

Features of constitutional-biological factors in the development of mental disorders in HIV-Infected patients, drug users

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Abstract

Introduction. To study the characteristics of mental health problems in HIV-infected patients who use surfactants the study of the complex of constitutional-biological and psychological factors that influence the occurrence and course of mental disorders is undertaken.

Objective: To study the indicators of constitutional-biological factors in the development of mental disorders in HIV-infected patients who use PAS.

Materials and methods. A total of 280 HIV-infected patients who use PAS and 120 patients with PAS dependence without HIV, aged 19 to 70 years have been examined. We used clinical and psychological research methods.

Results and discussion. The data of analysis showed that, in the main group there are people with psychasthenic traits -34.3%, since the control made only 11.8%. In this regard the timely medical aid appealability among the examined patients made 19.3% and 4.1%, and 61.7% and 25.0% (accordingly) of those patients who did not trust medical professionals.

Conclusions. These findings suggest that the main factors in the formation of mental disorders in PAS dependent patients with HIV infection is getting patients into HIV-infected group and individual personal traits, in recognition the fact of an incurable disease.

Keywords: HIV infection, a psychoactive drug, mental disorders

Introduction

In recent years, there is widely spread opinion that addiction is often formed in individuals with abnormalities of character and mental illness ^[1]. There are the following factors which play a role in the formation of neurotic disorders - disorders associated with poor quality of life: the personal factor (constitutional-biological predisposition), social factors. The socio-psychological factor including psycho - traumatic situations, somatoorganic factor, is highlighted as a separate one ^[2, 4].

There are different approaches to understanding the mechanisms of behavior at high risk of HIV infection. Risky forms of behavior have always been considered as a natural phenomenon for Addictive Disorders, due primarily to injecting administration of a drug, as a result of negligence, accident, low awareness. However, it can be assumed that the bases of high-risk behavior are some personal and psychological characteristics of patients, determining the failure to prevent hazardous for health and life situations. It has been found that a sufficient awareness of patients with opioid addiction on HIV infection and ways of its prevention do not practically change their risky behavior ^[6, 7]. It is known that HIV-infected patients have high level of stress. This manifests itself in violation of communication, estrangement from others, mood changes, reducing the importance of one's own personality. These feelings are exacerbated at the negative attitude of others. It is a stigmatization, which is a complex

process of social and psychological interaction, which leads to the rejection of those with undesirable traits ^[3, 5]. In this regard, we consider it necessary to provide a deeper study of personality characteristics and psychological factors of patients dependent on PAS with HIV infection at the stage of formation of mental disorders.

To study constitutionally-biological and psychological factors parameters in the development of mental disorders in HIV-infected patients who use PAS.

Materials and methods

280 HIV-infected patients of the main group who used PAS, registered at the center of AIDS and treated in the Regional Narcological Dispensary clinic in Samarkand have been examined. We used the history, clinical and psychological research methods. As a control group, 120 patients who used PAS without HIV infection were enrolled. The age of patients ranged from 19 to 70 years.

Results & Discussion

Taking into account the presence of affective pathology in HIV-infected patients, using PAS, the study of individual features of the person was undertaken. Classification of A.E. Lichko (table. 1) was used to determine premorbid personality characteristics. Typological grouping of premorbid personality characteristics was carried out in accordance with established principles of clinical approach.

Table 1: Distribution of patients according to personality types

Personality types	group 1		group 2		P
	abs.	%	abs.	%	
Hyperthymic	11	3,9	4	3,3	>0,05
Cycloid	5	1,8	1	0,8	>0,05
Labile	7	2,5	4	3,3	>0,05
Asthenoneurotic	18	6,4	7	5,8	>0,05
Sensitive	17	6,1	7	5,8	>0,05
Psychasthenic	96	34,3	14	11,8	<0,001
A schizoid	6	2,2	3	2,5	>0,05
Epileptoid	13	4,6	24	20,0	<0,001
Conformal	14	5,0	8	6,7	>0,05
Unstable	75	26,8	38	31,7	>0,05
Hysteroid	18	6,4	10	8,3	>0,05
Total	280	100	120	100	>0,05

Among the patients of both groups in the distribution of personality types, frequent occurrence of unstable personalities was noted that is typical for persons taking PAS. In many cases, deviant behavior was observed in the premorbid patients: a systematic deviation from the study, aggressive reaction, early onset of smoking and alcohol consumption. Such behavior was equally characteristic of both groups of patients.

It should be noted that people with psychasthenic features occur in the studied group more frequently (respectively 34.3%

and 11.8%, $P < 0.001$) and that is statistically significant. They were typical of indecision, uncertainty, anxious and mistrustful mood, increased shyness, persistent doubts about the correctness of what had been performed, sometimes with an unpleasant painful feeling of inferiority.

It was typical for patients with psychasthenic features to undergo keenly the announcement of HIV diagnosis. Mentally in their thinking they have seen their being condemned, shunned, in reality they strongly avoided visiting specialists, experienced depression and blamed themselves for misconduct in the past; they did not seek the help of their family, friends, immersed in themselves, that served as a ground for the formation of persistent affective disorders.

Distribution of patients on the occurrence of other personality types showed no statistically significant difference.

The main trigger in the development of mental disorders in patients with HIV, injecting PAS is the reaction of the patient at the time of the adoption of HIV/AIDS disease. Already fixed habit of avoiding liability, for example, using PAS, results in inability to accept the diagnosis and assess the need for further correct actions. Constant thought of having an incurable disease, prolonged stress situation are the main factor for the development and progression of mental disorders that can lead to significant health and social consequences. In this connection the causes of delay in revealing of psychic disorders in the studied groups were investigated (table. 2).

Table 2: The reasons for late detection of mental disorders

The reasons for late detection of mental disorders	Group 1		Group 2		P
	n	%	n	%	
They do not tend to talk about their mental experiences	65	23,2	32	26,7	>0,05
Distrust of the medical staff	70	25,0	74	61,7	<0,001
It was believed that these were the manifestations of physical illness	17	6,1	9	7,5	>0,05
It was believed that emotional disturbances were inevitable and did not require treatment	74	26,4	0	0	<0,001
Timely treatment	54	19,3	5	4,1	<0,001
Total	280	100,0	120	100,0	

It turned out that there were more patients with timely appealing for psychiatric aid in the main group (respectively 19.3% and 4.1%, $P < 0.001$), which is obviously due to the greater frequency of affective disorders occurrence in this group. Most of the patients in the control group do not trust the medical professionals (respectively 61.7% and 25.0%, $P < 0.001$).

26.4% of patients in the main group believe that emotional distress and their condition are natural in their state so they do not understand the need for treatment, especially in PND conditions or a psychiatric hospital. The results suggest the need for greater attention to preventive measures for patients with HIV who use PAS for the purpose of early detection of depressive and anxiety disorders, which indirectly improves the general condition of patients as well and quality of their life. There is also need to strengthen the work with PAS users for the development of trust in the medical staff and recommended specialized care.

The main factors contributing to the development of mental disorders in patients of the main group are stressful events after the establishment of HIV diagnosis. The majority of patients consider it to be spouses divorce, termination of relations on the part of some relatives and friends, loss of work and social activity. The next most important factor for this group of patients is the confidence of patients in symptomatic HIV

therapy failure, the inevitability of the tragic end, the belief that there is no cure.

The main factors contributing to the development of mental disorders in patients of the control group are the personal features of patients, development of intolerance due to PAS use explosivity with bursts of aggression and self-aggression, irritability and autonomic disorders. In significantly fewer patients in the main group personality traits also contribute to the development of mental disorders, which is obviously related to the reevaluation of life values, interpersonal relations since the establishment of HIV. It can be assumed that HIV and related changes in life, in oneself, the surrounding environment promote "alleviation" of personal response, reorientation to internal experiences and attitudes.

Conclusions

Thus, the main factors in the formation of mental disorders in PAS dependent patients with HIV infection is getting patients in to HIV-infected group and individual personal traits, recognition of the fact of incurable disease. Typological personal traits by influencing PAS dependence formation had insignificant role in the development of mental disorders in HIV infection. The exceptions are psychasthenic personality traits that significantly prevailed in the main group and apparently more often promoted the development of

psychopathological symptomatology. Mental disorders also often develop in patients who have a history of repeatedly encountered significant stressful events. The presence of incurable disease, prolonged stress, inadequate response to the stress in history are the major factors for the development and progression of mental disorders. Factors such as family history of mental illness, lack of family support, "burnout syndrom" with relatives, secondary education of the patient, appealing for medical aid under pressure, also contribute to formation of persistent affective disorders in HIV-infected patients who use PAS.

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