

# Comorbidities Related to Physical, Mental and Intellectual Disabilities among Canadian Women Living with HIV are Common

Anode Pokmand\*

Department of Public Health, McGill University, Montreal, QC H3A 1G1, Canada

## Introduction

Antiretroviral therapy (ART) has greatly extended the life expectancy of HIV-positive individuals and decreased problems related to the disease that defines AIDS. The chance of developing more chronic diseases has grown along with life expectancy. Previous research has shown that HIV-positive individuals have a higher risk of cardiovascular problems, liver and renal disease, certain malignancies, osteoporosis, and mental illness than the general population. In a Canadian study, more than one-third of HIV-positive individuals had a mental health diagnosis within the previous two years, and one-third of HIV-positive individuals had at least one other chronic condition. Additionally, among those using ART, more than half of fatalities and clinical occurrences are considered to not be due to AIDS. The causes of the high frequency of comorbidity in HIV-positive individuals are multifaceted and may include the HIV virus itself, ART's long-term toxicity, immunological activation, chronic inflammation, and the confluence of adverse social determinants of health. For instance, people with HIV have greater incidence of lung conditions such chronic obstructive pulmonary disease (COPD) and lung cancer. Inflammaging, which is a term used to describe the persistent inflammation caused by the virus, and immune system impairment have also been connected to the increased incidence, which is not just because smoking is more prevalent in this community. Additionally, there is proof that those who with HIV age more quickly, developing problems like heart disease and reduced bone density that are typically linked with ageing. The average lifespan of HIV-positive individuals has improved, but concomitant conditions have made managing HIV more difficult. The purpose of this study was to assess the prevalence of comorbidities among Canadian women living with HIV. Using information from the 18-month survey (2014–2016) of the Canadian HIV Women's Sexual and Reproductive Health Cohort Study, we performed a cross-sectional analysis (CHIWOS). Measures of the lifetime prevalence of chronic physical conditions, present mental health disorders, and disabilities were based on self-report of diagnosed conditions. We looked at the prevalence and frequency of overlapping conditions in relation to age, gender identity, and ethnicity. A disability was reported by 19.9% of the 1039 individuals, a physical health diagnosis by 70.1%, a current mental health diagnosis by 57.4%, and a comorbidity including both physical and mental health by 47.1% [1,2].

## Discussion

With 70% of Canadian women living with HIV now having at least one concurrent physical health problem, 20% having a disability, and 57% having at least one mental health issue, there is a high burden of concurrent

comorbidities in addition to HIV. Because of this, 81% of women with HIV need medical attention for at least one illness other than HIV. Age-related increases in the majority of physical health and disability issues were offset by a more steady frequency of mental health conditions. Obesity is the most common physical comorbidity, and while Indigenous and white/other women were younger groups with the highest prevalence of obesity, ACB women aged 50 or more had the highest prevalence overall. As a third of the people in our study are currently affected, depression and anxiety are also highly prevalent. When providing care for women living with HIV, it is important to keep in mind that the burden of various illnesses varies greatly between ethnic groups. Our results demonstrate that disparities in the prevalence of comorbidities across a cohort of women living with HIV are related to differences in age, ethnicity, and gender identity. When treating patients of certain genders, ages, and races, clinicians should use these as guidelines to raise their index of suspicion rather than considering them to be causal variables [3-6].

## Conclusion

Our findings emphasise the necessity for individualised HIV care that include comorbidity management and prevention. Personalized HIV care must take into account the dynamic nature of social determinants of health across the lifetime, especially given that women living with HIV are surviving longer thanks to more effective medicines. In order to take into account the various risk factors for the various health issues faced by women living with HIV, person-centered and stigma-free methods are crucial. To ensure that conditions are not overlooked and that each patient's needs are met, clinicians should also modify their index of suspicion based on the socio-demographic profile of their patients. Concerningly, obesity, depression, and anxiety affect between 25 and 33 percent of women taking part in the CHIWOS study, but nearly 50 percent for some specific conditions.

## Acknowledgement

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## Conflict of Interest

None.

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\*Address for Correspondence: Julie Rozonov, Department, State University of Santa Catarina, Lages 88520-000, Brazil, E-mail: fernadam@gmail.com

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