

## Assessment of Sleeping Conditions in HIV-Positive Individuals

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### DESCRIPTION

Anti-Retroviral Therapy (ART) is required for the treatment of Acquired Immune-Deficiency Syndrome (AIDS). Even though it is required, treatment has a negative impact on components of the psychophysiology and social milieu. Changes in behaviour patterns, sleep quality, the onset of depressive symptoms, low self-esteem, inadequate levels of self-care, fear, and anxiety have all been noted during the course of AIDS. In addition, comorbid conditions, gender, age, and lifestyle factors like food, exercise, and alcohol use may prevent these changes from occurring. The literature has identified sleep disturbances in HIV/AIDS patients, particularly after treatment with Highly Active Anti-Retroviral Therapy (HAART). These modifications encourage sleep disorders that affect the quality of sleep, such as reduced sleep duration, daytime drowsiness, frequent accidents, insomnia, and overnight awakening. Sleep bias can affect the social setting, including everyday activities, performance, and physiological changes. A "sleepless night" is a symptom of a sleep disorder, which can be identified by behaviours like insomnia, breathing problems, and nocturnal movements. If these behaviours recur frequently, they can have a negative impact on daily activities, performance, and physiological changes.

Due to frequent complaints about the quality of sleep in this population, such as difficulty falling asleep or remaining asleep, and secondly because poor sleep quality is a sign of many other diseases that can have a negative impact on feelings, ideas, and motivations, it is important to note that the quality of sleep presents as an important factor to be evaluated in People Living with HIV/AIDS (PLHA). Another point that might be raised is the potential link between socioeconomic and clinical issues and the various aspects of sleep quality, as this could lead to rapid interventions if health experts were to identify it beforehand. Additionally, some relationships between the domains and gender, age, education, marital status, and antiretroviral treatment use were discovered. In this way, the high prevalence of "poor" sleep quality in PLHA is linked to the disease condition,

as the diagnosis of HIV positivity is linked to the requirement for long-term antiretroviral therapy, which encourages a number of changes that are directly linked to psychological, physical, and social aspects. Understanding the manner in which socioeconomic factors affect sleep parameters is essential and complementary because it is important to take into account socioeconomic factors that may also affect sleep parameters. For instance, the education level of people with HIV may differentiate them in terms of access to information and is very important for health conditions; gender is another factor because women frequently have increased or impaired mental health variabilities.

The Central Nervous System (CNS) may be an important target of infection, in which other factors may also be related such as: cognitive impairment, peripheral painful neuropathy, chronic fatigue, difficulty concentrating, depression, symptoms of being unable to be productive during the day, and unwillingness to perform healthy habits. As a result, sleep quality impairment and the presence of disorders in PLHA are common since the onset of infection. Finally, the use of hypnotics or other drugs intended to help people stay awake was correlated with age, suggesting that older HIV/AIDS participants in our study took drugs to reduce sleep disorders and, as a result, the symptoms of insomnia. In this regard, studies have shown that reports of sleep disturbances during maturity exist, associating this element with changes like: age, stress, and health issues. As a result, addressing the symptoms of insomnia has traditionally been done through the use of prescription and Over-The-Counter (OTC) medications, with older persons using these medications at particularly high rates. In order to maintain control over all medications used, it is necessary to evaluate the use of medication for psychiatric diseases for causes other than the anxiety and depression factors that are prevalent in the community under study. Non-use of objective tools to measure the quality of sleep, such as polysomnography, a non-invasive test that records levels of activity and rest and monitors an individual's breathing, muscles, and brain as they sleep.

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