

ABSTRACT

Background

Depression has a bi-directional relationship with HIV illness, meaning one may be the vector for the other. It is thus implied that depression is significantly prevalent among PLWHA. The findings of most studies worldwide are consistent to the previous statement. Most of the studies are conducted overseas, which report the prevalence of depression among PLWHA, in the range 20-37%. Some studies reported the prevalence values outside this range. An Indian study reported the prevalence of depression among PLWHA as 24%. Generally, depression among PLWHA is 2-3 times more prevalent than that in the general population. Depression negatively impacts the adherence to ART, and leads to increased morbidity and mortality in PLWHA.

Objectives

The objectives of this study were to estimate the prevalence of depression among PLWHA who were under ART in the TUTH out-patient HIV clinic, and further investigate the association of depression with other relevant HIV-related variables and the coping strategies used by this population.

Materials and Methods

A cross-sectional study was carried out among HIV-positive patients who were under ART in the TUTH out-patient HIV clinic. Those giving informed consent and meeting the inclusion criteria were included in the study. BDI-II was used as a tool to screen, grade and score depression, which was later confirmed by the ICD-10 DCR. The brief COPE scale was used to score different strategies of coping. The HIV clinic was used for interview and access of medical records of the patients. Data were analyzed using SPSS version 16 (Chicago, IL, USA). Descriptive analysis was performed. The data were explained as mean \pm standard deviation (SD) wherever suitable. Spearman's rank correlation was performed for ordinal dataset, to find out the correlation of depression with coping scores and CD4 levels. Chi-square test was applied for categorical data. P-value of <0.05 was considered significant.

Results

Out of total 99 patients, 34 were depressed (34.2%). Moderate depression with somatic syndrome category were the majority (19, 19.2%). CD4 levels and depressive scores were found to be inversely proportional ($r = -0.327$). Depression was not found to have significant association with other HIV-related variables. Among socio-demographic variables, depression was significantly associated with low family income, alcohol use and past history of depression. Depressive scores (BDI-II) was inversely associated ($p < 0.05$) with item emotional support (coping strategy) in the brief COPE scale.

Conclusion:

Depression was found to be very prevalent in PLWHA who were under ART, compared to the general population. The study calls the need to have recommendation for routine screening for depression among PLWHA in the HIV clinics. Also, further research is required to investigate into the coping strategies and other variables in PLWHA.

Key words

Depression, PLWHA, ART, outpatient HIV clinic, coping, BDI-II, brief COPE scale