
Background

Surveys across the world indicate that during their entire lifetime more than 25% of individuals develop one or more mental or behavioral disorders. Fewer studies done among HIV discordant couples; highlight their psychological or psychiatric issues. Some studies found levels of depression, anxiety, aggressive impulses, feelings of loneliness and thoughts about death in heterosexual couples. HIV discordance was found to be challenging when dealing with emotional and sexual issues in relationships. Spouses of HIV positive partners in discordant relationships are at greatest risk of HIV infection and have to come to terms with this potential risk. Discordance could act as a psychosocial stressor.

Study design

It is a cross-sectional descriptive survey highlighting the psychiatric morbidity pattern and associated socio-demographic features.

Objectives

To determine the prevalence of psychiatric morbidity among HIV sero-negative partners in a HIV discordant relationships.

To highlight the challenges faced by the sero-negative partners in HIV discordant relationships.

To determine the associations between socio-demographic data and psychiatric morbidity.

To make necessary recommendations in areas of improvement.

Method

The study was conducted at couples counseling center KNH whereby subjects were drawn from an ongoing study on HIV discordant couples enrolled in the partners in prevention study. The MINI plus, researcher designed socio-demographic questionnaire and challenges faced questionnaire were administered to 245 respondents. Collected data was entered into a computer and analyzed using SPSS version 11.5.

Results

Of the 245 respondents 105 (43%) were found to have psychiatric morbidity and 140 (57%) were
without psychiatric morbidity. The male to female ratio was 2:1. The age range was 20-67 years, the mean was 35.6 years, the mode was 32 years, and standard deviation was 1.68. Female sex was significantly associated with psychiatric morbidity ($p=0.004$). The challenges faced by seronegative partners the following were significantly associated with psychiatric morbidity: feelings after being disclosed of discordance status ($p=0.008$), disclosure to family friends ($p=0.011$) and change of feelings for their positive partner ($p=0.001$). The following DSM-IV TR diagnosis were found in descending order: major depressive disorder (48.3%), alcohol dependence (13.1%), post traumatic stress disorder (9.7%), obsessive compulsive disorder (8.3%), panic disorder (8.3%), general anxiety disorder (4.0%), cannabis abuse (2.0%), social phobia (1.4%), hypochondriasis (1.4%), psychotic disorder not otherwise specified (1.4%), bipolar II disorder (0.7%), somatization disorder (0.7%) and ADHD (0.7%). Only 2 persons had DSMIVTR AXIS II diagnosis namely anti social personality disorder. 21 out of 76 women had premenstrual dysphoric disorder (27.6%). 29 out of 245 (11.8%) had DSMIV-TR co morbidities.

Conclusions

The prevalence of psychiatric morbidity in seronegative discordant partners was (43%) higher than the general population (25%). Majority of seronegative partners are males (male: female ratio of 2:1) but women have higher psychiatric morbidity (36.7% and 56.6% respectively). Negative change of feeling after disclosure of discordance status, disclosure of the same to family friends and change of feelings for their partners were associated with psychiatric morbidity.

Recommendations

There is need to focus psychiatric attention on HIV sero negative discordant partners, especially the female partners.

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