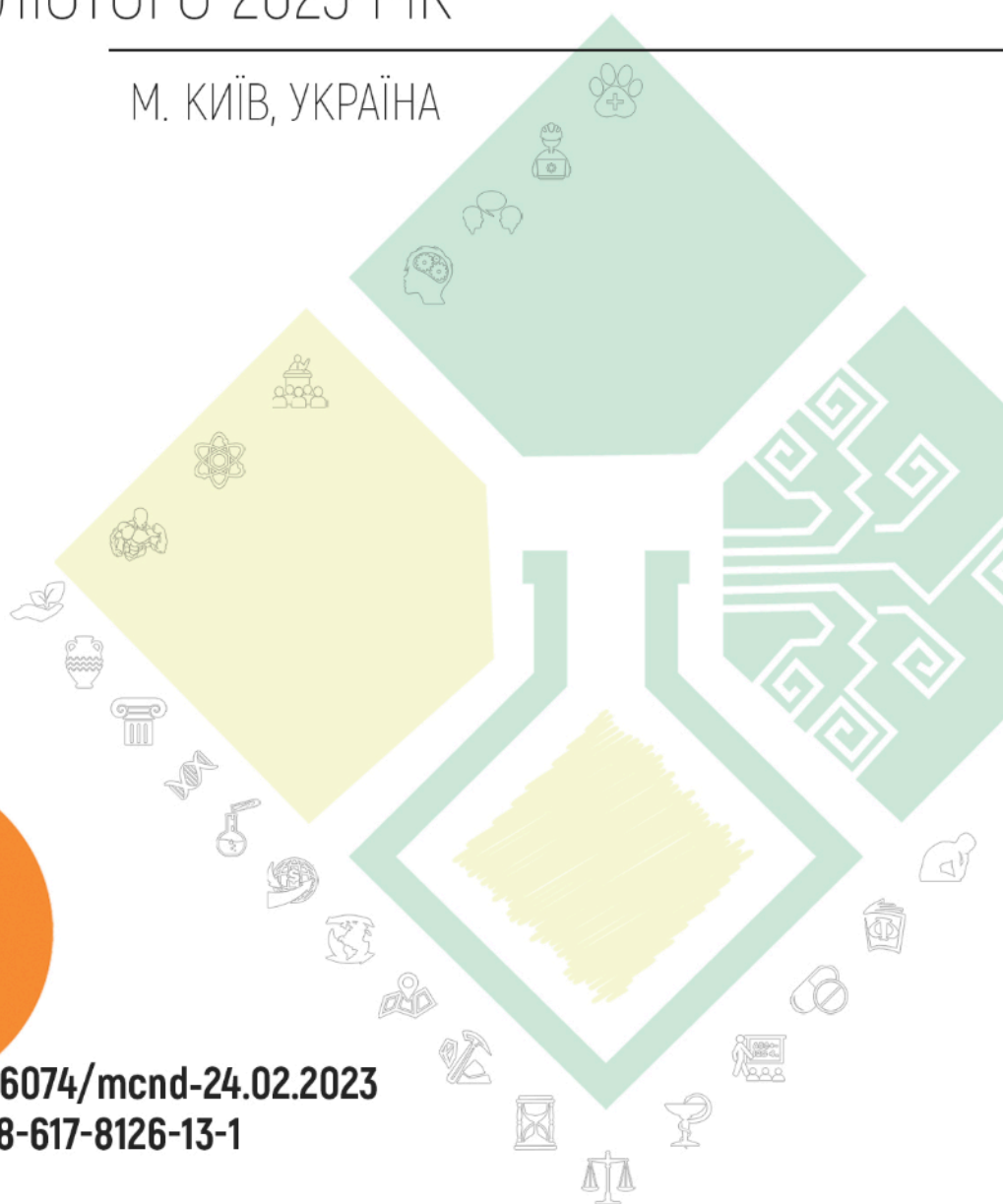


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Міжнародний Центр Наукових Досліджень

# ТЕХНОЛОГІЇ, ІНСТРУМЕНТИ ТА СТРАТЕГІЇ РЕАЛІЗАЦІЇ НАУКОВИХ ДОСЛІДЖЕНЬ

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## СЕКЦІЯ XXIV. МЕДИЧНІ НАУКИ ТА ГРОМАДСЬКЕ ЗДОРОВ'Я

### FEATURES OF DEPRESSIVE FORMATION PROCESSES AMONG HIV-INFECTED PERSONS

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AIDS is perceived by everyone as a disease that has a number of negative consequences, including social and psychological ones. HIV/AIDS forms the identity of the individual, which is determined by a number of factors. Firstly, the patient is affected by stress caused by information about the fact of infection, secondly, the disease, as such, forms the prerequisites for the fact that a person feels like an outcast from society. All this leads to the emergence of deep mental disorders [1, 2, 3, 4].

Stigmatization and discrimination have a deep psychological impact on the self-awareness of people with HIV/AIDS, contribute to the formation of asthenic and depressive reactions, low self-esteem, etc. [UNAIDS, 2003]. Therefore, the neuro-emotional state and the level of social-psychological adaptation of HIV-infected persons is an extremely important factor in stabilizing the epidemic situation in society.

The purpose of the scientific work is to study the peculiarities of the processes of formation of depressive states among HIV-infected persons and to determine the place of depression in the epidemic process of this disease.

Examination of persons infected with the human immunodeficiency virus was carried out using the method of differential diagnosis of depressive states by Zung Self-Rating Depression Scale.

The methodology is developed for differential assessment of the processes of formation and development of depressive states, as well as states that are close to depression, screening diagnostics during mass research and for the purpose of preliminary pre-hospital diagnostics.

The research was conducted on the basis of the infectious disease department of the city clinical hospital No. 1 and in the Vinnytsia regional clinical anti-tuberculosis dispensary, where 31 HIV-infected patients (24 women and 27 men) aged 24 to 55 years were receiving inpatient treatment. All examined patients had HIV antibodies.

The first group included patients (87.1%) with signs of persistent generalized lymphadenopathy in combination with opportunistic (oral candidiasis, pulmonary tuberculosis, and bacterial infections) diseases.

The second group consisted of patients infected with human immunodeficiency virus (12.9%), among whom severe manifestations of opportunistic (pneumocystis pneumonia,

invasive candidiasis, tuberculous meningoencephalitis, AIDS-dementia complex) infection were observed. The above-mentioned group consisted of patients with a terminal stage.

In the HIV-infected patients belonging to the first group, the following features of the depressive state were determined: in 37.1% of people - a state without depression; 18.5% of people have mild depression, which has a neurotic or situational genesis; 33.3% of people have a subdepressive state or masked depression; 11.1% of people have a true depressive state.

At the same time, a true depressive state was observed among all patients of the second group.

The reason for the manifestations of depressive states in AIDS is the direct reaction of the individual to establishing the fact of infection and further progression of the infectious disease. A depressed or subdepressive mood is characterized by a decrease in a person's mental and social activity, sleep disorders, vegetative and vegetative-somatic functions, communication disorders, etc.

All of the above indicates the need to study the features of social and psychological adaptation of patients at various stages of the infectious process and lead to an urgent need to develop a set of psychohygienic measures aimed at improving the psycho-emotional state and quality of life of HIV-infected persons.

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