

# Posttraumatic Stress Disorder and Stressful Life Events Among Rural Women With HIV Disease

Jeanne K. Kemppainen, PhD, RN, FAAN\*

Sally MacKain, PhD

Melissa Alexander, BSN, RN

Paula Reid, PhD, RN

Morgan Parks Jackson, BSN, RN

*Posttraumatic stress disorder (PTSD) and stressful life events are frequent and distressing problems for women living with HIV (WLWH). Studies have independently focused on the impact of these problems, but little work has examined the relationship between PTSD and stressful life events. Our cross-sectional study examined relationships between PTSD and recent stressful life events in WLWH. A sample of 60 women recruited through HIV community agencies in southeastern North Carolina completed the Stressful Life Events Questionnaire and the PTSD Checklist–Civilian Version (PCL-C). PTSD prevalence was high (43.2%). Two-thirds (66%) reported three or more recent life stressors. Women who experienced a higher number of recent life stressors scored higher on the PCL-C than those with fewer life stressors ( $p < .001$ ). Recent stressful life events may accelerate PTSD symptoms. Findings underscore the importance of addressing mental health issues in HIV treatment settings. Implications for nursing practice are provided.*

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Posttraumatic stress disorder (PTSD) is increasingly recognized as an important factor associated

with the rising prevalence of HIV disease (Machtinger, Wilson, Haberer, & Weiss, 2012). Of great concern are the highly disproportionate rates of PTSD in women with HIV disease in the United States. The reported PTSD prevalence of 30% for women living with HIV (WLWH) in the United States is five times higher than the rate of PTSD in women in the general population (Machtinger et al., 2012). In addition to high rates of PTSD, increasing evidence suggests that WLWH also experience high rates of current stressful life events (McIntosh & Rosselli, 2012).

Jeanne K. Kemppainen, PhD, RN, FAAN, is the Irwin Belk Distinguished Professor of Nursing, School of Nursing, University of North Carolina Wilmington, Wilmington, North Carolina, USA. (\*Correspondence to: kemppainenj@uncw.edu). Sally MacKain, PhD, is a Professor, Psychology Department, University of North Carolina Wilmington, Wilmington, North Carolina, USA. Melissa Alexander, BSN, RN, is a Staff Nurse, Duke University Hospital, Durham, North Carolina, USA. Paula Reid, PhD, RN, is an Associate Professor, School of Nursing, University of North Carolina Wilmington, Wilmington, North Carolina, USA. Morgan Parks Jackson, BSN, RN, is a Staff Nurse, Emergency Department, Wayne Memorial Hospital, Goldsboro, North Carolina, USA and a Family Nurse Practitioner masters Student, School of Nursing, University of North Carolina Wilmington, Wilmington, North Carolina, USA.

Despite the fact that WLWH and PTSD frequently encounter stressful life events, little is known about the relationship between current life stressors and PTSD symptoms. WLWH and PTSD, which includes multiple stressful life events, may react more negatively to those events. Moreover, stressful life events may reawaken or intensify memories of earlier traumatic events, resulting in an exacerbation of PTSD symptoms. Experiencing repeated stressful life events might also be particularly relevant to the ongoing maintenance of PTSD symptoms.

Although PTSD and stressful life events have both been extensively studied, prior HIV research has focused almost entirely on the independent areas of PTSD or stressful life events. Because stress can greatly impact the course of HIV disease and treatment outcomes (Cohen, Janicki-Deverts, & Miller, 2007), there is an urgent need to understand the full array of factors that women with PTSD and HIV disease experience when they deal with recent stressful life events.

Our study examined the relationships between recent stressful life events and PTSD in North Carolina, a state in the southern region of the United States. The proportion of HIV infections occurring in women living in the rural south is one of the highest in the United States (Centers for Disease Control and Prevention, 2015). Our study had four specific aims: (a) to examine the frequency and types of current PTSD symptoms in WLWH living in rural southeastern North Carolina, (b) to identify the frequency and types of self-reported recent stressful life events, (c) to examine associations between PTSD symptoms and recent stressful life events, and (d) to provide suggestions to guide nurses who practice with this vulnerable population.

## Background

### Posttraumatic Stress Disorder

PTSD is a chronic mental health disorder associated with exposure to an extreme stressor or a traumatic life event (Yehuda, 2002). According to the criteria for PTSD described by the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition* (DSM-IV; American Psychiatric Association, 2000),

persons diagnosed with PTSD may have intrusive or unwanted memories of the event, display avoidance-type behaviors, and undergo hyperarousal symptoms that interfere with everyday life.

The prevalence of PTSD in persons living with HIV infection (PLWH) is high. Studies report that 30% to 61% of PLWH will develop HIV-related PTSD at some point throughout the course of illness, either from receiving a diagnosis of HIV or experiencing physical symptoms and receiving medical treatment (Beckerman & Auerbach, 2011; Martin & Kagee, 2011; Pacella et al., 2012; Theuninck, Lake, & Gibson, 2010). In addition to HIV-related causes of PTSD, high PTSD prevalence rates in PLWH also reflect an increased number of traumatic events that preceded an HIV diagnosis. For many women with chronic PTSD, receiving an HIV diagnosis may be an added burden.

PTSD can have a profound impact on both health behaviors and health outcomes. PLWH and PTSD are more likely to have detectable viral loads and decreased adherence to antiretroviral medication regimens (Boarts, Sledjeski, Bogart, & Delahanty, 2006). PTSD has also been associated with high-risk behaviors in women (Hutton et al., 2001). Patients who have both PTSD and HIV have reported having lower satisfaction with perceived availability of social support due to greater numbers of HIV symptoms and an increase in perceived stigma (Katz & Nevid, 2005). An additional concern is that PTSD often leaves individuals vulnerable to other psychiatric disorders such as major depression, panic disorder, generalized anxiety disorder, and substance abuse (Koopman et al., 2002; Yehuda, 2002).

### Stressful Life Events

Research has indicated that stressful life events (SLE) are pervasive for PLWH. Although most are unrelated to HIV disease, SLE can have a major impact on the course of HIV disease progression and result in numerous adverse physiologic outcomes (Leserman, 2008). In addition to affecting biological markers of HIV disease, recent stressful life events have been associated with increased pain and fatigue and decreased functional health status (Leserman, Barroso, Pence, Salahuddin, &

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