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A Study of Psychopathology in HIV-infected Patients

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Abstract

The present paper will investigate the psychopathology in HIV-infected/AIDS patients. Total sample of present study comprise 150 subjects. All 150 patients will be selected from Ram Manohar Lohia Hospital, Delhi and Guru Teg Bahadur Hospital, Sahadara, Delhi. The selected patients will be tested on personality assessment inventory. The obtained data will be analyzed by using various statistical technique, most pertinent to the study included Means, frequency distribution, and product moment correlation. There would be significant correlation on psychpathology in HIV-infected patients.

Introduction

HIV is also sweeping the world for the past two decades, causing a disease which have killed millions of people and which look likely to kill millions more. HIV is the virus, which stands for Human Immunodeficiency Virus. It was first detected in 1981. It directly attacks on immune system and damage its function against antibodies. After a period of time this virus damages the immune system, and this causes a variety of symptoms known as AIDS (Marx, 1982). This time period varies, depending on factors such as access to AIDS drugs, and possibly such factors as nutrition, the presence of other medical conditions, and stress. In the absence of treatment, the average time between HIV infection and progression to AIDS is around ten years. AIDS has killed a million of people since it was recognized in 1981 and will kill million more because it is incurable disease.

HIV is not only confronted with the HIV diagnosis as such but also to various physical, social, and sexual threats towards his physical, social, and sexual existence throughout the disease process. HIV is a trauma in which individual experienced as a threat to survival and self-preservation and it is marked as distressing almost anyone (APA, 1994). In this traumatic reaction one wants to flee from something which lies within, but which is not avoidable. Because enormous progress in medical treatment

has over the year accomplished to manage and postpone HIV-related symptoms and disease, but the infection is still not curable

People living with HIV status, must live with various physical threats. These include stressors such as uncertainty and worries about the disease progression and its potential patterns of HIV-related symptoms and disease as well as treatment concerns. Nilsson S. (1993) investigated a study among gay men and found that those who reported intrusive HIV thoughts also experienced depressive or anxious AIDS stress, strong worries about becoming sick, and that they ran a higher risk than others of developing HIV-related symptoms and disease.

HIV as a threat to our psychological survival: HIV threatens not only our physical but also psychological survival. In other words there are two sides of our existence body and self. The reason why threats to our physical existence also threaten our psychological survival is a consequence of the close link between the body and the development of our self-concept. Thus, the fear of losing one's self-esteem and ultimately dying psychologically is evoked. HIV patients feel Fear of rejection, abandonment, disruption of social ties, and uncertainty over reactions of others are common sources for reluctance to tell others. Even if a patient discloses his/her status to others, discrimination in work place, in health care system, and insurance matter are produced toward HIV patient. Sometime worker are transferred one place to another place or one post to another post to say that this better for you.

Methodology

The present study has been designed to investigate the psychopathology in HIV-infected/AIDS patients. For this, a sample of 150 patients was selected out of the patients seeking treatment from Ram Manohar Lohia Hospital, Delhi & Guru Teg Bahadur Hospital, Shahdara, Delhi. Only those patients were included in the sample who volunteered to participate in the study with the approval of consultant physicians. The selected patients were tested with personality assessment inventory for psychopathological variables,

Sample

The sample(N=150) for the present study was drawn from HIV infected/AIDS patients seeking treatment in various hospitals i.e. Ram Manohar Lohia Hospital, Delhi and Guru Teg Bahadur Hospital, Shahdara, Delhi. The Sample included only those patients who volunteered themselves with the approval of consultant physicians. The selected patients ranged in age from 22 to 42 years with mean age of 32 years.

Test Used

Following tests were use in the study

Personality Assessment Inventory (PAI): The use of this PAI developmental framework has been facilitated through important methodological developments in the field of psychological measurement and multivariate analysis. The personality assessment Inventory has been developed by Leslie C. Morey and many contributors in 1992.

This test is a self-administered, objective inventory of adult personality designed to provide information on critical clinical and other variables. The PAI contains 344 items which comprise 22 non-overlapping full scales, 4 validity scales, 11 clinical scales, 5 treatment scales, and 2 interpersonal scales. Ten of the full scales contain conceptually derived sub-scales designed to facilitate interpretation and coverage of the full breath of complex clinical constructs.

Administration and Scoring of Tests

Pathology assessment inventory(PAI) were administered to 150 male/female HIV-positive patients in hospital setting after establishing proper rapport. Pathology assessment inventory(PAI) was administered individually on subjects in one sessions.

Before administration answer sheets along with the printed booklets were given to each subject with the instructions to enter the particulars in the answer sheet. The instructions printed in the test booklets were read and explained verbally in proper manner. The testing procedure was followed strictly according to that mentioned in respective manuals.

Hand scoring was done by using prescribed scoring keys for different tests. PAI was scored 22 variables.

Statistical Analysis

The scores on all the 22 variables were analyzed to obtain the following information:

1. Frequency distributions, Means, Standard deviations, skewnesses, and kurtoses.
2. Pearson' Product Moment Intercorelations.

Result and Discussion

The results have been discussed under the following headings:

Frequency Distribution

Frequency distributions for all the 22 variables (Table – I) incorporated in the study were setup for the total group of 150 subjects. Tables 2 to 5 show frequency distributions alongwith their means, standard deviations, skewnesses, and kurtosis. Perusal of these tables reveals that all the frequency distributions are more or less normal. Dispite minor discrepancies in some of the distributions, it was felt that normalization process is not required.

Correlations

Product moment correlations were computed among raw scores of 150 subjects for all the 22 variableS. The intercorrelations matrix is reported in table 1. For 150 subjects degree of freedom being 148(N-2), the correlation coefficients of.15 and.20 are significant at.05 and.01 levels of significance respectively. Obtained intercorrelations are reported in the following sections:

Table 1: varaible used in the study

Personality Assessment Inventory

1	ICN	Inconsistency	a validity scale of PAI
2	INF	Infrequency	"
3	NIM	Negative Impression	"
4	PIM	Positive Impression	"
5	SOM	Somatic Complaints	a clinical scale of PAI
6	ANX	Anxiety	"
7	ARD	Anxiety-Related Disorders	"
8	DEP	Depression	"
9	MAN	Mania	"
10	PAR	Paranoia	"
11	SCZ	Schizophrenia	"
12	BOR	Borderline Features	"
13	ANT	Antisocial Features	"
14	ALC	Alcohol Problems	"
15	DRG	Drug Problems	"
16	AGG	Aggression	Treatment consideration scale of PAI
17	SUI	Suicidal Ideation	"
18	STR	Stress	"
19	NON	Non Support	"
20	RXR	Treatment Rejection	"
21	DOM	Dominance	Interpersonal scale of PAI
22	WRM	Warmth	"

Table 2: Frequency Distribution of Scores on PAI (No. 150)

CI	ICN	INF	NIM	PIM	SOM	ANX	ard	DEP	MAN	PAR	SCZ	BOR	ANT	ALC	DRG	AGG	SUI	STR	NON	RXR	DOM	WRM
61-65	00	00	00	00	00	00	00	00	00	00	00	01	00	00	00	00	00	00	00	00	00	00
56-80	00	00	00	00	00	00	02	02	00	00	00	00	00	00	00	00	00	00	00	00	00	00
51-55	00	00	00	00	03	05	01	03	01	03	01	02	02	00	00	00	00	00	00	00	00	00
46-50	00	00	00	00	17	03	13	13	10	08	00	03	02	00	00	00	00	00	00	00	00	00
41-45	00	00	00	00	06	25	17	16	21	23	00	23	05	00	00	03	00	00	00	00	00	00
36-40	00	00	00	00	27	25	30	23	28	32	22	29	06	00	00	06	00	00	00	00	00	00
31-35	00	00	00	00	22	28	41	23	27	33	26	35	17	02	00	11	02	00	00	00	00	02
26-30	00	00	00	00	24	21	20	22	27	29	28	28	28	02	02	29	03	00	00	00	13	16
21-25	00	00	02	14	22	21	17	31	20	16	34	20	52	04	08	45	10	09	00	02	54	46
16-20	04	04	05	48	17	15	09	11	12	04	25	09	25	16	27	38	21	21	26	34	47	48
11-15	62	47	55	56	11	07	00	04	01	02	13	00	13	33	75	17	36	46	48	66	27	32
6-10	80	91	44	26	01	00	00	02	03	00	01	00	00	74	32	00	44	51	66	44	08	05
0-5	04	08	44	06	00	00	00	00	00	00	00	00	00	19	06	01	34	23	10	04	01	01
Mean	10.23	9.45	8.85	14.12	30.71	32.43	34.43	32.19	32.46	34.21	26.43	33.16	25.42	11.04	13.61	23.23	11.75	11.26	11.28	12.36	19.09	19.26
SD	2.30	2.90	4.62	4.74	10.58	9.77	8.40	10.63	9.34	8.10	8.24	8.47	8.27	7.12	6.14	7.43	7.64	6.09	5.85	3.48	5.09	5.22
SK	.00	.02	.12	.15	.01	.01	.00	.04	.00	.00	.00	.01	.76	8.61	9.21	.23	2.44	1.47	14.81	.00	.20	.01
KU	3.47	3.18	2.56	2.99	2.21	2.36	2.75	2.55	2.49	2.55	2.85	3.24	3.88	17.65	23.22	4.47	7.51	6.77	32.81	2.98	2.88	2.46

CORRELATION MATRIX -2

Variables	icn	inf	Nim	pim	som	anx	ard	dep	man	par	scz	bor	ant	alc	drg	agg	sui	str	noN	rxr	dom	wrm
ICN	1.00	.13	.06	.00	.16	.07	.04	.16	-.15	.08	.24	-.40	-.10	-.14	-.08	-.07	.08	.10	.04	-.01	-.18	-.14
INF		1.00	-.06	.19	.09	-.06	-.04	-.05	-.14	-.09	-.15	-.14	-.20	-.24	-.07	-.11	-.16	-.15	-.01	-.05	-.05	-.02
NIM			1.00	-.69	.60	.58	.44	.60	.45	.50	.55	.53	.34	.09	.04	.28	.52	.34	.15	-.52	-.07	-.03
PIM				1.00	-.54	-.50	-.48	-.47	-.50	-.40	-.55	-.52	-.36	-.10	-.03	-.21	-.35	-.28	-.03	.60	-.02	-.02
SOM					1.00	.74	.62	.69	.43	.47	.48	.45	.20	.05	-01	.18	.38	.38	.22	-.59	-.13	-.10
ANX						1.00	.67	.73	.46	.46	.54	.56	.20	.13	.06	.19	.40	.32	.13	.49	-.13	-.11
ARD							1.00	.57	.51	.43	.51	.41	.19	.02	-.01	.02	.31	.39	.15	-.49	-.00	.12
DEP								1.00	.37	.53	.53	.44	.15	.03	.02	.11	.54	.43	.26	-.45	-.21	-.20
MAN									1.00	.19	.48	.44	.54	.23	.09	.24	.31	.10	-.04	-.45	.12	.34
PAR										1.00	.32	.40	.40	.13	-.06	.28	.44	.45	.33	-.41	-.23	-.15
SCZ											1.00	.42	.39	.03	-.02	.16	.37	.26	.16	-.43	-.05	-.04
BOR												1.00	.44	.26	.16	.48	.40	.34	.19	-.44	.06	.14
ANT													1.00	.34	.24	.43	.34	.09	.04	-.36	.05	.15
ALC														1.00	.69	.52	.45	.22	.07	-.09	-.12	.06
DRg															1.00	.44	.39	.21	-.02	.06	.01	.07
AGG																1.00	.38	.31	.12	-.28	-.01	-.04
SUI																	1.00	.45	.22	-.38	-.17	-.04
STR																		1.00	.24	-.30	-.05	-.01
NON																			1.00	-.23	-.18	-.05
RXR																				1.00	.15	-.00
DOM																					1.00	.51
WRM																						1.00

Note: Decimal Points are omitted
Values are product moment correlation
R =.15 p <.05
R =.20 p<.01

Intercorrelations among 22 variables of PAI

Intercorrelations among twenty two variables of PAI are ranging between -.69 to.74. One hundred forty three of total 231 correlations are significant of which 102 are positive and 41 are negative. ICN has correlated positively with SOM (.16), DEP (.16), SCZ (.24), and negatively with MAN (-.15), BOR (-.40), and DOM (-.18). Infrequency has positive association with PIM (.19), and negative with SCZ (-.15), ANT (-.20), ALC (-.24), SUI (-.16), and STR (-.15). Negative impression has corresponded positively with SOM (.60), ANX (.58), ARD (.44), DEP (.60), MAN (.45), PAR (.50), SCZ (.55), BOR (.53), ANT (.34), AGG (.28), SUI (.52), STR (.34), NON (.15) and negatively with PIM (-.69) and RXR (-.52). Positive impression has correlated negatively with SOM (-.54), ANX (-.50), ARD (-.48), DEP (-.47), MAN (-.50), PAR (-.40), SCZ (-.55), BOR (-.52), ANT (-.36), AGG (-.21), SUI (-.35), STR (-.28) and positively with RXR (.60). Somatic complaints have borne out significant positive correlations with ANX (.74), ARD (.62), DEP (.69), MAN (.43), PAR (.47), SCZ (.48), BOR (.45), ANT (.20), SUI (.38), STR (.38), NON (.22), and negative with RXR (-.59). Anxiety has correlated positively with ARD (.67), DEP (.73), MAN (.46), PAR (.46), SCZ (.54), BOR (.56), ANT (.20), AGG (.19), SUI (.40), STR (.32), and negatively with RXR (-.49). Anxiety related disorder has marked significant positive relationship with DEP (.57), MAN (.51), PAR (.43), SCZ (.51), BOR (.41), ANT (.19), SUI (.31), STR (.39), NON (.15), and negative with RXR (-.49). Depression has corresponded positively with MAN (.37), PAR (.53), SCZ (.53), BOR

(.44), ANT (.15), SUI (.54), STR (.43), NON (.26), and negatively with RXR (-.45), DOM (-.21), and WRM (-.20). Mania has correlated positively with PAR (.19), SCZ (.48), BOR (.44), ANT (.54), ALC (.23), AGG (.24), SUI (.31), WRM (.34), and negatively with RXR (-.45). Paranoia has marked positive relationship with SCZ (.32), BOR (.40), ANT (.40), AGG (.28),SUI (.46), STR (.45), NON (.33), and negative with RXR (-.41), DOM (-.23), and WRM (-.15). Schizophrenia has correlated positively with BOR (.42), ANT (.39), AGG (.16), SUI (.37), STR (.26), NON (.16), and negatively with RXR (-.43). Borderline features have marked positive association with ANT (.44), ALC (.26), DRG (.16), AGG (.48), SUI (.40), STR (.34), NON (.19), and negatively with RXR (-.44). Antisocial feature has correlated positively with ALC (.34), DRG (.24), AGG (.43), SUI (.34), WRM (.15) and negatively with RXR (-.36). Alcohol problems have correlated positively with DRG (.69), AGG (.52), SUI (.45), and STR (.22). Drugs related problems have marked positive relationship with AGG (.44), SUI (.39), and STR (.21), Aggression has correlated positively with SUI (.38), STR (.31), and negatively with RXR (-.28). Suicide has marked positive relationship with STR (.45), NON (.22), and negative with RXR (-.38) and DOM (-.17). Stress has marked positive relationship with NON (.24) and negative with RXR (-.30). Non-support has correlated negatively with RXR (-.23) and DOM (-.18). Treatment rejection has marked positive relationship with DOM (.15) and dominance has positive association with WRM (.51).

Discussion

This results revealed that suicidal ideation, stress, depression, anxiety schizophrenia and other psychological disease have positive correlation and this results have been supported by Lawler, K. et. al.(2011), Vanco, D. et al. (2010), Peng, et al(2010), & Carrico, et al.(2007).

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