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A comparative study of psychiatric manifestations in HIV Positive individuals and other sexually transmitted diseased individuals

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Abstract: ***Background:*** *Acquired immunodeficiency syndrome (AIDS) is one of the most significant physical, mental and social problems facing the world today. Generally, HIV diagnosis is a traumatic experience that significantly changes a person's life. Immune suppression and as direct effect of HIV on the brain are the most common reasons for neuropsychiatric disorders.* ***Aim:*** *To observe and compare the prevalence of psychiatric manifestations of HIV Positive individuals and other sexually transmitted diseased individuals Material and* ***Methods:*** *This study was conducted in the department of Venereology, King George Hospital, Visakhapatnam. The individuals for the study were recruited on the basis of a purposive sampling. The final sample comprised of 100 individuals, Positive individuals and other sexually transmitted diseased individuals, divided into two groups of 50 each. Diagnoses were generated as per the International Classification of Diseases -10th Edition, Diagnostic Criteria for Research. Group 1 comprised of HIV Positive individuals and Group 2 comprised of sexually Transmitted Diseased individuals. Results: Nearly 39 subjects in Group 1 and 33 subjects of Group2 have included males .The prevalence of common mental disorders in this one year study was 35% - Mood Disorders(Depression-30% and Mania-5%),25% Anxiety Disorder,32.5%-Adjustment Disorder,2.5% - Schizophrenia and Cognitive Dysfunction – 5% in Group 1 when compared to Group 2 only has Anxiety Disorder. Conclusion: On Comparison of both the scores of GHQ,BPRS,HDRS,SAS and MMSE, significant scores were obtained in all scores except HARS, which indicates that that HIV Seropositive individuals had more number of psychiatric manifestations than sexually transmitted diseases group.*

Keywords: *HIV sero positive, Sexually Transmitted Diseases, Anxiety Disorders, Adjustment Disorder*

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I. Introduction

HIV epidemic continues to be a major health problem across the world. Psychiatric disorders play role in epidemic by increasing risk behaviour for infection and poor adherence to treatment. Recognition and treatment of mental illness are crucial to putting an end to the spread of HIV. An estimated number of 36.7 million people across the world are suffering from HIV and an estimated number of 1.8 million people are being newly infected with HIV every year.

India has the 3rd largest HIV epidemic in the world. Highest HIV prevalence is found in the states of Manipur, Mizoram, Nagaland, and Andhra Pradesh. Overall, India's HIV epidemic is slowing down, with a 32% decline in new HIV infections, and a 54% decline in AIDS-related deaths between 2007 and 2016.

Neuropsychiatric disorders are common, both secondary to the complications of immune suppression as well as the direct effects of HIV on the brain. A high prevalence of psychiatric disorders is reported both in physically asymptomatic and symptomatic persons.

Longer-lasting psychiatric disorder may emerge during the asymptomatic or symptomatic stages of infection. But it is uncertain whether this is common in patients with other serious medical conditions.

HIV/AIDS places an increasing burden on the health of the population, and causes further socioeconomic problems for individuals, families, communities, and governments in many countries. Many of the HIV patients struggle with numerous social problems such as stigma, poverty, depression, substance abuse, and cultural beliefs which can affect their lives.

II. Materials And Methods

Aim: To observe and compare the prevalence of psychiatric manifestations of HIV Positive individuals and other sexually transmitted diseased individuals.

OBJECTIVES: The main objectives of this study are

- To document the socio demographic data of physically Asymptomatic HIV infected individuals and sexually transmitted diseased individuals
- To see whether HIV positive group have more psychiatric manifestations in comparison with the other sexually transmitted diseased group
- To see the Depression, Anxiety levels and Adjustment problems of both the groups
- To know whether there any Cognitive Deficits in both the groups.

Study Design: This study has two independent groups while the first group consisted of HIV positive individuals and second group had individuals with other sexually transmitted diseases.

SAMPLE: This study was conducted in the department of Venereology Andhra Medical College/King George Hospital, Visakhapatnam, and Andhra Pradesh. The individuals for the study were recruited on the basis of a purposive sampling. The final sample comprised of 100 individuals, divided into two groups of 50 each. Group 1 comprised of HIV positive individuals and Group 11 comprised of sexually Transmitted individuals.

Inclusion Criteria For Group- 1 :

- Individuals those between 15-55 yrs of age
- Patients who confirm for HIV by ELISA and Western Blot
- Patients who are having physical illness with AIDS related complexes

Exclusion Criteria For Group-1 :

- Those individuals below 15 and above 55
- Patients who have had any previous history of mental illness
- History of substance Dependence (Nicotine, Alcohol and Cannabis)
- Mentally Challenged Patients
- Both having HIV and STD

Inclusion Criteria For Group- 2

- Individuals those between 15-55 yrs of age
- Patients who are having physical illnesses with STD
- Patients who are having sexually transmitted diseases like Syphilis ,Gonorrhoea ,Herpes Simplex , Chancroid , Lymphogranuloma Venereum and Venereal Warts
- Patients those who confirm for Sexually Transmitted Diseases by VDRL, Smear ,Microscopy Examination

Exclusion Criteria For Group-2 :

- Those individuals below 15 and above 55
- Patients who had past history of for Sexually Transmitted Diseases
- History of substance Dependence (Nicotine,Alcohol and Cannabis)
- Mentally Challenged Patients
- Patients who are having both Sexually Transmitted Diseases and Acquired Immune deficiency Syndrome

Tools Used : The present investigation used the following to gather data.

1. Structured intake Performa
2. General health questionnaire
3. Brief Psychiatric Rating Scale
4. Hamilton Depression Rating Scale
5. Hamilton Anxiety Rating Scale
6. Social adjustment Scale
7. Mini mental state examination

III. Results

Table – 1
Age

	GROUP -1 HIV POSITIVE (N=50)		GROUP II HIG NEGATIVE /STD POSITIVE (N= 50)	
	MEAN	STANDARD DEVIATION	MEAN	STANDARD DEVIATION
AGE	34.12	+/- 8.00	28.66	+/- 6.56

The mean age of the Group – I i.e., HIV SERO Positives was found to be 34.12 years with a standard deviation of +/- 8.00 where as in the Group – II i.e., HIV Seronegative, but positive for any other sexually transmitted diseased individuals, the mean age was 28.66 years with a standard deviation of +/- 6.56 (TABLE – 1)

Table – II
Sex

	GROUP – I	GROUP – II (N= 50)
SEX	MALE : 39 (78%) FEMALE : 11 (22%)	33 (66%) 17 (34%)

Table –III
Comparison Of The Age Groups:

RAGE OF THE AGES	HIV +VE (N=50)		STD +VE (N= 50)	
	MALE %	FEMALE %	MALE%	FEMALE %
15 -- 24 YEARS	3 (6%)	2 (4%)	7 (14%)	8 (16%)
25 -- 34 YEARS	17 (34%)	3 (6%)	19 (38%)	8 (16%)
35 -- 44 YEARS	14 (28%)	5 (10%)	7 (14%)	1 (2%)
45 -- 55 YEARS	5 (10%)	1 (2%)	0 (0%)	0 (2%)
TOTAL :	39 (78%)	11 (22%)	33 (66%)	17 (34%)

The major range of the age was between 25-34 years in HIV +ve group of males and 35- 44 years for females in the HIV +ve group. Whereas in STD +ve group ranges between 25-44 years. Regarding sex differentiation the percentage of males is more compared to the females in HIV suffers and also the same results was observed in STD Group.(TABLE – II & III)

Table –IV
Religion And Domicile

	HIV +ve Group (N=50)			STD Positive Group (N=50)		
Religion	Hindu 48 (96%)	Muslim 2 (4%)		Hindu 46 (92%)		Muslim 4 (8%)
Domicile	URBAN 21 (42%)	SUBURBAN 6 (12%)	RURAL 23 (46%)	URBAN 30 (60%)	SUBURBAN 8 (16%)	RURAL 12 (24%)

In the total sample of the two groups both HIV as well as STD suffers belongs to Hindu Community. Most of the HIV suffers belong to rural area whereas the STD suffers from Urban area. (TABLE – 1V)

TABLE – V
Education, Occupation and Income Status

	Group -I (N = 50)	Group –II (N=50)
Education	Literate 25 Illiterate 25	21 (42%) 29 (48%)
Occupation	Laborers 26 Driver 9 House Wives 5 Others 10	20 (40%) 7 (14%) 12 (24%) 11 (22%)
Income Status	Middle 10 Low 40	13 (26%) 37 (74%)

It shows that the HIV Suffers are both literate and illiterates (equal number) and sexually transmitted diseases are more in illiterates than literates. In this total sample of two groups labourers are more affected with HIV and STD and most to that are unemployers, part-time jobbers and then in Drivers. There are more number of low class people in HIV suffers and as well as in STD suffers. (TABLE-V))

TABLE No. VI
Family Type and Marital Status

	Group - I (N=50)		Group –II (N = 50)	
Family Type	Nuclear	44	45	(90%)
	Joint	6	5	(10%)
Marital Status	Married	45	37	(74)
	Unmarried	5	13	(26)

In the total sample the subjects from nuclear families are most affected than joint families. It shows that married subjects are more suffers than unmarried subjects in the both the groups (TABLE – VI).

TABLE - VII
Awareness about AIDS, Use of condoms & Habits

	Group –I ((N=50)		Group –II (N=50)	
Awareness about AIDS	Present	25	21	(42%)
	Absent	25	29	(58%)
Use of Condoms	Occasionally	25	21	(42%)
	Never	25	29	(58%)
Habits	None	14	17	(34%)
	Smoker	18	10	(20%)
	Drinker	0	3	(6%)
	Both	18	20	(40%)

The literate subjects had awareness about AIDS and used condoms occasionally, when they had sexual contact outside the marriage and the awareness and use of condoms is almost similar in HIV +ve group and STD positives. It has also been found from, this study that most of the HIV+ve and STD suffer engages in smoking and drinking (TABLE – V11).

TABLE - V111
Duration

	Group –I (N=50)	Group – II (N=50)
	(Months)	(Days)
Duration	2 - 6 21 (42%)	4 - 10 15 (30%)
	7 - 12 16 (32%)	10 - 16 21 (42%)
	13 - 24 13 (26%)	16 - 20 14 (28%)

Shows that the HIV Groups acquired infection 2-6 months back (since they are aware of their results and whereas STD Group subjects duration is 10 – 16 day till they come for treatment to outpatients department. (TABLE – V 111)

TABLE – IX
Comparison of both the groups on GHQ

	Group – I		Group -II		
	Mean	Standard Deviation	Mean	Standard Deviation	't' Value
GHQ	7.58	+/- 4.79	2.14	+/- 1.46	7.805*

P < 0.00 Statistically Significant
Table IX shows the mean score on the GHQ for both the groups. While it was found to be 7.58 for Group – I, it was found to be 2.14 for Group- II. ON comparison, a significant " t " value was obtained.

TABLE - X
Comparison of both the groups on BPRS

	Group –I		Group - II		
	Mean	Standard Deviation	Mean	Standard Deviation	't' Value
BPRS	33.38	+/- 15.51	22.42	+/- 4.01	4.815*

P < 0.00 statistically significant
Table X shows the mean scores on BPRS for both the groups. While it was found to be 33.38 for Group-I, it was found to be Group – II. In comparison, a significant "t" value was obtained

TABLE - XI
Comparison of both the groups on HDRS

	Group – I		Group -II		
	Mean	Standard Deviation	Mean	Standard Deviation	't' value
HDRS	6.90	+/-5.73	1.52	+/- 1.31	7.164

*P< 0.00 Statistically Significant

Table - XI, shows the mean scores on HDRS for both the groups while it was found to be 6.90 for Group –I and it was found to be 1.52 for Group – II. On comparison, a significant "t"value was obtained.

TABLE - XII
Comparison of both the groups on HARS

	Group – I		Group -II		
	Mean	Standard Deviation	Mean	Standard Deviation	't' value
HRAS	7.16	+/-5.73	6.22	+/- 4.65	0.88 ns

NS: - NOT Significant

Table XII shows that almost equal of mean values of both groups. Statistically not significant.

TABLE - XIII
Comparison of both the groups on SAS

	Group – I		Group –II		
	Mean	Standard Deviation	Mean	Standard Deviation	't' value
SAS	44.40	+/- 7.21	5.56	+/- 0.76	-6.037*

*P< 0.00 Statistically Significant

Table – X111 shows the mean scores on SAS for both the groups. While it was found to be 44.40 for Group - 1 and it was found to be 50.56 for Group- II . On comparison a significant 't' value was obtained.

TABLE – XIV
Comparison of both the groups on MMSE

	Group - I		Group -II		
	Mean	Standard Deviation	Mean	Standard Deviation	't' value
MMSE	26.88	+/- 2.85	29.18	+/-0.72	-5.400*

*P < 0.00 Statistically Significant

TABLE XIV shows the mean score on MMSE for both the groups while it was found to be 26.88 for Group- I and it was found to be 29.18 for Groups – II on comparison a significant 't' value was obtained

Table – Xv
Psychatric Manifestations

ICD- 10-DIAGNOSIS	HIV +ve (N = 40)		STD + ve (N = 14)	
Depressive Episode (F 32 . 0)	(No)	(%)	(No)	(% 0)
	12	30	0	-
	8	20	0	-
	4	10	0	-
G. Anxiety Disorder (F 41.1)	10	25	10	
MILD	2	5	7	70
Moderate	6	15	3	30
Severe	2	5	-	-
Adjustment Disorder (F 43 .2)	13	32.5	-	-
Brief Depressive Reaction	3	7.5	-	-
Mixed Anxiety and Depressive Reaction	10	25	-	-
Manic Episode (F 30.0)	2	5	-	-
Schizophrenia Paranoid (F 20 .0)	1	2.5	-	-
Cognitive Dysfunction (F 2.4)	2	5	-	-
	40	80	10	20

Table XV shows the Psychiatric manifestations present in both the groups.

TABLE – XV1
HDRS IN HIV +ve Group

Range of scores	Degree of depression	No	%
0 – 7	No depression	38	-
8 – 13	Mild	8	20
14 – 18	Moderate	4	10
19 – 22	Severe	-	-
>23	Very severe	-	-

This table shows that there are 8 subjects had mild depression and 4 subjects had moderate depression and none had severe depression among HIV+ve group

HARS IN HIV +ve Group

Range of scores	Degree of Anxiety	No	%
0 – 7	No anxiety	40	-
8 – 14	Mild	2	5
15 – 28	Moderate	6	15
29 – 42	Severe	2	5

This table shows that there are 2 subjects had mild anxiety suffers, 6 subjects had moderate anxiety and 2 subjects had severe anxiety among HIV +ve group

Table – XVIII
Hars In Std Group

Range of results	Degree of Anxiety	No	%
0 – 7	No Anxiety	40	-
8 – 14	Mild	7	70
15 – 28	Moderate	3	30
29 – 42	Severe	-	-

This table shows that there are 7 subjects had mild anxiety and suffers and 3 subjects had moderate anxiety among STD group.

TABLE - 1X
SAS IN HIV + VE Group

Range of results	Degree of Adjustment	No	%
0 – 17	Severe	6	32.5
18 – 35	Mild	7	
36 – 51	No	37	

This table shows that 6 subjects had server adjustment problems and 7 subjects had adjustment problem among HIV +ve group.

TABLE – XX
MMSE IN HIV + ve Group

Range of results	Degree of Cognitive Impairment	No	%
30	No cognitive impair	48	-
<25	Possible impairment	-	-
<20	Definite impairment	2	5

This table shows that there are 2 subjects suffering with definite cognitive impairment among HIV+ve group.

IV. Discussion

The present study was conducted on patients attending the Venereology Department of king George Hospital, Visakhapatnam. In keeping with the standard aim of this study, the impact of Sociodemographic factors, Psychopathology, Physical Symptoms, awareness of AIDS and condom usage of the subjects were evaluated.The subjects of the two groups i.e., Group – I HIV Seronegative and positive for STD were selected on basis of a purposive sampling. After obtaining the relevant sociodemographic data, were recorded in the personal data sheet. Then each subject was administered General Health Questionnaire. The subjects who scored 6 and above were subjected to Psychiatric interview by the examiner as per the norms. The subjects were administrated BPRS, HDRS SAS and MMSE.

It was observed that males outnumbered females in both females in the HIV+ve and other STD Groups. The age groups for men ranged between 25-34 years and for women it was between 25-44 years, considering it is the period of predominant sexual activity. The subjects in both the groups matched for their age and gender (Table II and III).

The majority of the sample comprised of Hindus 96% belonged to this category, suggesting that the Hindus are more in members. There were only two Muslims in the sample, but notable omission remained the Christian community members. (Table – IV).

In the sample, it was seen that most of them hailed from the rural bit in the HIV Group. The awareness about AIDS and HIV is generally low amongst them, owing to their overall ignorance and low levels of literacy .However, it was noticed that the STD Group had more people from the Urban Areas, suggestive of the increased levels of promiscuity among members of this group and their poor hygienic conditions in which they are found to live. The pleasure and pains of ever day life in the Urban Areas with its numerous benefits and losses (Table– IV).

The Groups did not differ much regards to the literacy rates. In both the Groups the illiterate subjects out numbered. The literate ones, suggestive of the fact that almost 70% of our population does not have access to free and compulsory education even now after so many years of independence.(Table – V).

Labourers comprised a majority of the sample in both the groups. This was followed by drivers (both light and heavy goods vehicles). However the presence of carpenters, electricians, un-employed and part-time workers were also seen (Table – V).

This groups is largely representative of our lower socioeconomic strata, where in the customs and norms permit sexual contact outside marriage and at times are regarded as a matter of pride (Table – V). Married subjects from nuclear units comprised of the subjects in the sample. This may be because of the fact that the joint families are losing their recognition and the norms are no longer been followed members of the nuclear family have more independence and loose for outside pleasure for their requirements (Table – VI).

It was observed that the literate subjects had awareness about AIDS and had taken protective measures some times during their extra marital sexual contacts. The prominent habits of the members of the groups included smoking and drinking which is predominant amongst members of these areas in all the socioeconomic classes (Table – VII).

Amongst the members of the sample almost 50% of HIV Groups and 42% of the STD Group had awareness about AIDS. The findings of this study shows that awareness and know about a particular evil necessarily does not keep on away from it. Knowing about AIDS did not present individuals from including into HIV related risk taking behaviour (Table- VII).

It is observed that almost 42% of the sample in the HIV Group received treatment between 2-6 months illness, whereas those in the STD Group came in for treatment within one month of illness suggesting that the symptoms are much more obvious and painful , and they reach for help immediately for the STD's when compared with HIV (Table – VIII).

The most common sexually transmitted disease with which the subjects visited the STD Clinic are Herpes Progenitails, Gonorrhoea, cancroids', LGV and Venereal warts. In any subjects involved in the study do not have any past history of STD.

On the GHQ, a score of 6 was seen in almost 80% of the HIV+ve Group and amongst 20% of the STD Group member. This suggests that there is a high

Psychiatric morbidity among the subjects of the HIV+ve Group . This finding was also observed by Perry and Jacob Son 1 (1986), Brown and Rundall 2 (1990), (1993), Jacob and John 3 (1991), Pergamictal (1994), Catalan 4 (1995) in their respective studies.

Poor interpersonal relationship amongst the family members, improper (housing facility at the place of work) accommodation at work place, poor social support system and loneliness are the major adjustments problems faced by the members of this group. This is supported by the findings of Jacob and John 3.

Depression was found to be 30% in the HIV Seropostive Subjects, whereas the members of this STD Group showed anxiety only. The worry associated with apprehension , anxiety , fear and at times panic attacks remain a very common feature of the syndrome seen in the HIV+ve subjects , as they are concerned about the course , prognosis and the extent to which the disease will advance and the effectiveness of treatment. At times even with know ledge about the diseases. They may engage in sexual behaviour to ventilate their feelings, which in turn may infect other individual with the virus. This may lead to guilt and self blame leading to secondary depression and there by completing the vicious cycle. Perry and Markowitz 5 (1996) have reported depression in those with HIV+ve virus and have stated that fatal suicidal attempts are common. The finding of Jacob and John 3 (1991) show that major depression is common amongst the members of HIV+ve groups Lishman 6 (1998) revealed that Neuropsychiatric disorders are common in HIV+ve subjects. Behavioural manifestation, lethargy, social withdrawal and marked psychomotor retardation are more commonly seen amongst them. Atkinson et al 7 reported generally anxiety disorders in 39%, major depression in 3% and Alcohol or non-opiod drug abuse in 39% of the subjects who were HIV+ve .

In this study severe anxiety was seen in 5% of the sample, moderate anxiety in 15% and mild anxiety in 5% of the sample (Table XV). The obvious Pathological fear of AIDS along with the feeling of having it, may cause this anxiety. Schwarty 8 (1983) and Freed 9 (1983) were the earliest to publish the finding of anxiety

in the HIV+ve subjects. The former described the condition as AIDS panic occurring in the association with obsessive and paranoid personality. The late describing it was AIDS phobia. The nomenclature varying between authors. MILLER et al 10 (1985) have suggested that some have physical symptoms of anxiety to mimic the prodromal features of AIDS.

It was observed that two subjects of the HIV+ve group showed symptoms of mania and one individual showed symptoms of paranoid schizophrenia. Graham et al 11 (1993) concluded that elated mood, suicide ideation, morbid and paranoid is common amongst members of this group.

Amongst HIV+ve group 5% of the subjects showed significant cognitive impairments suggesting that HIV may lead/ cause cognitive dysfunction. The STD group was not free from the symptoms of anxiety. They seemed to have mild and moderate levels of anxiety (Table XV). This could be due to the worried well factor, where in, they had a continuous feeling of being ill.

Almost 20% of the STD sufferer showed significant scores on GHQ. They seemed to have a constant fear about contracting HIV, due to their promiscuous sexual behaviours, in spite of repeated assurance and screening for HIV, proved as seronegative. Among STD group only 10 subjects got significant scores on briefs Psychiatric ratings scales because those subjects worried more regarding that they may acquire HIV in future . Out of 50 subjects only 10 subjects are suffers of anxiety. In which 7 subjects were mild anxiety and 3 subjects were moderate anxiety suffers. None of them has showed any significant scores on HDRS, SAS and MMSE.

On comparison of both the groups it has found that the HIV positive group had significant scores on GHQ, BPRS, HDRS, SAS and MMSE. But HARS there is no significance between the two groups, which means that this study found that the HIV positive group had more number of Psychiatric illnesses when compared with STD group. On HARS the "t" test does not showed significance, which means that the anxiety suffers are almost equal in both of groups. Because in HIV positive group subjects were more tensed that may die soon and whereas in STD groups that they have fear that may acquire HIV infection I future. The HIV positive groups had depression, anxiety, psychosis, adjustment problems and cognitive dysfunction. Whereas the STD group had only anxiety. The other reasons for significant values in HIV group are severe physical illness and they also had severe occupational and work impairment. In HIV +ve group two subjects had poor attention in this study.

V. Conclusion & Limitations

Conclusion

To conclude this study aims to observe and compare the prevalence of Psychiatric manifestations of HIV+ve individuals. This study had certain objectives and consisted of two groups. One is the HIV sero positive group and second is the STD positive group. The sample consists of 100 subjects and were taken on the basis of a purposive sampling and devided them into two groups 50 in each group . The groups were selected on the basis of some inclusion and criteria and the structured Performa , GHQ , BPRS, HDRS, HARS,SAS,and MMSE were administered. The results were analyzed with help of SP SS 10.0 measures of central tendency frequency and "t" tests were used to analyze the data . In this study it was observed that males had outnumbered females in both the groups and the age groups foe men ranged between 25-34 and women it was between 25 - 44, considering it is the period of sexual activity. The majority of the sample comprised of Hindus and only 2 subjects are Muslims in the HIV Seropositive group. Most of them hailed from the rural area in HIV group and where as in STD group they are mostly from urban area. The illiterate subjects were more the groups. In was also observes that the literate subjects had awareness about AIDS and had taken protective measures sometimes during their extramarital sexual contacts. Labourers comprised a majority of the sample In both the groups. This was followed by drivers. Most of the subjects belong to low socioeconomic status in both the groups and most f the subjects were from the nuclear families and there were more married subjects. The prominent of the members of both the groups are smoking and drinking, which are prominent amongst members of this area in all the socioeconomic classes. Almost 42% of the sample in the HIV group seeked treatment between 2-6 months of illness, where as in the STD groups they had come for treatment with in the one month of illness.

On comparison of both the groups of GHQ, BPRS , HDRS , HARS , SAS and MMSE, significant scores were obtained in all scores except HARS , which indicates that the HIV Sero positive individuals had more number of psychiatric manifestation than STD group. Whereas the HARS scores are not significant among both the groups because the anxiety levels are equally seen in both the groups .There are mild and severe adjustment problems in 13 subjects and cognitive impairment also seen in HIV group, but not in STD group. It was also observed that there are 3 subjects had psychiatric illness in HIV Sero positive group.

Limitation and Future Research:

1.The sample size is small

2.This study was hospital based and not community oriented.

3.The subjects were mostly reflective of the lower Socioeconomic strata. It was difficult to get subjects from the middle and high Socioeconomic group even though they may have high degree of HIV/AIDS and Sexually Transmitted Diseases.
4.This study has not included the commercial sex workers, in spite their high prevalence of HIV and Sexually Transmitted Diseases.
5.Premorbid personality of the subjects of this study was not taken as most of them came alone to the Venereology Department.

It is hoped that the findings of this study will generate the interest of the concerned in the area of HIV and Sexually Transmitted Diseases and consider the prevalence of psychiatric manifestations in the HIV Sero positive individuals. future research in this area should prove fruitful.

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