

Features of social adaptation of HIV-Infected patients, who use psychoactive substances

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Abstract

Resume. Spread of HIV infection among patients with opium addiction is a complex medical and social problem in which social as well as medical and biological aspects are of great significance. Purpose: to study the indicators of quality of life in HIV-infected patients who use PAS. 280 HIV-infected patients who use PAS and 120 HIV-infected patients who are not suffering from PAS dependence, aged 19-70 years have been examined. Experimental psychological, socio-demographic and statistical methods were used. The data of marital status analysis showed that in the main group 51,4% of patients had a complete family and 23,9% had no family. 17,5% of patients got divorced, the number of patients repeatedly married made 5,3%, in 1,9% of cases one of the spouses died. In the control group the number of married was 67,5%, divorced 5,9%, unmarried 17,5%, in the remarriage 7,5%, cases with death of one of the spouses 1,6%. These findings suggest that HIV-infected patients who use PAS compared with HIV-infected patients who do not use PAS are more vulnerable and unfavourable group from the standpoint of social interaction and adaptation.

Keywords: HIV infection, psychoactive substance, quality of life, social status.

Introduction

Drug abuse in connection with significant prevalence and severity of medicosocial consequences is a serious threat to public health. At present drug abuse moved from individual states problem to the worldwide [9]. The prevalence of drug use and HIV infection among active reproductive and working age people increases the significance of the problem. [7] Close association of drug abuse and HIV infection was proved by many authors [4]. Patients suffering from drug addiction, show a low level of social functioning and are characterized by marked social failure [5]. The direct result of drug use is violation of the social links and contacts that eventually in absence of medical - rehabilitation measures lead to maladjustment of patients [3]. Quality of life and social function indexes can be one of the criteria that reflect dynamics of psychosocial status of drug users [1].

The effects of drug addiction and HIV infection are determined not only by the severity of the developing at the same time physical and mental disorders, but also to a large extent are due to social problems far exceeding the immediate effects of the drug use [6]. The spread of HIV infection among patients with opiate addiction is a complex medical and social problem in which social along with medical and biological aspects are of great importance. The main questions to understand the causes and dynamics of HIV infection among patients with opiate addiction are social function and quality of life of patients that need to be considered when planning and carrying out preventive and rehabilitation healing [2].

HIV-infected people who use PAS usually do not seek support or assistance in a variety of social programs, which is a quite negative impact on their quality of life. [8] In this regard, the study of the quality of life of HIV-infected patients using PAS is very important.

The aim of the research is to study the quality of life of HIV-infected patients who use PAS.

Materials and methods

The study involved 280 HIV-infected patients who use PAS, registered at the center of AIDS and treated in the Regional Narcological Clinic in Samarkand (the main group). We used experimental psychological, socio-demographic and statistical methods. As a control group HIV-infected patients who are not suffering from PAS dependence - 120 people (control group) were enrolled. The age of patients ranged from 19 to 70 years. The individual research profile and the SF-36 questionnaire were developed to study the social status of the patients. The questionnaire included the following information: age, sex, marital status, education, work and state of criminal records. To achieve the purpose of the study evaluative interview was conducted with each patient. Desire and consent of the patient was one of the main criteria for inclusion in the group.

Results and discussion

Some significant differences in socio-demographic characteristics between HIV-infected patients using and not using psychoactive substances (Table 1) were revealed.

Table 1: The social state of HIV-infected patients using psychoactive substances

Social status	group 1	%	group 2	%	P<	
Age (years)	19-27~4	1,4	19-27~34	28,3	0,001	
	28-54~262	93,6	28-54~49	40,9	0,001	
	55-70~14	5,0	55-70~37	30,8	0,001	
Married	144	51,4	81	67,5	0,01	
Single / unmarried	67	23,9	21	17,5	0,01	
Divorce	49	17,5	7	5,9	0,001	
Married / Single 2 times or more	15	5,3	9	7,5	0,1	
Widow / Widower	5	1,9	2	1,6	0,1	
Education	higher	6	2,1	44	36,7	0,001
	secondary	234	83,6	21	17,5	0,001
	secondary-special	22	7,9	46	38,3	0,001
	not finished. secondary	18	6,4	9	7,5	0,1
Powered by state. work	7	2,5	45	37,5	0,001	
Powered by private work	89	31,8	54	45,0	0,01	
Does not work	184	65,7	21	17,5	0,001	
The absence of previous convictions	158	56,4	115	95,8	0,001	
Imprisonment	122	43,6	5	4,2	0,001	

Note: P reliable difference at 0.95.

Analyzing the data, we can judge the difference between comparison groups on the basic social characteristics. Gender position among the patients was as follows: a main group of 270 men (96.4%), 10 women (3.6%) and the control group of 117 men (97.5%), 3 women (2.5%). The data show that male patients made the majority among both groups.

The distribution of patients by age shows that in the main group of the largest number of HIV-infected people who use PAS there 262 (93,6%) patients in the age group of 28-54 years, mean age $37 \pm 3,5$ years, the smallest number of patients is accounted for the age 19-27 years old - 4 (1,4%) patients and 55-70 years 14 (5,0%) patients. In the control group of age-related indicators were not so different 19-27 years 34 (28,3%) patients, 28-54 years 49 (40,9%) and 55-70 years 37 (30,8%) patients.

The data of marital status analysis showed that in the main group a complete family had 144 patients (51,4%), 67 (23,9%) patients had no family. 49 (17,5%) patients got a divorce, the number of patients who have been repeatedly married was 15 (5,3%). In 5 (1,9%) cases, one of spouses died. In the control group, the number of married was 81 patients (67,5%), divorced- 7 (5,9%) and unmarried - 21 patients (17,5%) and 9 (7,5%) were remarried, there is the death of spouse in 2 (1,6%) cases.

The educational level among patients in both groups had a different character. In the main group a large number of patients with secondary education amounted to 234 (83,6%) patients. Patients with higher education - 6 (2,1%), secondary - special 22 (7,9%) and 18 had incomplete secondary education (6,4%) that was much smaller. The control group was dominated by people with secondary - special and higher education (respectively 38,3% and 36,7%). 21 (17,5%) were with secondary education and 9 (7,5%) without education.

At the time of the survey 184 (65,7%) patients did not work anywhere in the main group 89(31,8%) patients had temporary work (private sector) whereas only 2,5% (7) of the patients worked in state enterprises. Among the patients in the control group the percentage of not working persons was far below 17,5% (21 patients), a high proportion of workers was in the private (54 (45,0%)) and public sector (45 (37,5%)). Despite the fact that HIV infection itself contributes to disability, adding of

PAS leads to significant labor and social maladjustment disorder.

In the main groups indicators of a criminal record absence are 158 (56,4%) cases, while the number of people passing through the prison was 122 (43,6%). Cases of clashes with law enforcement agencies in the control group are almost absent 115 (95,8%) offence. Cases have been linked on the one hand, with the storage and distribution of drugs, on the other hand, with antisocial behavior of criminal individuals of the basic group. The study provides reason to believe that the presence of HIV infection in patients with a long-term dependence on PAS promotes degradation of the individual with different variants of anti-social behavior.

Conclusions

These findings suggest that HIV-infected patients who use PAS, compared with patients with HIV who do not use PAS, are more vulnerable and disadvantaged group from the standpoint of social interaction and adaptation. Lack of education, lack of family, destruction of family ties, of course, affects the quality of life of patients in both groups. But if patients in the control group appeared to be more socially reserved, can enjoy the support of society and the social environment, the main group of patients need rehabilitation work in two directions:

1. Overcoming PAS dependence and HIV infection (disposable syringes, use of contraceptives, etc.).
2. Prevention of anti-social behavior (qualified medical care, employment, family support), it is possible in assisting of multidisciplinary team - psychiatrist, psychologist, social worker.

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