PERSONALITY AFFECTS DEPRESSION OCCURRENCE IN HIV/AIDS PATIENT

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ABSTRACT

The objective of this study was to perceive the effect of personality on depression in HIV/AIDS at Intensive Care Unit – Infectious Disease (ICUID) Dr. Soetomo Hospital. The study was a descriptive analytic study with cross sectional method by giving questionnaires of Beck Depression Index (BDI) and personality questionnaire to 35 outpatients at ICUID Dr. Soetomo Hospital on December 2011. From the questionnaire, 71.5% subjects was identified to be suffering from depression. The personality type in this study were divided into two, introvert and extrovert, with 28.5% classified having introvert personality and 71.5% having extrovert personality. From the depressed patients, 70% were classified as introvert while 30% were classified as extrovert. The study concludes personality influence the incidence of depression at people with HIV/AIDS. (FMI 2012;48:81-83)

Keywords: introvert personality, extrovert personality, depression, HIV/AIDS

INTRODUCTION

HIV/AIDS is one of the world pandemic, where the number of case keeps increasing over the year, including in Indonesia. The total amount of positive HIV case in Voluntary Counseling and Testing (VCT) service on the first quarter of 2011 was 4.552 (Ditjen PP & PL 2011). In consequence to the increasing amount of HIV/AIDS case, problems caused by the disease raised as well, one of which is depression. Depression is a mental disorder shown by dropping mood, loss of interest or pleasure or guilt or concentration or energy, and disturbed sleep or appetite which could lead to the worst case, suicide.

Prevalence of heavy depression on positive HIV patients is 2-3 times higher than general population (Olatunji et al 2006). Perry et al (as cited in Sammod & Bairy 2007) reported the severity of HIV-related physical symptoms correlated with Beck Depression Inventory (BDI) score and Hamilton Rating Scale for Depression (HRS-D). Commonly, depression was found when an individual is diagnosed with HIV. Generally, depression increases HIV progression, worsening condition of the individual.

But, several patient diagnosed positive with HIV gave off positive response and accepted their condition as a person with HIV/AIDS, open to other people and encouraged themselves from the problem, continuing their life for better. The difference on acceptance response could be caused by various factors, where one of it is personality of the individual.

Personality includes all behavior featured in an individual, used to react and adapt to stimulation coming from environment as well as oneself, showing behavior features as a functional unit unique to the individual (Ibrahim 2011). It is important for HIV/AIDS patient to understand their own personality as to solve
problems induced by the disease. The aim of this study was to understand the effect of personalities on depression occurrence in HIV/AIDS patient, tendency of depression between each personality, and observing the effect of depression towards declining condition in HIV/AIDS patient.

MATERIALS AND METHODS

The study was descriptive analytic with cross sectional approach. Samples were taken from HIV/AIDS patient examined or treated at ICUID Dr. Soetomo Hospital between August-December 2011 with total sampling. Instrument used is two questionnaires about depression and Beck Depression Inventory (BDI) questions, and another about determining personality based on personality theory. Data collection primarily originated from questionnaire given to all HIV/AIDS patient in ICUID Dr. Soetomo Hospital with informed consent and exclusion criteria for heavy mental disorder. The data is inspected by researcher to find any inadequacy to be returned to research subject for completion. Afterwards the input was processed based on the criteria determined before to be tabulated with distribution based on age, sex, depression, and personality.

RESULTS

Result from questionnaire given to respondent showed from 35 sample of outpatient at Intensive Care Unit – Infectious Disease (ICUID) Dr. Soetomo Hospital, mostly composed of male (60%) with 40% were female. Meanwhile based on age, sample can be divided to 7 group : 3 at 20-24 (8.5%), 7 at 25-29 (20%), 8 at 30-34 (22.8%), 6 at 35-39 (17.4%), 8 at 40-44 (22.8%), 2 at 45-49 (5.7%), and 1 at 55-59 (2.8%). How long since patient aware about their HIV/AIDS : 10 knew <= 6 months ago (28.5%), 4 knew 1-1.5 years ago (11.4%), 5 knew 2-2.5 years ago (14.2%), 4 knew 3-3.5 years ago (11.4%), 7 knew 4-4.5 years ago (20%), and 5 knew since 5 or more years ago (14.2%).

On the study, personality of samples categorized into two type, introvert and extrovert, illustrated Figure 1. Extrovert personality found to be dominant (25 person) compared to introvert personality (10 person) on the 35 sample of HIV/AIDS outpatient at ICUID Dr. Soetomo Hospital. Based on Beck Depression Index (BDI) given to the 35 sample of HIV/AIDS patient, 10 (28.5%) was reported to be suffering from depression, while 25 (71.5%) was not detected to be suffering from depression. Based on personality of depressed patient (10 sample), 7 was found to have introvert personality while 3 have extrovert personality.

DISCUSSION

Our study reported most patient suffering from depression have introvert personality. A patient with introvert personality tends to be depressed resulted from inability to communicate their source of anxiety with someone else, diminishing confidence when discovering themselves as HIV/AIDS patient, pessimistic to the problem, tendency to withdraw from the community and agonizing over the issue, resulting in higher rate of depression compared to patient with extrovert personality. An extrovert patient tends to open themselves toward other people and more confident, trying not to think too much over their problem to prevent worse physical condition, optimistic against the problem. As the result, individual with extrovert personality have lower rate to suffer from depression, only 30% on our study. Statistics of our sample generally is similar with previous studies. HSRC (2005) reported most of subject infected with HIV/AIDS suffered from depression at 25-49 age group, with onset of depression around 40 years old, with general range of 20 to 50 years old. Another study by Lipsitz et al (1994)
reported that depression rate on male HIV/AIDS patient was higher than female HIV/AIDS patient.

CONCLUSION

Type of personality affect the rate of depression on HIV/AIDS patient, with higher rate of depression for introvert personality (70%) compared to extrovert personality (30%). Additionally, time of HIV/AIDS detection on the patient affect the rate of depression as well, with HIV/AIDS detected on patient less or equal to 6 month ago has the highest rate compared to other group.

REFERENCES