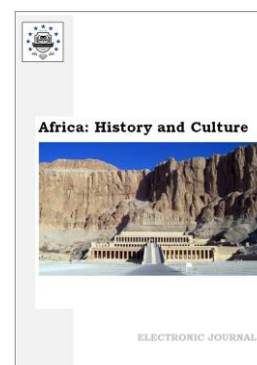


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Anxiety and Depression among People Living with HIV: A Brief Review

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Abstract

People living with the Human Immunodeficiency Virus (HIV) are faced with several challenges due to their condition. Critical among their sufferings is psychological distress. This paper examines the anxiety and depression of people living with HIV. In so doing, I reviewed existing literature to briefly outline a brief historical review of HIV, the nature and effects of anxiety and depression on people living with HIV. The study indicated that people living with HIV suffer from anxiety and depression symptoms. Those living with the virus or condition are stigmatised and discriminated against socially, resulting in a lack of social support and lower self-esteem. These negative social behaviours lead to poor treatment adherence, depression, and status non-disclosure. This paper has implications for further studies.

Keywords: anxiety, depression, people living with HIV, HIV, brief review.

1. Introduction

Human immunodeficiency virus (HIV) is a global epidemic first identified in the USA in 1980. Since the start of the pandemic, more than 78 million people have been affected, and 39 million deaths have been recorded globally. Out of that, 35 million people are living with HIV worldwide ([The Joint..., 2013](#)). Since the beginning of this pandemic, individuals have experienced many symptoms that affect their physiological and mental health states ([Gohil, Parmar, 2015](#); [Gokhale et al., 2019](#)).

Over the years, studies have pointed increasing prevalence of mental health problems among people living with HIV (PLHIV). For example, HIV positive women in Ethiopia reported 28.9 % anxiety and 32.5 % depression prevalence rates ([Yousuf et al., 2020](#)). These mental disorders have led to an increased risk for adverse health outcomes with PLHIV and HIV health interventions and services in general. As a result, this paper explored the anxiety and depression among PLHIV and how this affects the HIV care continuum.

2. Methods

This study conducted a brief literature review on anxiety and depression of people living with HIV. I conducted keyword searches from Google Scholar, MEDLINE, CINAHL, Ovid, and PsychINFO. I also did an additional review of website sources that addressed the aim of this review.

3. Anxiety, Depression and PLHIV

Mental health sufferings of chronic conditions are often characterised by anxiety and depression ([Drapeau et al., 2012](#); [Ridner, 2004](#)). These symptoms co-exist with some somatic

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symptom disorders: fatigue, migraine, anxiety, stress, and unexplained medical symptoms. A person with mental distress may exhibit neurological disorder symptoms, such as anxiety, anger or rage confusion, hallucination, depression (Drapeau et al., 2012; Marchand, 2012; Ridner, 2004).

A review of the literature identified that HIV/AIDS is a discriminating disease. People living with it are often affected by certain stigma and discrimination, resulting in a lack of social support and lower self-esteem. These negative factors put them at risk for psychological problems like depression and anxiety (Obadeji et al., 2015). Another paper also confirmed that felt stigma is a crucial source of distress, especially on PLHIV, since the thoughts of being associated with a stigmatised group that is HIV harm their psychological wellbeing and health (Herek et al., 2013).

The effects of anxiety and depression on PLHIV are enormous. In a study by Adewuya et al. (2008), 28.7% of PLHIV in Nigeria reported comorbidity of depression. Depression was observed to be significantly associated with poor quality of life of PLHIV. Besides the quality of life problems, literature also showed that low medical adherence could be related to stigma among people living with HIV (Rao et al., 2007; Rintamaki et al., 2006). According to Lyimo et al. (2014), self-stigma and frequent alcohol abuse are predictors of non-adherence in the treatment of HIV, which occurs as a result of some symptoms of psychological distress.

Additionally, poor medication adherence associated with PLHIV resulted from depression and non-disclosure of status. In a study conducted by De Francesco et al. (2016), it was established that symptoms of depression are prevalent in PLHIV and associated with poorer cognitive function, such as temporary memory loss. Alford and Vera (2019) similarly argued that cognitive impairment is associated with depression (psychological distress) in PLHIV.

4. Conclusion

In conclusion, anxiety and depression among people living with HIV is a crucial issue of mental health that should be addressed if the quality of life and healthy living is to be achieved and maintained. Policies and interventions directed towards people living with HIV should include these mental health issues to promote good health and wellbeing. I recommend further studies of these constructs in developing country settings.

5. Funding

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6. Conflicts of interest

The author declares no conflicts of interest.

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