



Review

Anxiety symptoms and disorders among adults living with HIV and AIDS: A critical review and integrative synthesis of the empirical literature



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HIGHLIGHTS

- A review of the rates and impact of clinically-significant anxiety among persons living with HIV/AIDS (PLWHA) is presented.
- Anxiety disorders and clinically-relevant symptoms have negative physical and emotional effects on PLWHA.
- Certain transdiagnostic variables may impact the rates and impact of anxiety among PLWHA.
- A heuristic model is proposed outlining the interrelations of anxiety and poor physical and psychological symptoms.

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ABSTRACT

There are over 35 million people worldwide infected with the Human Immunodeficiency Virus (HIV) and its progression to Acquired Immunodeficiency Syndrome (AIDS; WHO, 2014). With the advent of combined antiretroviral therapy (i.e., cART) in 1996, persons living with HIV/AIDS (PLWHA) now have much longer life expectancies. However, living with HIV remains challenging, as it is associated with a number of significant and recurrent (chronic) stressors including physical pain, side effects of cART, social stigma, and discrimination, among other social stressors. Presumably, as a result of these types of stressors, a disproportionately high number of PLWHA struggle with clinically-significant psychiatric symptoms and disorders. Although much scientific and clinical attention has focused on depressed mood and psychopathology among PLWHA, there has been comparably less focus on anxiety and its disorders. The paucity of work in this area is concerning from a public health perspective, as anxiety symptoms and disorders are the most common class of psychiatric disorders and often maintain a large negative impact on life functioning.

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1. Introduction

Relatively little is known about the nature of the anxiety-HIV/AIDS relation. Drawing from extant empirical work and conceptual models, there is reason to theorize that anxiety symptoms and disorders may play a role in the engagement (or lack of engagement) in behaviors that increase risk for HIV/AIDS (i.e., unprotected sex, substance use), and the experience of living with HIV/AIDS may be related to anxiety psychopathology. The common comorbidity of anxiety and HIV/AIDS may suggest that integrated intervention strategies (prevention, treatment, and health promotion) for these conditions are needed. By better understanding the nature of the association between HIV/AIDS and anxiety problems, advances will be made in understanding the processes underlying comorbidity between multiple anxiety disorders and health disorders more generally (i.e., transdiagnostic processes).

Although there have been two attempts to summarize some aspects of the larger empirical literature on anxiety and HIV/AIDS (i.e., O'Cleirigh, Hart, & James, 2008; Rabkin, 1996), these overviews did not comprehensively seek to review the anxiety-HIV/AIDS co-occurrence. For instance, Rabkin (1996) examined prevalence rates of all mood disorders, and noted a distinct lack of empirical data regarding anxiety disorders at the time, whereas O'Cleirigh et al. (2008) focused on providing an overview of studies largely dealing with the co-occurrence of posttraumatic stress and anxiety disorders among PLWHA. Here, it is noteworthy that certain populations, such as trauma-exposed samples, were disproportionately reviewed despite traumatic stress disorders not being formally being recognized as anxiety disorders in the most recent diagnostic system (APA, 2013). Also, because of the publication dates of these papers (i.e., 1996 and 2008, respectively), they do not contain coverage of work that has been completed after these time points (i.e., 2008–present); a period of time wherein there has been a great amount of growth in this literature, as documented in this review. Additionally, past summaries focused on linkages between anxiety symptoms and disorders and only a few clinical HIV/AIDS processes (e.g., medication adherence). Moreover, none addressed transdiagnostic individual difference factors that may undergird relations between anxiety and HIV/AIDS.

The current investigation was undertaken as an integrative literature review as opposed to a meta-analytic review. This decision was made primarily for two reasons. First, we believe that the former is better able to highlight the broad similarities across a literature that uses vastly different study methodologies, measurement techniques, and

population samples. Second, given the dissimilarity of many of the samples and small number of studies focused on this topic, a meta-analytic review may be a premature research approach at the present time.

The purpose of the present paper is to review the available empirical literature on the relation between anxiety symptoms and disorders and HIV/AIDS. In the first section, we define our search strategy and offer operational definitions employed in the review. In the second section, we review empirical studies that document the comorbidity of HIV/AIDS and anxiety disorders. In the third section, we review studies addressing anxiety and its disorders in terms of clinical HIV/AIDS processes (e.g., quality of life, medication adherence). In the fourth section, we review

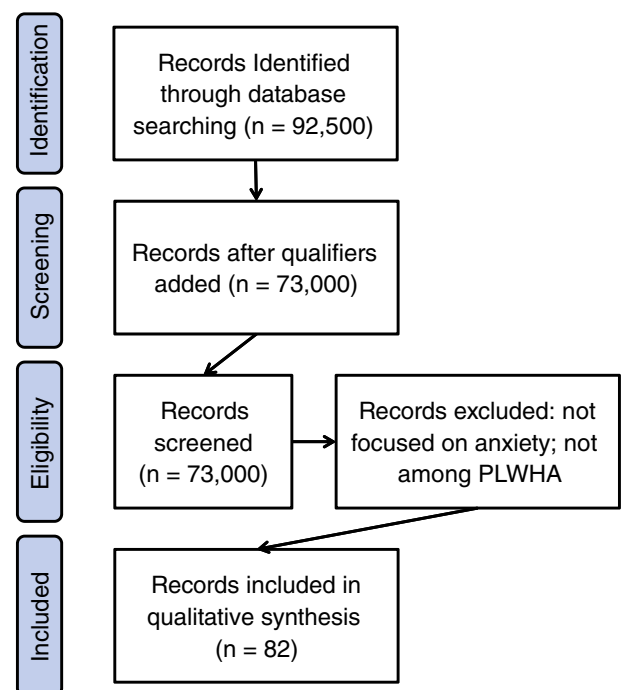


Fig. 1. PRISMA study selection guidelines.

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