SUMMARY

INTRODUCTION

HIV/AIDS has become a chronic medical condition as a result of the success of antiretroviral drugs such that effective management of the HIV infected individual should also involve screening for emotional disorders such as depression in them that can greatly impact on their quality of life. This study sought to find out if there was any relationship between depression and quality of life of HIV/AIDS patients attending the HIV clinic in UBTH.

AIM

The aim of the study was to determine the relationship between depression and quality of life of HIV/AIDS patients presenting to the HIV clinic of the University of Benin Teaching Hospital (UBTH).

METHODS

A descriptive cross-sectional design study of 300 HIV infected adults attending the HIV clinic of UBTH was done and respondents were selected by a systematic random sampling technique. Two pretested validated interviewer administered questionnaires, a modified Hospital Anxiety and Depression Scale (HADS) questionnaire and a modified WHOQOL-HIV BREF questionnaire were used as the study instruments. P-value was set at 0.05.

RESULTS

The subjects consisted of 218 (72.7%) females and 82 (27.3%) males, with a female to male ratio of 2.7: 1. The mean age of the respondents was 39.5 ± 9.7 years. The prevalence of depression was 20.3%, of these 12.3% were mildly depressed, 5.3% were moderately depressed and 2.7% were severely depressed. The respondents in the oldest age group 59-68 years, the females, the unemployed, those who had not disclosed their HIV status and those
who were recently diagnosed within the last 4 years had the highest proportion of depressed respondents. The study also showed that the symptomatic and those with opportunistic infections, had the highest proportion of depressed respondents and these were statistically significant. The mean QoL scores of the respondents in the study were highest in the SRPB domain and lowest in the social relationship domain. The respondents in stage IV of HIV disease had the highest proportion with poor quality of life scores in all the domains except in the psychological domain, where the respondents in stage II of the HIV disease had the highest proportion with poor quality of life scores. The study also showed that the depressed respondents had a higher proportion with poor QoL scores in all domains when compared with the non-depressed respondents, except in the social relationship domain where the nondepressed respondents had a higher proportion with poor QoL scores and this was statistically significant. The significant predictor of depression in the QoL domain was the psychological domain which showed that those with poor quality of life scores in the psychological domain were three times more likely to be depressed than those with good quality of life scores in the psychological domain.

These results underscore the fact that HIV positive patients still face a lot of psychological problems and social relationship problems probably as a result of the stigma still associated with the disease. It also shows that depression is still a major burden for People Living with HIV/AIDS (PLWHA). Management of PLWHA should therefore include efforts targeted at detecting and treating depression in them, and also improving their QoL especially in the psychological and social relationship domains.

CONCLUSION

HIV/AIDS has become a chronic disease with a long-term survival prospect. As such optimization of the quality of life (QoL) of these patients should be a high priority in their management. Depression in these patients must be deliberately searched for, as it was found in this study that it negatively impacts on their quality of life.

KEYWORDS
HIV/AIDS, Quality of life, Depression, PLWHA