Uncovering the Root Causes of HIV: Insights into Transmission and Risk Factors

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Introduction

The objective of this study is to comprehend how medical staff interacts with patients who have been diagnosed with HIV. Data collection took place between 2020 and 2021 as part of the study methodology for this analysis, which used the constructivist approach of grounded theory. By the analysis of the in-depth interviews, the core category, "Revealing the relationship between the professional and the person at the time of the positive result for HIV/AIDS," was developed. The patient's care, bonding, acceptance, and adherence to the recommended course of treatment are all impacted by the nurse's proximity to the patient in terms of their sentiments and behaviours. 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].

Description

The socio-cultural factors that increase infection risks, provide significant obstacles to epidemic control, and limit equitable use of available biomedical technologies for the benefit of people continue to exist, lowering the standard of treatment provided. It is important to better recognise, especially in primary care, people's needs to better understand the reasons for low treatment adhesion, one of the differentiated strategies to deal with limitations and, in turn, help the formation of bonds. In Brazil, other researchers point out that at the core of relationships there is still stigma and discrimination linked to HIV/AIDS, in a context permeated by situations of violence. However, this ability to advance equity in care is constrained by routine actions that support discriminatory patterns or ignore inequalities. In the face of the worry that confidentiality would be violated, PHC might be a threat or increase the processes of vulnerability, increasing vulnerabilities [3]. The nursing professional must develop fundamental clinical, administrative, and management skills in order to better mediate the relationship of care between nurses and the patient in the diagnosis of HIV infection [4]. 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 [5,6].

Conclusion

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.

References

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