

Youth with HIV/AIDS are more likely to Suffer from Depression

Manyak Mehera*

Department of Public Health, Texas Tech University Health Sciences Center, USA

Editorial

Adolescents are becoming more and more infected with the Human Immunodeficiency Virus (HIV). According to the Centers for Disease Control and Prevention's (CDC) most recent estimates, 25 percent of new HIV diagnoses in the United States occurred among people aged 13 to 24. Youth living with HIV and AIDS (YLWHA) can now live long and healthy lives thanks to breakthroughs in antiretroviral therapies (ART), as long as they take effective medications and follow treatment guidelines. YLWHA are at risk of poor viral control, higher risk of viral transmission, poor medical outcomes, and impaired quality of life if they do not utilize ART consistently and effectively. Psychiatric illnesses, such as depression, are prevalent among YLWHA. As a result, treating depression is essential for maintaining physical health and avoiding the spread and transmission of HIV. Depression among YLWHA has been associated with decreased adherence to ART, decreased treatment engagement, increased substance use, unsafe sex practices, and poor viral suppression. Furthermore, the presence of depression among adolescents, both YLWHA and HIV uninfected, increases the risks for sexually transmitted infections including HIV. In this article, we review the complex interplay between youth, HIV, and depression, and how child and adolescent psychiatrists can best care for this vulnerable population through prevention and interventions.

HIV diagnosis and treatment advances have turned an infection that was once thought to be lethal into a chronic disease. Those who contract HIV disease either congenitally or via their behaviour are far more likely to die of aging-related illnesses than of AIDS-related illnesses. ARTs have improved the health and quality of life of HIV-positive youths. Despite the fact that HIV is a global pandemic, efforts in the United States have resulted in fewer new HIV infections. From 2010 to 2015, the Centers for Disease Control and Prevention (CDC) predicts that annual HIV infections among teenagers declined by

24%. Although the number of new HIV infections in the United States has declined by 19% in the last decade, new infections among 13- to 24-year-olds have increased by 87 percent, accounting for 21% of all new HIV infections. In 2016, sexual and ethnic minority groups were overrepresented among newly infected cases, with 81 percent of new infections occurring among gay/ bisexual men who identified as African American (54 percent) or Hispanic/Latino (41 percent) (25 percent). Although the number of new HIV infections in the United States has declined by 19 percent in the last decade, new infections among 13- to 24-year-olds have increased by 87 percent, accounting for 21 percent of all new HIV infections.

Further examination of the CDC's data for YLWHA from 2011 to 2015 reveals troubling results. In the United States, 51 percent of the 60,300 confirmed cases of adolescents living with HIV were undiagnosed, the highest incidence of undiagnosed HIV infection among any age group. Only 41% of individuals diagnosed received HIV therapy, and only 31% were kept in HIV care after they were diagnosed. Only 27% of individuals getting care achieved viral suppression, which is a major condition for preventing HIV illness from progressing to AIDS. This is the lowest rate of viral suppression of any age group. In 2015, YLWHA was responsible for 8% of new AIDS diagnoses and 100 deaths.

In the United States, tremendous progress has been made in lowering new HIV/AIDS cases. Screening, early identification, rapid testing, and early antiretroviral therapy have all proven to be helpful in preventing transmission and extending life. HIV is now considered a chronic illness, and those who receive treatment enjoy longer and healthier lives. Although many young people are doing well, studies show that this is not the case for all HIV-positive adolescents, particularly those from ethnic minorities. Adolescents continue to have greater rates of undiagnosed and untreated infections, as well as the lowest rates of viral suppression required to prevent the progression of AIDS in those who are receiving treatment.

How to cite this article: Mehera, Manyak. "Youth with HIV/AIDS are more likely to Suffer from Depression." J AIDS Clin Res 12(2021): 861.

***Address for Correspondence:** Manyak Mehera, Department of Public Health, Texas Tech University Health Sciences Center, USA, E-mail: m.manyak@yahoo.com

Copyright: © 2021 Mehera M. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received 08 December 2021; **Accepted** 13 December 2021; **Published** 18 December 2021