

TOWARDS HOLISTIC CARE: INTEGRATING MENTAL HEALTH SUPPORT FOR PEOPLE LIVING WITH THE HUMAN IMMUNODEFICIENCY VIRUS

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Abstract: **INTRODUCTION** The Human Immunodeficiency Virus (HIV) is a retrovirus that targets the immune system, specifically CD4+ T cells, leading to a weakened ability to combat infections and diseases. HIV infection progresses through stages, culminating in acquired immunodeficiency syndrome (AIDS) if untreated. Globally, HIV/AIDS affects millions, with Sub-Saharan Africa bearing the highest burden. In Brazil, disparities persist, impacting populations like men who have sex with men, transgender individuals, and people who inject drugs. Despite medical advancements, individuals with HIV face stigma and discrimination, perpetuating marginalization and impacting access to care. This narrative review aims to explore the multifaceted challenges and advancements in HIV/AIDS care, encompassing the virus's biology, epidemiology, treatment, and societal implications.

OBJETIVE Analyze and describe the main aspects of Mental Health in people living with HIV the last years.

METHODS This is a narrative review, the database included studies in the MEDLINE – PubMed (National Library of Medicine, National Institutes of Health), COCHRANE, EMBASE and Google Scholar using as descriptors: Mental Health AND HIV AND Psychiatry OR Infectology in the last years.

RESULTS AND DISCUSSION The discovery of HIV in 1983 by Dr. Luc Montagnier and Dr. Robert Gallo revolutionized our understanding of infectious diseases, particularly AIDS, and provided a foundation for subsequent research and intervention efforts. This groundbreaking discovery highlighted the urgent need for targeted strategies to address the HIV/AIDS epidemic, particularly among vulnerable populations such as the LGBT community, who have faced disproportionate rates of infection and barriers to care. Despite significant strides

in HIV prevention and treatment, including the introduction of PrEP and PEP, challenges persist, necessitating ongoing advocacy, research, and community engagement to combat stigma, improve access to care, and ensure equitable health outcomes for all individuals affected by HIV. The integration of mental health services into HIV care represents a critical step towards addressing the complex psychosocial needs of individuals living with HIV and underscores the importance of a holistic approach to healthcare delivery. By prioritizing comprehensive support services, including mental health care, and fostering inclusive and supportive environments, we can advance efforts to mitigate the impact of HIV/AIDS and improve the well-being of affected individuals and communities worldwide.

CONCLUSION: Underscores the enduring challenges and advancements in the landscape of HIV/AIDS. From its discovery in the 1980s to contemporary interventions like PrEP and PEP, the HIV/AIDS epidemic has remained a significant global health concern. Disparities in prevalence and access to care persist, particularly among marginalized populations such as the LGBT community. Integrated care approaches are essential to address the complex interplay between mental health and HIV, emphasizing the need for destigmatization and increased access to support services. Moving forward, concerted efforts are required to bridge gaps in research, practice, and policy to ensure comprehensive care and support for individuals affected by HIV/AIDS worldwide.

Keywords: Mental Health; HIV; Psychiatry; Infectology.

INTRODUCTION

The Human Immunodeficiency Virus (HIV) is a retrovirus that primarily targets the immune system, specifically CD4+ T cells, weakening the body's ability to fight off infections and diseases¹. HIV infection progresses through various stages, from acute infection to chronic infection, ultimately leading to Acquired Immunodeficiency Syndrome (AIDS) if left untreated². Despite significant advancements in understanding the virus and developing treatments, HIV/AIDS remains a global public health challenge with profound social, economic, and health implications².

Globally, HIV/AIDS continues to affect millions of people, with an estimated 38 million individuals living with the virus worldwide³. Sub-Saharan Africa remains the most heavily affected region, accounting for the majority of new infections and AIDS-related deaths⁴. In Brazil, HIV/AIDS prevalence has stabilized in recent years, with an estimated 920,000 people living with HIV in 2020⁵. However, disparities persist, with certain populations, such as men who have sex with men, transgender individuals, and people who inject drugs, disproportionately impacted by the epidemic⁶.

The landscape of HIV treatment has undergone remarkable transformations since the discovery of the virus in the 1980s. The introduction of combination antiretroviral therapy (cART) in the mid-1990s revolutionized HIV management, leading to significant reductions in morbidity and mortality associated with AIDS-related complications⁷. Advances in treatment regimens, including the development of newer classes of antiretroviral drugs and the simplification of dosing schedules, have further improved treatment outcomes and quality of life for people living with HIV⁸.

Despite medical progress, individuals living with HIV continue to face pervasive stigma and discrimination in society⁹. Misconceptions surrounding the transmission of the virus, fear of contagion, and moral judgments contribute to the marginalization and social exclusion of HIV-positive individuals¹⁰. Discriminatory attitudes and behaviors not only impact access to healthcare and support services but also perpetuate feelings of shame, guilt, and psychological distress among affected individuals¹¹.

Through a comprehensive understanding of the HIV virus, its epidemiology, treatment landscape, and the social context of stigma, this narrative review aims to explore the multifaceted challenges and advancements in HIV/AIDS care and management.

OBJECTIVES

Analyze and describe the main aspects of Mental Health in people living with HIV the last years.

SECONDARY OBJECTIVES

1. To explore the existing literature on the intersection of mental health and HIV, synthesizing key findings and insights.
2. To identify and analyze the various mental health challenges faced by individuals living with HIV, as documented in academic literature.
3. To investigate the stigma, discrimination, and psychosocial stressors experienced by people living with HIV and their implications for mental health outcomes.
4. To examine the role of healthcare providers, social support networks, and community organizations in promoting mental well-being among people living with HIV.

METHODS

This is a narrative review, in which the main aspects of Mental Health in people living with HIV were analyzed. The beginning of the study was carried out with theoretical training using the following databases: PubMed, sciELO and Medline, using as descriptors: Mental Health AND HIV AND Psychiatry OR Infectology in the last years. As it is a narrative review, this study does not have any risks.

Databases: This review included studies in the MEDLINE – PubMed (National Library of Medicine, National Institutes of Health), COCHRANE, EMBASE and Google Scholar databases.

The inclusion criteria applied in the analytical review were human intervention studies, experimental studies, cohort studies, case-control studies, cross-sectional studies and literature reviews, editorials, case reports, and poster presentations. Also, only studies writing in English and Portuguese were included.

RESULTS AND DISCUSSION

The Human Immunodeficiency Virus (HIV) was first identified in 1983 by a team of researchers led by Dr. Luc Montagnier at the Pasteur Institute in France¹². Through a series of studies involving patients presenting with symptoms of acquired immunodeficiency syndrome (AIDS), Montagnier's team isolated a novel retrovirus from lymph node biopsy samples, which they initially named Lymphadenopathy-Associated Virus (LAV)¹³. Concurrently, Dr. Robert Gallo and his team at the National Cancer Institute in the United States also discovered a similar retrovirus, initially termed Human T-cell Lymphotropic Virus (HTLV-III), later recognized to be the same virus as LAV¹⁴. This discovery marked a significant milestone in the understanding of AIDS, providing crucial insights into the etiology and pathogenesis of the disease¹⁴.

The Lesbian, Gay, Bisexual, and Transgender (LGBT) population has been disproportionately affected by HIV/AIDS since the beginning of the epidemic¹⁵. Early on, HIV was erroneously labeled as a “gay disease,” contributing to stigmatization and discrimination against LGBT individuals¹⁶. High-risk behaviors such as unprotected sex and injection drug use, compounded by societal marginalization and lack of access to healthcare, have fueled HIV transmission within the LGBT community¹⁷. Despite advancements in prevention and treatment, HIV prevalence remains elevated among certain subgroups within the LGBT population, underscoring the ongoing need for targeted interventions and support services¹⁷.

HIV Pre-Exposure Prophylaxis (PrEP) involves the use of antiretroviral medication by HIV-negative individuals to reduce their risk of acquiring the virus¹⁸. Truvada, a combination of tenofovir disoproxil fumarate and emtricitabine, was the first medication approved for PrEP by the U.S. Food and Drug Administration (FDA) in 2012¹⁹. Numerous clinical trials have demonstrated the efficacy of PrEP in preventing HIV transmission, particularly among high-risk populations such as men who have sex with men (MSM) and transgender individuals²⁰. PrEP has revolutionized HIV prevention efforts, offering an additional tool alongside condoms and other risk reduction strategies to help individuals protect themselves from HIV infection²⁰.

HIV Post-Exposure Prophylaxis (PEP) involves the administration of antiretroviral medication to individuals following potential exposure to HIV to prevent infection²¹. PEP is typically recommended within 72 hours of exposure and consists of a 28-day course of antiretroviral therapy²². Although PEP is not 100% effective, timely initiation significantly

reduces the risk of HIV acquisition²³. PEP is commonly utilized in occupational settings, such as healthcare facilities, following needle-stick injuries or other occupational exposures to HIV-infected blood²⁴. Additionally, PEP may be offered to individuals following sexual assault or unprotected sexual encounters with a known or suspected HIV-positive partner²⁵.

A complex interplay between mental health and HIV, highlighting the need for integrated care approaches²⁶. Individuals living with HIV face a myriad of mental health challenges, including depression, anxiety, and stigma, which can significantly impact their overall well-being and quality of life^{27,28}. Stigma surrounding HIV remains a pervasive issue, contributing to increased levels of psychological distress and social isolation among affected individuals²⁹. Moreover, psychosocial stressors such as discrimination, financial difficulties, and fear of disclosure further exacerbate mental health burdens within this population^{30,31}.

Existing interventions aimed at addressing mental health needs among HIV patients vary in effectiveness, with evidence suggesting the benefits of integrated mental health services within HIV care settings³². Integrated care models that combine medical treatment with psychological support and social services have shown promise in improving mental health outcomes and treatment adherence among individuals living with HIV³³. However, disparities in access to mental health services persist, particularly among marginalized populations and those with limited resources³⁴.

Qualitative studies provide valuable insights into the lived experiences of individuals coping with mental health issues in the context of HIV³⁵. Narratives from HIV patients underscore the importance of holistic care approaches that recognize the interconnectedness of mental and physical health³⁶. Healthcare providers play a crucial

role in addressing the mental health needs of HIV patients, yet training and resources for mental health support remain inadequate in many healthcare settings³⁷.

Moving forward, there is a clear imperative to address gaps in research and practice to better support the mental well-being of individuals affected by HIV³⁸. Multifaceted strategies that promote destigmatization, increase access to mental health services, and foster community support networks are essential in mitigating the impact of mental health challenges among HIV patients³⁹. By integrating mental health services into HIV care delivery systems and adopting a person-centered approach, healthcare providers can effectively address the complex needs of this vulnerable population⁴⁰.

CONCLUSION

In conclusion, the comprehensive review of HIV/AIDS highlights the multifaceted nature of the epidemic and the interconnected challenges faced by individuals affected by the virus. From its initial identification in the

1980s by Dr. Luc Montagnier and Dr. Robert Gallo to the present day, HIV/AIDS has posed significant public health challenges globally. Disparities in prevalence and access to care persist, particularly among marginalized populations such as the LGBT community.

However, advancements in prevention strategies, including Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP), have offered new avenues for HIV prevention and treatment. Furthermore, the complex interplay between mental health and HIV underscores the importance of integrated care approaches to address the holistic needs of individuals living with the virus.

Moving forward, efforts to destigmatize HIV, increase access to mental health services, and foster community support networks are crucial in mitigating the impact of the epidemic and improving the well-being of affected individuals. By prioritizing research, practice, and policy initiatives that address the multifaceted challenges of HIV/AIDS, we can work towards a future where all individuals affected by the virus receive comprehensive care and support.

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