HIV/AIDS

- Acquired Immune Deficiency Syndrome (AIDS) is of concern to all nurses, especially psychiatric-mental health nurses.
- Mood, anxiety, and substance abuse disorders commonly co-occur with HIV infection.
- Posttraumatic stress disorder is also a frequently noted comorbid condition.

Figure 25.2 The HIV-mental health spectrum. This model shows populations requiring mental health care services related to HIV. Cross-sectional size represents population size and diversity. Distance from the base represents increasingly direct emotional effects of HIV infection and the increasing need for mental health intervention. Source: Adapted from Knox, M. D., Davis, M., & Friedrich, M. A. (1994). The HIV mental health spectrum. Community Mental Health Journal, 30(1), 77. Kluwer Academic/Plenum Publishers. Reprinted with kind permission from Springer Science and Business Media.
### HIV Infection Risks

- Substance users
- Seriously mentally ill
- Homeless mentally ill
- Mentally ill who act recklessly

### Biopsychosocial Impacts

**Neuropsychiatric**
- HIV/AIDS and the opportunistic infections associated with them affect the CNS.
- Prescribed pharmacologic treatments may have neuropsychiatric side effects.
- Delirium, dementia, and coma can also occur.

### Biopsychosocial Impacts - continued

**Psychological**
- HIV/AIDS threatens psychological integrity along with physiologic integrity.
- Concept of loss is central.
- Risk for suicide increases.
Major Depression

Biopsychosocial Impacts - continued

- Developmental
  - Children and young adults
    - Identity consolidation
    - Developmental delays
  - Adults
    - Questions of dependence and independence

- Sociocultural and Economic factors
  - Stigma - may occur secondary to means of contraction (men who have sex with men and IDU in many Western cultures)
  - Economic factors - days lost due to illness may cost people with HIV/AIDS their jobs and insurance benefits
  - Homelessness - lack of decent, appropriate housing and no financial resources

Neuropsychiatric Manifestations

- Neurologic syndrome or neurocognitive impairment
- Cognitive, behavior, and motor dysfunction
- Delirium, dementia, coma
Neuropsychiatric Manifestations - continued

- Focal brain processes
  - Toxoplasmosis
  - Cryptococcal meningitis
  - Encephalitis
  - Progressive multifocal leukoencephalopathy
  - CNS lymphoma

Medication Side Effects

- Antiretroviral medications
- Medications to treat symptoms and infections

HIV-Related Dementia

- Infection of the CNS
- Progressive slowing and loss of cognitive and motor functions
- Behavioral disturbances
Therapeutic Milieu

- Proactive preparation and programming
- Protect privacy.
- Modify agency policy and procedures on a case-by-case basis.

Therapeutic Milieu - continued

- Implement infection control precautions.
- Provide direct care.
- Provide separate support groups.
- Intervene in impaired communication.
- Be aware of spiritual distress.
- Enhance home maintenance management.

Risk Reduction

- Provide risk reduction education and counseling
  - Educate all involved about strategies to reduce the risk of contracting or spreading HIV.
  - Counteract myths.
  - Correct misinformation.
Risk Reduction - continued

- Safer sex or safe sex?
- High risk, low risk, risk-free behaviors

Harm Reduction

- For those not ready to participate in treatment
- Focuses on minimizing risks

Providing Support

- Assess ability of client, family, and caregiver to function in the home.
- Assess the home environment.
- Develop strategies to address client needs.
Providing Support - continued

- Advocate and collaborate.
- Make referrals.
- Reorganize and renegotiate.
- Facilitate caregiver expression of fears and concerns.

Bereavement Support

- For clients, friends, and families
- Ongoing interest and concern
- Support groups
- Counseling

YOUR SELF-AWARENESS: Ethical Issues Surrounding HIV/AIDS

End in the process of ethical reflection discussed in Chap. 17 (TP) to assess these and other issues to avoid further stigma and defending people with HIV disease:

- Should HIV antibody testing be made mandatory? If yes, who should be tested? Why? Should women, people admitted to hospitals, patients, couples applying for marriage licenses, food handlers, health care workers, speech therapists, and bath attendants be allowed to test?

- In the public interest to identify, report, and make public the names of infected individuals or those at risk for HIV?

- Should people with HIV/AIDS be placed in quarantine for the public good?

- Should infected women, expectant mothers, or relatives to live with HIV/AIDS if they are related to food handlers or health care workers?

- Can or should insurance companies deny HIV-related medical insurance claims and life insurance policy claims?

- Should people who have had sexual contact with people with HIV/AIDS or have received infected blood products or tissue and who are asymptomatic be quarantined?

- Should people infected with HIV be allowed to receive potential unrelated organ transplants from someone?
Resources

- [http://www.amfar.org/cgi-bin/iowa/index.html](http://www.amfar.org/cgi-bin/iowa/index.html)
  The American Foundation for AIDS Research is a nonprofit organization dedicated to the support of HIV/AIDS research, HIV prevention, treatment education, clinical trials, and ending the global AIDS epidemic through innovative research.

- [http://www.nursesinacare.org](http://www.nursesinacare.org)
  The mission of ANAC is to promote the professional development of nurses involved in the delivery of health care to persons infected or affected by HIV and to promote the health and welfare of infected persons.

Resources - continued

- [http://www.canac.org](http://www.canac.org)
  CANAC is a national organization committed to fostering excellence in HIV/AIDS nursing, promoting the health and rights of persons affected by HIV/AIDS, and preventing the spread of HIV infection.

  This link is a guide for home care of persons with HIV from the National Institutes of Health.