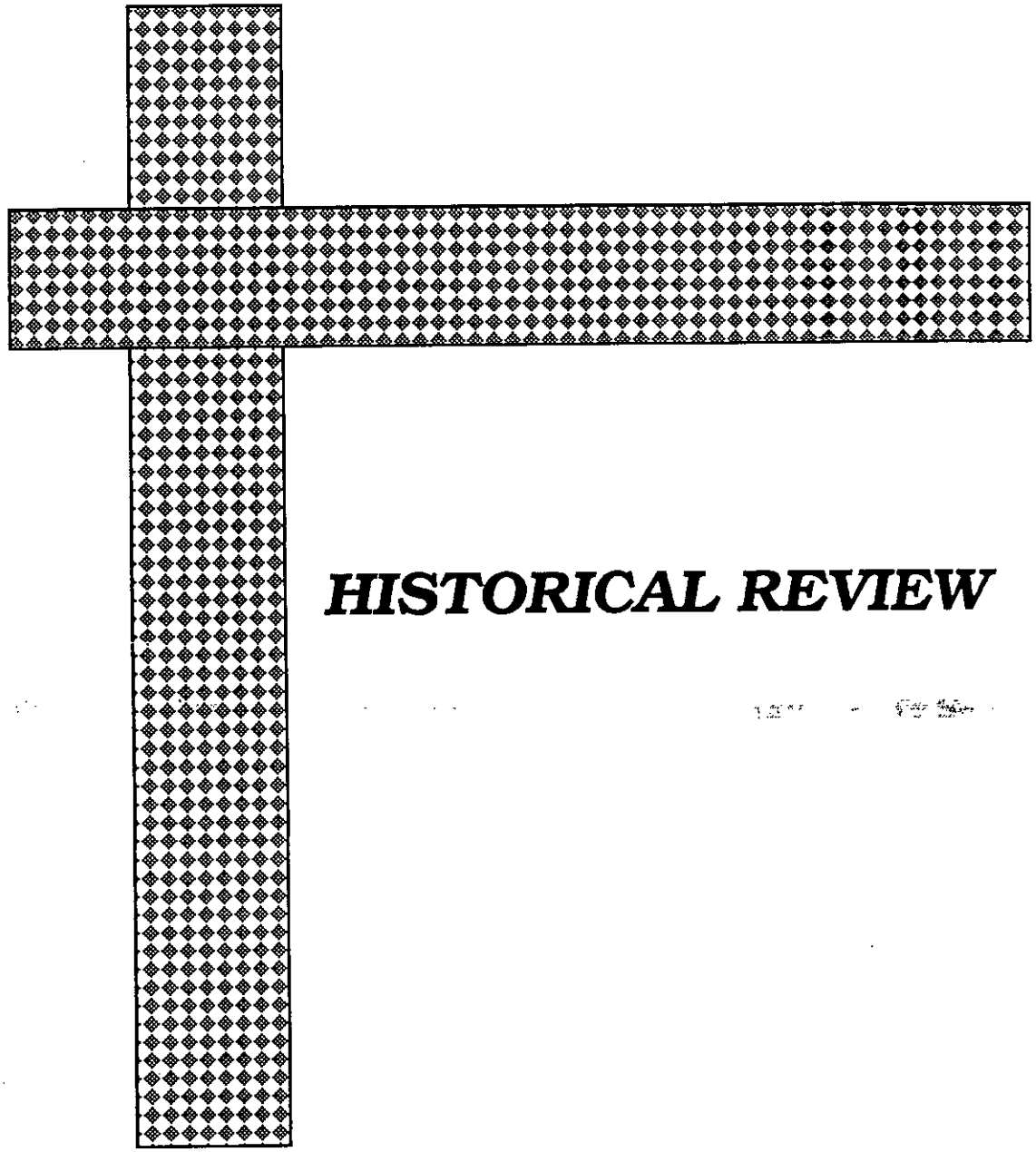
Flavin et al.,(1986) hypothesized that early diagnosis and treatment of depression and substance abuse in homosexual men or parenteral drug abusers may prevent the spread of HIV and reduce hidden suicidal potential.

Rabkin et al.,(1994) concluded that depressed patients with HIV illness respond to Imipramine at the same rate as medically healthy depressed patients. Severity of immunosuppression is not associated with Imipramine treatment outcome.

Kelly et al.,(1993) have confirmed that brief group therapy for depressed persons with HIV infection produced reductions in symptoms of distress. Therapy resulted in shared and unique improvement in functioning, although social support groups focused on emotional coping presented greater evidence of clinically significant change. As more persons contract HIV infection and live longer with HIV disease, further research is needed to evaluate outcomes of mental health services with these individuals.

A study by *Uldall et al.,(1994)* revealed that psychiatric comorbidity increased the average length of stay among hospitalized HIV patients. Future research needs to address the possible effect of this phenomenon on quality and cost of care received by HIV patients.

Silverman,(1993) suggested that decisions about the structure and form of delivery of HIV related care and programs for caregivers must be based on more carefully controlled psychiatric observations of occupational, physical, psychological and soical adaptation to HIV-related work.



HISTORICAL REVIEW