

# CO-MORBIDITY OF HIV/AIDS AND MENTAL ILLNESS

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Recently, more individuals suffer from co-morbidities. According to the Dorland medical dictionary (2009:187), co-morbidity is the presence of one or more additional disorders (or diseases) co-occurring with a primary disease or disorder, or the effect of such additional disorders or diseases. The additional disorder may also be physically, behaviourally or mentally oriented. Co-morbidity pertains to a disease or other pathological process that occurs simultaneously with another.

According to Lambert, Velakoulis & Pantelis (2003:S67), there are two key issues relating to co-morbidity: (1) detection and (2) prevention. This is likely due to the observation that the recognition of mental illness remains overlooked in primary health care and a barrier to effective medical care. In psychiatric-mental health care, there are five categories of co-morbidities as defined by Fishbain (1999:738), which include: (1) co-morbidities between psychiatric disorders of Axis I (major depression and a panic disorder); (2) co-morbidities between Axis I and II (major depression and an antisocial personality disorder); (3) co-morbidities between Axis I and Axis I (psychoactive substance use and a psychiatric disorder); (4) co-morbidities with psychoactive drug use disorder only (Axis I cocaine dependence with alcohol dependence); and (5) co-morbidities between all psychiatric disorders (*i.e.*, Axis I and II and any non-psychiatric disorder or physical illness).

This editorial of *Africa Journal of Nursing and Midwifery* (AJNM) focuses on the fifth major category of psychiatric co-morbidities: the presence of psychiatric disorders (Axis I and II) and a non-psychiatric disorder (physical illness). As a result, this discussion examined the presence of depression in cohorts of patients with various physical illnesses. The fifth category of co-morbidities is the most commonly encountered category of co-morbidity by health practitioners including

registered nurses and physicians. Fishbain (1999:737) is of the opinion that many forms of physical illness are associated with depression. In mentioning a few physical illnesses that may be associated with depression, the editor points out HIV/AIDS, heart failure (HF), renal failure, diabetes, and cancers.

Wilson, Chambers, Bacon, Rueda, Ragan and Rourke (2010:2–3) identified 11 domains related to issues of co-morbidity in PLWHA. These co-morbidities are: (1) co-infections (tuberculosis (TB)), hepatitis C (HCV), other sexually transmitted infections including herpes, syphilis, gonorrhoea and mycoplasma genitalium and pneumococcal infections), (2) AIDS associated cancer (Kaposi's sarcoma (KS)), AIDS associated non-Hodgkin's lymphoma); (3) Non-AIDS defining cancer; (4) cardiovascular disease; (5) neurological disorders such as dementia and delirium; (6) mental health and addiction (depression, anxiety and use of substance), (7) blood disorders (anaemia), (8) bone disorders; (9) metabolic disorders; (10) control of blood sugar; and (11) kidney diseases. Wilson *et al.* (2010:2) concluded that half of the 3 192 studies they reviewed addressed the co-morbidity of co-infections, mental health and addiction such as depression, anxiety and the use of substances, metabolic disorders and non-AIDS defining cancers.

The major problem with co-morbidities is the difficulty in detecting depression in individuals suffering from life-threatening chronic diseases and is due to the fact that some of these chronic diseases may portray symptoms that mimic depression.

In terms of people living with HIV/AIDS (PLWHA), Ofovwe and Ofovwe (2013:177–182) found such people to be more at risk of developing psychiatric co-morbidities than the general population. There is also a greater risk of transmitting HIV to others for PLWHA who also have psychiatric co-morbidities (Subedi, Chalise, Aich & Thapa, 2013:6–10). According to Subedi *et al.* (2013:10), such a risk is particularly great given the fact that individuals with prolonged psychiatric illnesses can exhibit poor judgment, affective instability and impulsivity.

A systematic review conducted in sub-Saharan Africa on the co-morbidity of HIV/AIDS and mental health by Breuer, Myer, Struthers and Joska (2011:105) revealed that the relationship between mental illness and HIV/AIDS was complex and bidirectional in nature. They also argue that although a significant amount of research has been carried out in high-income countries, less is known about HIV and mental health in sub-Saharan Africa (SSA). This is a call to health sciences professionals including nurses to improve the quality of life (QOL) of PLWHA in the African continent.

*Africa Journal of Nursing and Midwifery* enters a second year of online submissions, reviews and publication using the platform known as Open Journal System (OJS). The online publication of AJNM is progressing well with some challenges experienced. These challenges are concerned with both the authors and editorial team. The majority of authors experience challenges in registering on OJS and in formatting their articles in line with AJNM writing style. Authors' challenges

then create challenges for the editorial team because their manuscripts have to be returned to them for improvement or to be rejected. Some manuscripts have to be reformatted by the editorial team, which then consumes time in the editorial process and causes delays for good articles and prevents them from being published timeously. Another challenge experienced in the editorial process is failure of reviewers to respond in time, which delays the publication process of manuscripts submitted to AJNM. If the reviewer declines the review of an article allocated to him/her at the last moment, the editor has to reappoint another reviewer and wait for six (6) weeks to have the manuscript published.

In this issue of AJNM we present nine (9) articles – four of them focus on maternal and child health, two manuscripts are on critical care, one article is on medical law and ethics in nursing two focus on mass hysteria, and nursing education, respectively.

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