CHALLENGES FACED BY CLIENTS LIVING WITH HIV/AIDS

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1. Define HIV/AIDS
2. Overview HIV Epidemic/Statistics
3. Factors contributing to HIV
4. Identify and discuss the challenges and psychological issues faced by clients living with HIV/AIDS.
5. Identify and discuss barriers to seeking behavioral health treatment.
6. Challenges in working with clients with co-existing substance use and HIV.
7. Interventions and coping strategies to improve quality of life.
The Human Immunodeficiency Virus or HIV virus as it is commonly known is a unique type of virus (a retrovirus). The human immunodeficiency virus is a lentivirus that causes the acquired immunodeficiency syndrome, a condition in humans in which progressive failure of the immune system allows life-threatening opportunistic infections and cancers to thrive.
The HIV Virus: • Invades the helper T cells (CD4 cells) in the body of the host (defense mechanism of a person). • Is threatening a global epidemic. • Is preventable & manageable but is NOT curable.
AIDS (acquired immune deficiency syndrome) is the final stage of HIV disease, which causes severe damage to the immune system. HIV is the virus that causes AIDS. Disease limits the body’s ability to fight infection due to markedly reduced helper T cells. Patients have a very weak immune system (defense mechanism). Patients predisposed to multiple opportunistic infections leading to death.
The global HIV epidemic claimed fewer lives in 2015 than at any point in almost two decades, and fewer people became newly infected with HIV than in any year since 1991. The list of countries on the brink of eliminating new HIV infections among children keeps growing. A massive expansion of antiretroviral therapy (ART) has reduced the global number of people dying from HIV-related causes to about 1.1 million in 2015 – 45% fewer than in 2005. UNAIDS/WHO estimates show that more than 18 million people were receiving ART in mid-2016.
## Global summary of the AIDS epidemic | 2015

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<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Range (2014–2015)</th>
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<tbody>
<tr>
<td>Number of people living with HIV in 2015</td>
<td>36.7 million</td>
<td>[34.0 million – 39.8 million]</td>
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<tr>
<td>Adults</td>
<td>34.9 million</td>
<td>[32.4 million – 37.9 million]</td>
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<td>Women (15+)</td>
<td>17.8 million</td>
<td>[16.4 million – 19.4 million]</td>
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<tr>
<td>Children (&lt;15 years)</td>
<td>1.8 million</td>
<td>[1.5 million – 2.0 million]</td>
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<tr>
<th>Category</th>
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<th>Range (2014–2015)</th>
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<tbody>
<tr>
<td>People newly infected with HIV in 2015</td>
<td>2.1 million</td>
<td>[1.8 million – 2.4 million]</td>
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<tr>
<td>Adults</td>
<td>1.9 million</td>
<td>[1.7 million – 2.2 million]</td>
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<tr>
<td>Children (&lt;15 years)</td>
<td>150 000</td>
<td>[110 000 – 190 000]</td>
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<tr>
<th>Category</th>
<th>Total</th>
<th>Range (2014–2015)</th>
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<tr>
<td>AIDS deaths in 2015</td>
<td>1.1 million</td>
<td>[0.9 million – 1.3 million]</td>
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<tr>
<td>Adults</td>
<td>1.0 million</td>
<td>[0.8 million – 1.2 million]</td>
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<tr>
<td>Children (&lt;15 years)</td>
<td>110 000</td>
<td>[84 000 – 130 000]</td>
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Globally, men who have sex with men (sometimes referred to as MSM) are 24 times more likely to be living with HIV than the general population. New diagnoses among this group are increasing in some regions - with a 17% rise in Western and Central Europe and a rise of 8% in North America between 2010 and 2014.

In 2014, men who have sex with men accounted for 54% of new HIV infections in Western Europe, 68% in North America and 30% in Latin America and the Caribbean. In Jamaica, one in three men who have sex with men are living with HIV.

Some nations, have progressive attitudes and policies regarding homosexuality and the lesbian, gay, bisexual and transgender (LGBT) community. In Latin America, West Europe, Central Europe and North America, many countries have made significant progress in recognizing the rights of LGBTQ people and allow marriage or civil unions between people of the same sex.
Factors Contributing to HIV

- Sex at an early age
- Little life-skills and sex education
- Little condom use
- Multiple partners
- Stigma and Discrimination
- Sex for money or sex for .....things
- Substance abuse: Ganja, cocaine, alcohol
- Men having sex with men & homophobia
- Gender inequity and gender roles
HIV infection has a major psychological impact on:

- The infected person.
- The infected person’s family.
- The infected person’s friends.
- The economic status of affected person.
Challenges

- Multiple comorbid psychiatric disorders:
  - Substance abuse & dependence
  - Personality disorders
  - Chronic mental illness

- Further challenges
  - Poverty, lower SES
  - Minorities over represented
  - Language and cultural barriers to care
Challenges

- Lower Socio-Economic Status
  - Most needs
  - Fewest resources
  - Increased risk of violence
  - Increased chaos in daily lives
    - Affecting adherence to ART
    - Not showing for appointments
  - Access to chemical dependency treatment
Examples of Psycho-Social Issues associated with HIV Isolation.

- Denial
- Guilt
- Bereavement
- Anger
- Fear
- Confusion
Barriers to seeking treatment

- A diagnosis of HIV or AIDS may often be difficult to cope with.
- Although treatment has been shown to be very effective for HIV, and those receiving treatment for the condition can expect to live longer and experience a higher quality of life than they might have in years past, the virus may still have a significant effect on mental health.
- People diagnosed with HIV or AIDS may often experience depression, anxiety and grief for the perceived loss of the life they thought they would have.
- Anger toward the person who transmitted the virus, and stress due to the financial demands of treatment and any lifestyle changes that may be required.
- It may also be difficult for individuals infected with the virus to navigate the additional challenges a diagnosis of HIV or AIDS can have on romantic relationships.
Emotional Barriers to seeking therapy

- 1. Silence
- 2. Ignorance
- 3. Fear
- 4. Stigma
- 5. Discrimination
Shame and Stigma

- Fear of unwanted disclosure of HIV Status.
- Change in financial status.
- Change in occupational status.
- Loss of relationship.
- Loss of support of family and friends.
- Cultural Issues
Barriers to seeking treatment

- Other symptoms may occur that include.
  - 1. Suicidality
  - 2. Nightmares
  - 3. Isolation
  - 4. Increased anxiety and depression.
Challenges

- Personality disorders
  - Cluster B traits predominant:
    - Borderline, Antisocial, Histrionic, & Narcissistic
  - Common features of impulsivity, risk taking, novelty seeking, self destructive behavior place themselves and others at risk of HIV infection
  - Added factors exploitative, manipulative, chaotic, entitled, dramatic, and demanding all make provision of care more challenging
Substance Use

- Alcohol
- Amphetamines
- Cocaine
- Heroin
- Club drugs:
  - GHB, MDMA (Ecstasy), Ketamine (Special K)
Injection drug users (IDU)
- Present later in illness for medical care
- Once in care, do not have accelerated course

Active use impairs access & complicates care through non-adherence

Alcohol, amphetamines, cocaine, & heroin
- suppress immune function.
Many studies showing benefit with and without antidepressants

- Group therapy – prominent modality
- Cognitive Behavioral Therapy (CBT)
- Interpersonal
- Supportive

Themes of guilt, shame, anger
Behavioral interventions (e.g., behavioral therapy, integrated case managers, or technological interventions such as text messaging) targeted at improving adherence to HIV and psychiatric treatment regimens, as well as reducing risk behaviors (e.g., unprotected sex, needle sharing).

A recent study showed that individuals with these co-occurring conditions can be successfully treated; and with appropriate supportive services, their adherence to medication can be increased and their HIV viral loads can be reduced (Blank et al., 2011). A

Another potential intervention that may be appropriate for HIV-uninfected persons with SMI who engage in high-risk behavior is pre-exposure prophylaxis (PrEP) for HIV prevention. This intervention, which involves treatment of uninfected individuals with anti-HIV medications, has shown promise in reducing HIV acquisition in high-risk groups such as men who have sex with men.
Interventions

- In therapy, an individual can explore ways to cope with these issues.
- Mental health professionals who have training in treating people who have a life-threatening or chronic illness, and these therapists and counselors may be particularly suited to treat those who have been diagnosed with HIV or AIDS.
- **Family counseling** might also be beneficial to those who wish to inform their family of their diagnosis, explain what it means, and help family members adapt to the news.
- **Couples counseling** may be helpful to people in serodiscordant relationships (relationships where one partner has HIV and one does not). Individual or group therapy can also help an individual living with HIV to come to terms with the illness and cope with the challenges it adds to life.
HIV progression may also lead to cognitive impairment, as the virus can affect the brain. Dementia, delirium, and psychosis are some of the conditions that can result, and should any of these conditions develop, a combination of therapy and psychiatric medications may be effective treatment.

Some of those affected by HIV might find it difficult to cope with their illness and maintain a healthy routine. Relaxation methods such as meditation, eating well, making enough time for sleep, exercising, and enjoying hobbies that facilitate relaxation are all ways that might help some cope with their illness more easily. Being able to mentally cope with the challenges of a chronic illness may also help one have an easier time fighting off physical effects.

Because AIDS, which can develop from HIV, is a life-threatening illness, people infected with HIV may also wish to seek end-of-life counseling, especially as the disease reaches final stages. In therapy, individuals can discuss medically necessary issues with a therapist, make plans for the future for any family members or children who might need care, and come to terms with the eventual end of their life. In this manner, they are able to exercise control over the aspects of life that they still are able to control, as control over the body diminishes.
Interventions

- Some people with HIV or AIDS benefit from group therapy and or support groups where they can connect and share with other people who are also infected as well as those who are not infected but may have a loved one who is. In this type of therapy, people may have the chance to network with other people who have experienced life with HIV/AIDS, to receive support that may be helpful when facing the challenges associated with an HIV or AIDS diagnosis, and to seek reassurance that life is still possible.

- Support groups often focus on developing healthy coping strategies and providing a community for people with HIV or AIDS.
PrEP

PrEP Pre-Exposure Prophylaxis

PrEP is a single pill taken every day by people who are at risk of HIV exposure, such as men who have sex with men. Research has shown that pre-exposure prophylaxis (PrEP) can reduce HIV transmission among men who have sex with men by 92%.

The World Health Organization (WHO) states that if its use is scaled up, an estimated 20% to 25% of new HIV infections among this population could be prevented. Despite expanding evidence of its effectiveness in HIV prevention, access to PrEP remains limited.

As of June 2016, PrEP had received regulatory approval in only seven countries, with further countries implementing or planning pilot projects to facilitate approval.
References

- World Health Organization, HIV Department, June 15th, 2016.
- ILGA (2016) ‘Sexual orientation laws’[pdf]
- WHO (2014) 'People most at risk of HIV are not getting the health services they need'