



Contents lists available at ScienceDirect

HIV & AIDS Review

journal homepage: www.elsevier.com/locate/hivar



Original Research Article

Psychological status and its clinical determinants among people living with HIV/AIDS (PLWHA) in Northern Peninsular Malaysia

Rashid Radzniwan^a, Mohsin Alyani^b, Jaffar Aida^c, Omar Khairani^a,
Nik Ruzyanei Nik Jaafar^d, Hizlinda Tohid^{e,*}

^a Department of Family Medicine, Faculty of Medicine & Sciences, Universiti Sains Islam Malaysia, Ampang, Selangor, Malaysia

^b Pokok Sena Health Clinic, Ministry of Health, Malaysia

^c Department of Primary Care Medicine, Faculty of Medicine and Defense Health, Universiti Pertahanan Nasional Malaysia, 57000 Kem Sg. Besi, Kuala Lumpur, Malaysia

^d Department of Psychiatry, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

^e Department of Family Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

ARTICLE INFO

Article history:

Received 9 February 2016

Accepted 5 November 2016

Available online xxx

Keywords:

HIV
Depression
Anxiety
Stress
Factors

ABSTRACT

Aim: To determine the prevalence of depression, anxiety and stress, and its associated sociodemographic and clinical factors among people living with HIV/AIDS (PLWHA).

Background: The number of PLWHA with a near-normal life expectancy has been increasing. This has led them to face various challenges living with the disease, exposing them to multiple psychological problems.

Materials and methods: This was a cross-sectional study conducted at an HIV clinic in a government hospital in Northern Peninsular Malaysia. A total of 206 PLWHA were recruited using systematic random sampling. Sociodemographic factors and presence of negative emotional states were recorded using a self-administered questionnaire comprising the Depression, Anxiety and Stress Scale 21 (DASS-21).

Results: The prevalence of depression, anxiety and stress were 36.9%, 45.1% and 26.7% respectively. The majority had moderate to extremely severe symptoms of depression (71.1%), anxiety (88.2%), and stress (72.27%). After controlling for cofounders using multiple logistic regression, those with a co-morbidity had 3.02 times the odds of having depression compared to those without co-morbidity ($p = 0.01$). The non-Malays had 53% less chance to experience anxiety compared to Malays ($p = 0.01$). Those with lower monthly household income were more likely to experience stress than those with higher income, the worst was among participants with income of <RM1000 (<USD320) per month ($p = 0.02$, OR 5.59).

Conclusion: Negative emotional states with significant severity were common among PLWH, in particularly depression and anxiety. Thus, these psychological problems should be screened regularly especially among those with co-morbidities and financial constraint to allow provision of adequate emotional and social support.

© 2016 Polish AIDS Research Society. Published by Elsevier Sp. z o.o. All rights reserved.

1. Introduction

Globally, the number of people living with HIV/AIDS (PLWHA) has increased over the past decade as the HIV-related death and new HIV infections rates declined [1,2]. Similarly in Malaysia, the prevalence of HIV among adults has reached a plateau at 0.4% since

2001 [3]. This is achieved by widespread and timely use of antiretroviral therapy (ART), leading to near-normal life expectancy among PLWH [4,5]. Consequently, PLWHA would face various challenges living with the disease, which is not only affecting them physically but their psycho-social-spiritual well-being as well [6,7].

Depression and depressive symptoms are the most common psychological problems experienced by PLWHA [8]. However, the reported rates widely ranged from 5 to 81% [9,10], depending on the study subjects and methodology used particularly the tool to identify the psychological problems. The usage of screening instruments such as Depression, Anxiety, Stress Scale (DASS)

* Corresponding author at: Department of Family Medicine, Faculty of Medicine, 14th Floor, Preclinical Building, Universiti Kebangsaan Malaysia Medical Centre, Jalan Yaacob Latiff, Bandar Tun Razak, 56000 Cheras, Kuala Lumpur, Malaysia.
E-mail address: hizlinda2202@gmail.com (H. Tohid).

would usually yield higher rates compared to studies that utilised diagnostic tool [10].

Anxiety disorder may manifest throughout the course of HIV infection as the illness progresses [8,11]. The rates were varied; PLWHA in Western countries had lower rate (~20%) [12–14] compared to those from other parts of the world (30–75.3% [15–19]).

Stress is also common among PLWHA. The rates of stress perceived by the PLWH were between 30 and 68% [15,16,19]. It was caused by a complex multifactorial aetiology including presence of depression and anxiety [20].

In Malaysia, studies examining prevalence of psychological problems among PLWHA are still lacking [21]. A study by Tung et al. (2009) reported a lower rate of depression compared to the western countries [22]. Hence it is most relevant to explore the prevalence of psychological problems among PLWHA in Malaysia. This study also aimed to determine their sociodemographic and clinical factors that contribute to these problems. Such knowledge would assist policy makers, health professionals and caregivers in their efforts to address the psychological sequelae of vulnerable PLWHA.

2. Materials and methods

2.1. Study site and population

This study was a cross-sectional study conducted at an HIV clinic of a government hospital in northern Peninsular Malaysia. The data collection was done from January 2012 until April 2012. There were about 1241 registered HIV-positive patients at this clinic. The inclusion criteria for this study were those aged more than 18 years old and diagnosed with HIV for more than 3 months using a confirmatory serology test. Patients who were pregnant or unable to read and understand Malay or English Language were excluded.

Using StatCalc by EpiInfo 7 software, a required sample of 225 were calculated based on the estimated prevalence for depression, anxiety or stress of approximately 20%, a precision of 5%, the confidence interval (CI) of 95% and a 10% dropped out rate. The participants were recruited via systematic random sampling of every third patient attended the clinic during the period of data collection. The first selected patient of each day was randomly sampled.

2.2. Study tool

A self-administered questionnaire was utilised assessing participants' sociodemographic characteristics and presence of negative emotional states using the validated Bahasa Malaysia (BM) version of Depression, Anxiety, and Stress Scale (DASS-21). The clinical information of the participants were obtained from the hospital's Electronic Health Information System and patient's medical record.

The DASS-21 is a shorter version of the original DASS-42 that contains 21 items (7 items per domain) [23]. It is a public domain scale that was translated into Bahasa Malaysia [24]. The BM version DASS-21 was shown to have good psychometric properties among both clinical and non-clinical populations with good Cronbach's alpha values for depression, anxiety and stress of 0.84, 0.74, and 0.79, respectively [24–26].

The participants were asked to rate the severity of each state that they experienced over the past week using a 4-point severity scale (0: Did not apply to me at all, 1: Applied to me to some degree, or some of the time, 2: Applied to me to a considerable degree, or a good part of time, 3: Applied to me very much, or most of the time). Each domain was scored by summing all the items and

subsequently multiplied by two. The cut-off levels to determine possible presence of depression, anxiety and stress are ≤ 9 , ≤ 7 , and ≤ 14 respectively. Each domain can also be categorised into mild, moderate, severe, and extremely severe symptom groups using the following respective cut-off levels: depression domain (10–13, 14–20, 21–27, ≥ 28), anxiety domain (8–9, 10–14, 15–19, ≥ 20), and stress domain (15–18, 19–25, 26–33, ≥ 34) [24].

2.3. Ethical consideration

This study obtained approval from the Medical Research and Ethics Committee, Ministry of Health Malaysia [NMRR-11-435-9879] and the Research and Ethics committee of Universiti Kebangsaan Malaysia Medical Centre [FF-073-2012], the academic institution that funded the study. Permission to use of the original and BM version of DASS-21 was also attained from the authors.

2.4. Data analysis

The data was analysed using the Statistical Package for Social Science (SPSS) version 20.0 software. Descriptive statistics were done and presented as mean (SD), median (IQR) or frequency (%). The independent association between presence of possible psychological problems (depression, anxiety and stress) and all other variables was assessed using Multiple Logistic Regression. A *p*-value of < 0.05 was considered statistically significant.

3. Results

Data of 206 respondents were analysed, after excluding 14 respondents with incomplete questionnaire and 5 respondents who refused to participate in this study. The mean age of the respondents was 41.5 years (SD 8.0). Majority of them were male (60.2%), Malays (66.0%), and employed (65.5%), who had attained secondary level of education (75.7%) and stayed with their family (85.0%) (Table 1). About half of them were married (51.0%) and earned less than RM1000 per month (54.4%). Almost two fifths of

Table 1
Sociodemographic characteristics of the respondents (*n*=206).

	<i>n</i> (%)	Mean (SD)	Median (IQR)
Age (years)		41.5 (8.0)	41.0 (10.0)
Gender			
Male	124 (60.2)		
Female	82 (39.8)		
Ethnicity			
Malay	136 (66.0)		
Non-Malay	70 (34.0)		
Religion			
Muslim	141 (68.5)		
Buddhist	48 (23.3)		
Hindu	13 (6.3)		
Others	4 (1.9)		
Educational level			
No formal/Primary education	42 (20.4)		
Secondary education	156 (75.7)		
Tertiary education	8 (3.9)		
Employment status			
Employed	135 (65.5)		
Unemployed	71 (34.5)		
Household income (RM/month)			
<RM 1000	112 (54.4)		
RM 1000–RM 1999	55 (26.7)		
≥RM 2000	39 (18.9)		
Marital status			
Married	101 (49.0)		
Not married	105 (51.0)		
Living status			
Family	175 (85.0)		
Alone/Friends	31 (15.0)		

Download English Version:

<https://daneshyari.com/en/article/8734042>

Download Persian Version:

<https://daneshyari.com/article/8734042>

[Daneshyari.com](https://daneshyari.com)