



Psychological Correlates of HIV-Related Symptom Distress

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This investigation sought to determine the association of symptom distress with selected psychological factors in HIV-infected persons. Data from a randomized controlled trial were used; all subjects who completed baseline data collection were included (N = 99). Data packets included these questionnaires: the Perceived Stress Scale, HIV-related Symptom Distress Scale, and Profile of Mood State. Significant correlations were included in a final regression model. The Perceived Stress Scale, total mood disturbance (including the Profile of Mood State subscales), self-rated current health, and HIV status were independently associated with both frequency of symptoms and symptom distress. Symptom frequency, depression, anger, and fatigue retained significance in the final regression model. Findings from this study indicated significant associations of multiple psychological correlates, suggesting that symptom distress is a complex outcome with a multifactorial etiology. Psychological factors such as depression, anger, and fatigue contribute to the level of distress experienced with HIV-related symptoms.

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Now that combination antiretroviral therapy (ART) has reduced the incidence of reported AIDS cases and

related deaths, life expectancy for people living with HIV (PLWH) has nearly tripled within the last 15 years (Centers for Disease Control and Prevention [CDC], 2013). In contrast, there has also been evidence of an increased number of symptoms experienced as a result of side effects associated with ART. Recent studies have consistently reported symptom prevalence rates > 50% in PLWH, ranging from a single symptom to multiple concurrent symptoms (Lee et al., 2009; Portillo, Holzemer, & Chou, 2007). Further, many people have experienced negative psychological consequences once diagnosed with HIV infection, resulting in reported increases of distress (Cohen, Arad, Lorber, & Pollack, 2007).

With the options of ART regimens, many PLWH have significantly suppressed viral replication and

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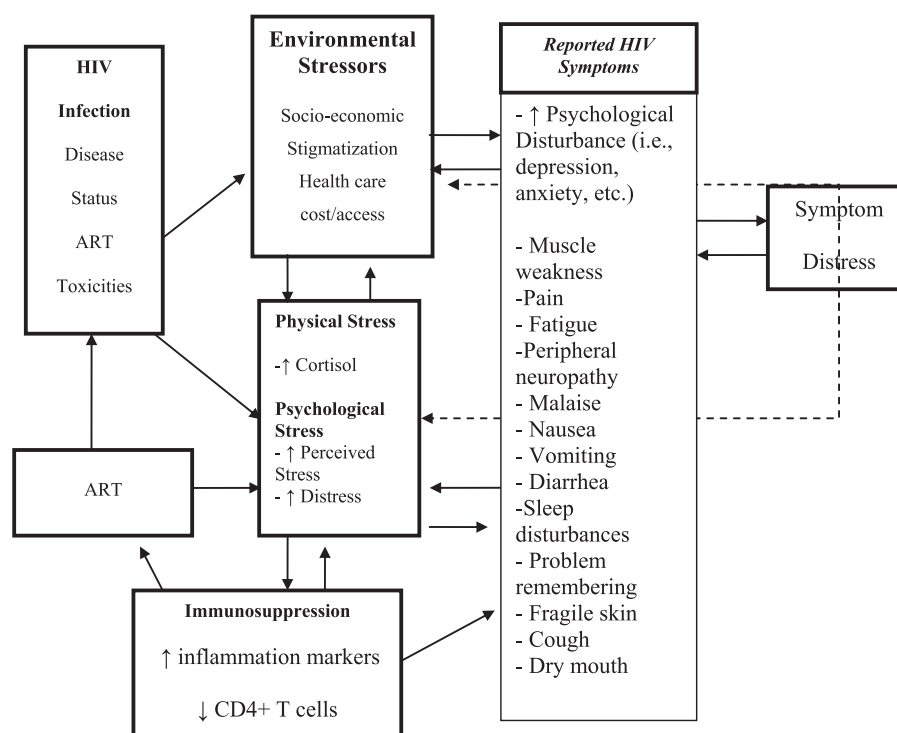


Figure 1. Schematic diagram showing relationships between HIV infection, distress, and the study variables. *Note:* ART = antiretroviral therapy.

delayed disease progression, but not without the consequences of ART side effects. These physiological abnormalities create a metabolic syndrome similar to that seen in more sedentary overweight populations. However, most of the HIV-related psychological symptoms are experienced in all stages of infection with or without treatment and are generally affected by additional external factors such as personal relationships, profession, and the surrounding environment, including biases toward those known to carry HIV (Cohen, M. et al., 2007; Lee et al., 2009).

Studies of self-reported HIV-related symptoms have indicated that the most commonly experienced symptoms range broadly from psychological disturbances to physiological abnormalities. Disorientation, trouble concentrating, anxiety, and depression are common psychological symptoms associated with HIV infection (Lee et al., 2009; Norval, 2004; Portillo et al., 2007). Patients who lack positive

coping skills and social support are also at a higher risk of developing psychological disturbances (Remien et al., 2006), which may lead to the need for additional prescription medications. Combinations of psychological and physical symptoms associated with HIV infection create a cyclic pattern that further impairs immune function and decreases quality of life (see Figure 1).

The negative effect of stress on health has been shown to increase the risk of illness in healthy populations (Laaksonen et al., 2009; van Oort, van Lenthe, & Mackenbach, 2005), and PLWH often experience stress. Distress can be caused by the social stigma associated with HIV infection; the virus itself; and the environmental, economic, and/or personal stressors experienced in everyday life. Due to chronic stress, studies have shown that PLWH have significantly higher amounts of circulating cortisol, which can lead to additional health consequences (Carrico & Antoni, 2008; Enwonwu, Meeks, & Sawiris, 1996).

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