

Suicide Risk Factors and HIV/AIDS



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Introduction

About 70% of suicides occur in developing countries, where HIV/AIDS is also rife, being one of the greatest health care issues facing the world today. Since first diagnosed in 1981, globally about 65 million people have been infected and more than 25 million people have died from AIDS. Some of the worst affected regions are found in sub-Saharan Africa¹.

An estimated 5.5 million people and almost one in three pregnant women attending public antenatal clinics were infected with HIV in South Africa in 2005¹, which has had a profound impact on society². Suicidal behaviour in South Africa is, likewise, inordinately high as has been demonstrated by many recent studies³.

Risk Factors for Suicidal Behaviour

Early research reported a higher risk for suicidal behaviour in HIV/AIDS-positive people compared to the general population, but with better treatment the situation seems to have improved in certain situations, although figures still vary, especially in developing societies. For example, South African studies⁴⁻⁵ show a connection between suicidal behaviour rates and HIV/AIDS prevalence in certain research samples.

In addition, studies⁵⁻⁶ have shown that various psychiatric disorders, especially bereavement reactions, acute stress disorder, adjustment disorders, mood disorders, anxiety disorders, mania and substance abuse appear to be significantly high in certain HIV-infected research cohorts. Further, psychotropic and ARV medication can have neuropsychiatric side-effects⁷ and pre-existing psychopathology may impact on an HIV-infected person's ability to cope³.

It has also been found^{3,6} that increased risk of suicidal behaviour may be associated with HIV testing (i.e. before results are known); on learning of one's seropositive status, especially within the first three to six months; following the development of full-blown AIDS; and in the later stages of the disease, subsequent to physical and mental deterioration. Additional risk factors include a history of suicidal behaviour; work-related stress and a reduced ability to tolerate stress; relationship problems; and fear of partner infidelity and its link with HIV/AIDS. In some cases deliberate attempts to become HIV-infected have been perceived as a form of suicidal behaviour, as has increased risk-taking sexual behaviour³.

Living with HIV/AIDS carries certain unique stressors that include facing major developmental task disruptions and life-style changes³. Women, in particular, face a range of HIV-related stressors and in certain cultural groups draw on negative social discourses around the disease, which are internalized as part of the self⁸.

Neurocognitive Considerations

Studies^{3,5-6} have reported impairment in cognitive functions in HIV-positive individuals in the early stages of the infection and