

THE DEPRESSION PROFILE OF PEOPLE LIVING WITH HIV/AIDS (PLWHA) RECEIVING ANTIRETROVIRAL TREATMENT IN DR. SOETOMO HOSPITAL SURABAYA

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ABSTRAK

Penting untuk mengetahui profil dan prevalensi gejala depresi pada pasien dengan Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) yang berada dalam pengobatan ARV untuk menghindari kesempatan obat penarikan yang dapat menyebabkan peningkatan kematian pasien dengan HIV/AIDS. Desain penelitian ini adalah observasional deskriptif dengan pendekatan cross sectional terhadap pasien dengan HIV/AIDS dalam pengobatan ARV yang dalam konsultasi ke Unit Perawatan Intermediate Penyakit Infeksi Rumah Sakit Dr Soetomo Surabaya. Berdasarkan perhitungan, dari total sampel 43 orang, persentase tertinggi adalah penduduk tanpa gejala depresi (BDI 0-9) 30 orang (70%), depresi ringan (BDI 10-18) 5 orang, depresi sedang (BDI 19-29) 4 orang (9%), dan depresi berat 4 orang (9%). Ada faktor Penyebab gejala depresi seperti efek samping obat, tahap adaptasi, pengaruh stigma sosial, dukungan keluarga, dan stressor psikososial lain yang berbeda pada orang dengan dan tanpa gejala depresi. Kesimpulan, hasil penelitian yang diperoleh dari kuesioner pada 43 pasien dengan HIV/AIDS di era ART di Dr. Soetomo, 70% responden tidak menemukan depresi, depresi ringan sebanyak 12%, sedangkan depresi moderat dan depresi berat, masing-masing 9%.(FMI 2014;50:6-9)

Kata kunci: HIV/AIDS, depresi, terapi antiretroviral

ABSTRACT

It is important to know the profile and prevalence of depressive symptom in patients with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) which are in medication of anti retro viral (ARV) to avoid the opportunity of drugs withdrawal which can lead to the increasing of the mortality of patients with HIV/AIDS. The design of this research is observational descriptive with cross sectional design towards the patients with HIV/AIDS in medication of ARV which is in consultation to Intermediate Care Unit of Infectious Disease Dr. Soetomo Hospital Surabaya. Based on the calculation of the former research, from the total sample, 43 people, the highest percentage is population with no depressive symptom (BDI 0-9) 30 people (70%), mild depression (BDI 10-18) 5 people, moderate depression (BDI 19-29) 4 people (9%), and severe depression 4 people (9%). There are factors Causes of depression symptoms such as side effects of drugs, stages of adaptation, the influence of social stigma, family support, and other psychosocial stressors that differs people with and without depression symptoms. In conclusion, the research results obtained from the questionnaire in 43 patients with HIV/AIDS in the era of antiretroviral treatment in Dr. Soetomo Hospital, 70% of respondents found no depression, mild depression as much as 12%, whereas moderate depression and severe depression, respectively 9%.(FMI 2014;50:6-9)

Keywords: HIV/AIDS, depression, antiretroviral therapy

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INTRODUCTION

One of the diseases most feared by humans is Acquired Immunodeficiency Syndrome (AIDS), caused by Human Immunodeficiency Virus (HIV). AIDS is not a disease, but a symptom of disease caused by infection with various types of microorganisms such as bacterial infections, viruses, fungi, and even the onset of malignancy due to declining patient endurance (Murtiastutik 2008).

In Indonesia, the number of AIDS cases increased significantly from year to year. In endemic regions such

as Papua, HIV prevalence in the adult population is 2.4%. Whereas in many other places in the category of concentrated, with HIV prevalence >5% in key populations (Ministry of Health Republic of Indonesia 2011). Last recorded by Ministry of Health, at the end of March 2011, the number of people living with HIV/AIDS in Indonesia has reached 24,482 people. Nationally, the cumulative cases of AIDS reported from Jakarta (3,995 cases), East Java (3,775 cases), West Java (3,728 cases), Papua (3,712 cases), Bali (1,747 cases), West Kalimantan (1,125 cases), Central Java (1,030 cases), South Sulawesi (591 cases), North

Sumatra (507 cases), and Yogyakarta (542 cases). The ratio of AIDS cases among men and women was 2.7:1.

According to Kalichman et al (2000), as many as one in four patients with HIV/AIDS are older than 45 years having suicidal thoughts because of his illness. This is caused by the depression they experienced. Depression in patients with HIV/AIDS can arise from a variety of sources. Difficulty thinking of his family to care and buy medicine for patients, the public stigma that patients were discriminated against, no longer works for the family, and many other things (UNAIDS 2006).

Depression is a serious public health problem. Approximately 20% of women and 12% men, at some times in their lives have experienced depression (Amir 2005). Major depressive disorder is a disorder that often, with a lifetime prevalence is approximately 15%, possibly as high as 25% in women. Some epidemiological data have recently stated that the incidence of major depressive disorder may be increased in people aged less than 20 years. If the observation is correct, it may be associated with increased use of alcohol and other substances in the age group (Sadock & Sadock 2007). If during the treatment of depression in people living with HIV occurs, it would appear the possibility of drug withdrawal. The authors intend to conduct a study to determine the prevalence of depression in people living with HIV.

MATERIALS AND METHODS

This study is a descriptive observational with cross sectional design to HIV/AIDS patients on ARV therapy who visited Intermediates Care Unit of Infectious Disease Dr. Soetomo Hospital Surabaya. The study population was all 43 patients with HIV/AIDS in the treatment period at Dr. Soetomo Hospital Surabaya. In the sampling inclusion criteria are that patients in the treatment period and capable, cooperative, willing to fill out questionnaires and participated explanation sheet research. Whereas exclusion criteria are experiencing other severe psychiatric disorders before entering the study, subcortical injury (subcortical injury), infection of the central nervous system (CNS inflammation), HIV complications such as intracranial tumors, and if the patient's clinical situation suddenly decreased so that the patient is not able to follow the research. In this research study is a variable that is independent variables include duration of treatment, demographic characteristics, and stage of HIV infection, dependent variable is the degree of depression, which is the control variable in the treatment period, and confounding variable which are biological factors, genetic factors, and previous history of depression. Data obtained from measurements of the

degree of depression classified, tabulated, and distributed by age group, sex, and duration of treatment.

RESULTS

Male samples of were 25 persons and women 18 patients. Regarding age distribution, 21-30 years of age were 16 patients, aged 31-40 years were 22 patients, aged 41-50 were 5 patients. On the length of ARV treatment, samples obtained on treatment < 1 year there were 15 patients, 12 patients for 1-2 years, 3-4 years were 7 patients, and > 5 years were 9 patients. Out of a total sample of 43 people, the highest was not depressed (BDI 0-9) 30 people (70%), mild depression (BDI 10-18) 5 people (12%), whereas depression moderate (BDI 19-29) and severe depression (BDI 30-63) each with 4 people (9%).

DISCUSSION

Factors causes of depression symptoms in depression population are side effects of drugs, stages of adaptation, the influence of social stigma, family support, and other psychosocial stressors.

Side effects of drugs

Of the 13 people who are depressed, there are 77% who feel the side effects of treatment and the side effects felt quite disturbing them. While 23% did not feel the side effects. In addition, 38% of those who are depressed feel bored in taking ARV drugs due to a long time, spending money, and effort. The side effects of antiretroviral drugs are the possibility of different causes of depression among the greatest possibility of other causes. This is consistent with previous studies that use a variety of drugs including antiretrovirals can cause side effects in HIV/AIDS patients who often display symptoms of depression (Vardhana & Laxminarayana 2007). The prevalence of side effects that interfere with fairly high at 77%, according to the results of research conducted Vardhana and Laxminarayana. According to Vardhana and Laxminarayana (2007), comorbid depression is the most common symptom that arises as a result of side effects of the use of multiple drugs in patients with HIV/AIDS. Moreover, according to Penzak, the use of multiple drugs is directly causing depression in patients with HIV/AIDS who are in a period of treatment (Penzak et al 2000).

Stages of adaptation

From the stage adaptation, as much as 92% were already in the stage of acceptance. Only 8% of people still had not accepted their condition. Stages of Kubler-Ross model adaptation, or better known as The Five Stages of Grief have an important role in the possibility onset of depressive symptoms. If patients are able to receive or enter the acceptance stage, the patient will understand the importance of life and understand how to deal with the situation that he experienced. While patients who still have not received his/her condition, depression will be on stage where he would be alone and is constantly mired in regret. This can cause the patient to experience more severe depressive episodes.

A total of 46% of the sample were experiencing symptoms of depression was disturbed even intimidated the public stigma regarding their disease. Many people who think it is a retaliation against the sins they have committed even to consider them rubbish society. There are also patients who did not tell anyone about their illness for fear of being ostracized. Stigma society also took a major role in causing the symptoms of depression in patients with HIV/AIDS. According to research from Penzak, social stigma is accompanied by loss of a close relative due to HIV/AIDS and lack of social support would lead to symptoms of depression in patients with HIV/AIDS. Stigma is itself divided into two, namely the public stigma and self-stigma. Both will affect the patient's perception that, if perceived as negative, will result in the onset of symptoms of depression. The stigma that society will negatively affect their mental health in turn causes the symptoms of depression (Lindsey et al 2010). The prevalence of social stigma that causes depression in the patients in this study is quite high, 46% of the population of patients with depressive symptoms. This may be due to the personality of each patient that can not be positively perceived stigma.

Family support

All patients who have symptoms of depression had the support of their families who feel that even though there is not enough support to help. This might be due to psychosocial stressors are far greater than the social support that they get. Or the factors that cause other symptoms of depression that has a greater effect than social support for them. All the population with depressive symptoms claimed to get enough support, but the incidence of depression still arise. This is probably caused by a psychosocial stressor factor that is greater than the influence of family support. Family support has an important role in preventing depression at all in this case HIV/AIDS patients. The higher the social support that they can be, the lower the possibility of depressive symptoms (Lindsey et al 2010). The

presence of social support from various parties, especially families, will interact with the causes of depression, such as psychosocial stressors. Thus, both will lead to the effect of 'mutually exclusive' (Lindsey et al 2010).

Other psychosocial stressors

A total of 54% of the sample were experiencing symptoms of depression have other psychosocial stressors. Some of these are economic factors, their future, their children's future, and the internal problems the patient's family. According to Penzak, psychosocial stressors can also cause symptoms of depression even to major depressive episodes. Psychosocial stressors is taking a big part in the onset of depressive symptoms in patients with HIV/AIDS (Penzak et al 2000). Factors Causes Symptoms of Depression in Population Without Symptoms of Depression are side effects of drugs, stages of adaptation, the influence of social stigma, family support, and other psychosocial stressors. Out of 30 patients, those without symptoms of depression were 40% who feel the side effects of antiretroviral treatment, but these side effects did not cause significant interference. As many as 60% do not feel the side effects of ARV treatment. Stages of adaptation. All persons in the population with no depressive symptoms received condition now. The influence of social stigma. Only 7% of the population who do not have symptoms of depression is disturbed about the stigma people feel about their disease. While the other 93% do not feel disturbed. Family support. All patients who did not have depressive symptoms had the support of their families who feel that even though there is not enough support to help. Other psychosocial stressors. A total of 40% of the sample who did not have depressive symptoms have other psychosocial stressors.

Research should be conducted with a longer period and the start of the new HIV/AIDS patients. Further studies need to be continued to determine the prevalence of depressive symptoms in the coming year. So it can be known whether an increase or decrease. For further refinement of the research, the research should be done by some people in the team, given the number of HIV/AIDS patients very much. If found many cases of depression symptoms, it helps HIV/AIDS patients are given appropriate therapy.

CONCLUSION

From 43 patients with HIV/AIDS receiving anti-retroviral treatment in Dr. Soetomo Hospital, 70% of respondents found no depression, those with mild

depression were as much as 12%, whereas moderate depression and severe depression were respectively 9%.

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