

Association of Mental Health Disorder with HIV Infection

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DESCRIPTION

Significant progress has been achieved in HIV prevention and therapy since the virus that causes AIDS was discovered. Nowadays, the majority of newly diagnosed HIV patients can anticipate living close to normal life as long as they receive combination Anti-Retroviral Therapy (cART) consistently. Furthermore, there has been a lot of hope in recent years regarding the possibility of using existing biological and behavioral methods to significantly "bend the curve" or even terminate the HIV epidemic. When used regularly, Pre-Exposure Prophylaxis (PrEP), is very successful at preventing HIV infection in people. Moreover, HIV-positive individuals who sustain long-term viral suppression avoid spreading the virus to their sexual partners and, in the case of expectant mothers, to their unborn children. The virus that causes AIDS is known as the human immunodeficiency virus, or HIV (acquired immunodeficiency syndrome). HIV can be passed from person to person through syringe sharing, sexual activity, pregnancy, childbirth, and nursing. HIV destroys CD4+ T cells, a type of white blood cell essential for warding off infections, hence weakening the immune system. People with HIV are more susceptible to infections and illnesses as a result of the depletion of these cells. Effective anti-HIV drugs now provide long-term, healthy lives for those living with HIV.

These daily drugs, known as Anti-Retroviral Therapy (ART), can reduce the amount of HIV in the blood to such a low level that conventional testing are unable to identify it when taken as directed. Significant inflammation is brought on by HIV. Because inflammation affects the brain and spinal cord, which together make up the central nervous system, it may result in neurological issues. HIV-related disorders of the central nervous system can still affect HIV-positive individuals even with good antiretroviral therapy. Neurological diseases impacting the nerve system or neurocognitive diseases affecting mental processing or cognition can be classified as these.

When compared to HIV-positive individuals who are not on ART, those who utilize ART are less likely to experience severe neurological deficits such as dementia, brain shrinkage, and encephalitis (brain inflammation). HIV is still linked to some less serious forms of illnesses affecting the central nervous system,

though. To learn more about how HIV affects the central nervous system, researchers are working. The development of novel medicines to prolong the lives of HIV-positive individuals will benefit from this knowledge. Identifying the cell types in the central nervous system that HIV targets and the mechanisms by which those cells are harmed may be useful in directing efforts toward HIV prevention, treatment, and cure.

HIV acquisition risk can rise as a result of mental health issues through both direct and indirect routes. While the general population tends to be less sexually active than those with SMI, adolescents and adults with SMI who are sexually active exhibit higher risk sexual behaviors, such as trading sex, using condoms inconsistently, having many partners, and consuming alcohol prior to sex. The degree of psychiatric disease may also raise the chance of HIV infection. The prevalence of HIV among people with SMI increased from 3.9% in community mental health centers to 5.1% in intensive outpatient case management programs and 5.9% in psychiatric inpatient units, according to a multisite study conducted in the United States.

Multiple co-occurring diseases, such as mental disorders, substance use disorders, and posttraumatic stress symptomatology from (e.g., physical, sexual, or emotional abuse), may further aggravate HIV risk. There is a chance to enhance the health of HIV/AIDS patients by incorporating mental health into national HIV/AIDS policies and programs.

A range of training materials and modules have been developed by WHO to facilitate the inclusion of mental health interventions into antiretroviral therapy programs. Assessment and adequate management of mental and substance-use disorders must be a part of national HIV/AIDS programs.

HIV counselors are among the primary health care professionals who can be trained to identify and treat common mental and substance-use disorders in addition to referring patients to specialized treatments when necessary. Referrals to mental health services should be handled by professionals who have received the necessary training and oversight, and the referral process itself should be an essential component of the health system. To enable coordinated action incorporating other pertinent community-based resources, mental health and drug-use disorder services must work closely with HIV/AIDS services at all levels.

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Received: 27-Nov-2023, Manuscript No. HICR-23-29288; **Editor assigned:** 30-Nov-2023, PreQC No. HICR-23-29288 (PQ); **Reviewed:** 14-Dec-2023, QC No. HICR-23-29288; **Revised:** 21-Dec-2023, Manuscript No. HICR-23-29288 (R); **Published:** 28-Dec-2023, DOI: 10.35248/2572-0805.23.8.248

Citation: James E (2023) Association of Mental Health Disorder with HIV Infection. HIV Curr Res. 8:248.

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