Evaluation of Physical Stress Among HIV Seropositive Discordant Couples Undergoing ART

M.S. DEVA MALIKAS¹, B. KRISHNA PRASANTH² and S. VALARMATHY³

¹Department of Epidemiology, The Tamilnadu Dr.M.G.R. Medical university, Chennai
²Department of Oral Pathology (COCPAR), Sree Balaji Dental College, Bharath University, Chennai
³Department of Epidemiology, The Tamilnadu Dr.M.G.R. Medical university, Chennai

*Corresponding author E-mail: mail2kristain@gmail.com

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INTRODUCTION

WHO defines Quality of life (QOL) among HIV patients as “an individual’s perception of his/her position in life in the context of the culture and value systems in which he/she lives, and in relation to his/her goals, expectations, standards and concerns.” QOL among HIV patients comprises of four major domains namely physical, psychological, social and environmental. The physical stress (PS) score includes daily living activities, dependence on medicines and treatment, presence of pain and discomfort, amount of sleep and rest, lack of energy and their ability to work.

Aims & Objectives

To assess the Physical stress (PS) among discordant couples (DC) infected with HIV and undergoing Anti retroviral treatment (ART).

Methodology

A case control study was conducted among 131 HIV positive sero discordant couples in Chennai. Physical Stress among the same were collected through WHO-BRIEF questionnaire. Correlation between related factors were assessed using SPSS version 20. Descriptive statistics were used to present the results.

RESULTS

Among 131 Discordant couples aging between 24 to 71 years, 87 (66.4%) were males and 47 (33.5%) were females. The median Physical Stress score was evaluated to be 25.73 (55.7%) out of which 48 (65.7%) were males and 25 (34.2%) were females. The study population were further grouped into young adults (n=64), adults (n=56) and elderly (n=11). Physical Stress was found to be 32 (50%) among young adults, 33 (59%) in adults and 8 (72%) among elderly. There was a significant (p<0.05) positive correlation (89.8%) between age and Physical stress.

DISCUSSION

The influence of Quality of life comprising of four major domains on patients with HIV have been highlighted in many previous international studies. Studies by Basavaraj et al have found out a correlation between physical stress parameters and QOL among these patients. We have found similar findings in our study where we found low physical stress scores among HIV patients. Also increasing age contributes to higher stress levels in these patients according to our study. The fact being justified by similar studies where they found increase stress levels leading to poor
quality of life in patients over 35 years of age. These patients also suffer from other psychological symptoms like mental agony, anxiousness, depression, sleeplessness further lowering the physical stress score and thereby deteriorating the QOL.

CONCLUSION

From this study, it is observed that Physical Stress increased as the age advances in HIV sero discordant couples, however no gender predilection were observed. Despite may intervention for HIV infected patients, low Physical stress scores were observed suggesting the need for further psychological intervention among these patients.

REFERENCES

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