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The Importance of Mental Health Issues in HIV-Associated Neurocognitive Impairment Diagnosis

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Introduction

People living with HIV (PLWHIV) have been defined as having neurocognitive impairment (NCI) without any other possible reason than HIV infection. Standardized cognitive testing and the exclusion of other medical conditions are used to diagnose NCI in PLWHIV. NCI is divided into three categories: minor neurocognitive disorder (MND), HIV-associated dementia, and asymptomatic neurocognitive impairment (ANI), depending on the severity of the symptoms and defined criteria. This non-AIDS occurrence has serious negative effects, including poor antiretroviral therapy (ART) adherence, challenges with performing everyday tasks, job loss, a decline in quality of life, and a higher mortality risk, among others. As a result, HIV-positive men were more likely to have any mood disorder (odds ratio (OR) = 6.10), major depressive disorder/dysthymia (OR = 3.77), any anxiety disorder (OR = 4.02), and any personality disorder (OR = 2.50) than their HIV-negative same-sex counterparts. The factors for this increased incidence in PLWHIV may be connected to the population's high exposure to a variety of stressful events, such as stigmatisation, a decline in social support, and worries following an HIV diagnosis.Although both NCI and mental health issues are very common in this community, it is yet unclear how these two disorders interact, however it can affect how each problem is diagnosed. International guidelines with special sections on HIV-associated NCI diagnosis advise a full assessment comprising a thorough clinical history and examination, screening, and testing [1,2].

Discussion

A specific approach would need to be established to diagnose mental health issues in PLWHIV based on the study's findings. We suggest that PLWHIV being monitored in HIV infection units undergo a thorough assessment of their mental health issues using a previously validated questionnaire, such as the Millon Clinical Multiaxial Inventory-III, at least once a year. Additionally, this thorough assessment should always be completed before an NCI review. If the test is successful, the patient should be sent to a mental health facility.

According to the study's findings, PLWHIV without concomitant conditions had a high prevalence of UMHC, good adherence to ART, and long-term suppressed viremia. This prevalence was discovered despite the individuals' prior exclusion. Surprisingly, a high percentage of mental health conditions, including depression, anxiety, bipolar disorder, and substance abuse, among others, were found in the analysed sample after evaluation with the MCMI-III questionnaire. These conditions had not previously been identified through the use of commonly used screening questionnaires, like the HADS. Alcohol and drug dependency were not previously self-reported in 8.8% and 2.5% of patients, respectively, despite the fact that substance misuse was an exclusion criterion. In conclusion, anxiety and bipolar disorders were the most common mental health conditions, presenting in 37.5% of the patients.As previously reported, the study population has a high frequency of NCI (26.3%).More than 10 years since HIV diagnosis and having at least one mental health disorder were factors in the multivariate analysis that were linked to an NCI diagnosis. Patients with an NCI diagnosis had higher mean scores for anxiety, alcohol dependency, and post-traumatic stress disorder [3-6].

Conclusion

In conclusion, our study shows that UMHC are common in PLWHIV, even in HIV individuals with well-controlled HIV. These illnesses are not self-reported by patients, recognised by professionals, or detected by simple screening questionnaires. Some of these UMHC might seriously influence public health, have an impact on HIV infection prevention efforts, or even interfere with NCI diagnosis.Simple screening tools like the HADS are insufficient to rule out mental health disorders in PLWHIV. In this population, disorders other than anxiety and depression should be assessed, such as in individuals with poor ART adherence, recurrent virologic failure, or prior to NCI diagnosis. These diagnostics could prevent NCI overdiagnosis and the additional stress of a false positive. According to the findings, given the sensitivity of this population when utilising diagnostic questionnaires to diagnose mental health issues, further neuropsychological research in PLWHIV are required. Future research should create longitudinal studies to determine how mental health issues affect NCI and how they could be harmful to cognitive functioning, while also examining their specific influences on various cognitive domains.

Acknowledgement

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Conflict of Interest

None.

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