PTSD Symptoms Common Among People With HIV

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One third of HIV-positive men participating in a U.K. survey met the criteria for an HIV-related diagnosis of post-traumatic stress disorder (PTSD), according to a report published in the August 16 issue of *AIDS Patient Care and STDs*. A particularly notable finding was that starting antiretroviral therapy can be a PTSD trigger among people living with HIV.

PTSD is a frequently debilitating psychological disorder stemming from experiencing or witnessing traumatic events, such as physical violence. People with PTSD experience symptoms of depression and anxiety, have intrusive memories of the traumatic event, and often begin avoiding places and activities that trigger such memories. Taken together, these symptoms can significantly affect a person's ability to function in life and experience pleasure.

Various studies have examined whether HIV-related experiences, such as the threat of physical or psychological harm, increase the risk of developing PTSD. With HIV, harm can come from the threat of illness or death due to disease progression or opportunistic infection or from social rejection due to a person's HIV status. Rates of PTSD in people with HIV have ranged from 13 to 64 percent, depending on the group being studied.

To determine the frequency and causes behind PTSD in HIV-positive gay and bisexual men, Anthony Theuninck, a doctor of clinical psychology, and his colleagues from the NHS Foundation Trust in London, surveyed 100 gay and bisexual men in the United Kingdom.

Theuninck's team found that 33 percent of the surveyed men met the criteria for HIV-related PTSD, in that they experienced threats to their physical health from HIV or witnessed someone else's death from HIV, and that they had profound feelings of fear and helplessness related to these events.

Three HIV-related events most strongly predicted developing PTSD. They were: experiencing physical symptoms, witnessing HIV-related death and, unexpectedly, receiving antiretroviral (ARV) treatment. Though 55 percent of the survey respondents rated being diagnosed with HIV as a traumatic event, this was not correlated strongly with the development of PTSD, nor were feelings of shame or guilt over becoming HIV positive.

Theuninck and his colleagues stated that receiving HIV treatment was both "the strongest

predictor and an unexpected finding. The emotional distress evoked by receiving treatment was more highly correlated with [post-traumatic stress symptoms] than any other stressor."

The authors hypothesized that receiving ARV treatment "could include catastrophic expectations about the limitations a medication regime may impose on social or occupational functioning thus leading to traumatic fear, or the perceived failure of alternative medicines and lifestyle remedies leading to traumatic helplessness."

As for the treatment implications of their findings, the authors recommend that clinicians become familiar with the diagnostic criteria of PTSD and remain on the lookout for these symptoms in their patients. Given previous findings about the increased likelihood for poor adherence among people with PTSD, this may be critical.

In cases where PTSD comes on within a month of a traumatic event, immediate intervention is not recommended by current guidelines, the authors noted. People whose symptoms persist beyond one month, however, should receive professional treatment specific to PTSD.

The authors also recommended that people with HIV receive education about the symptoms of PTSD and the kinds of events that can increase a person's vulnerability to developing the condition.

"Further research is needed to determine the conditions that contribute to some HIV-related events being more likely to be traumatic than others," the authors concluded. "Such research may benefit from being guided by psychological PTSD models…to inform further service and treatment development."

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