

## Abstract

The society, government and the professionals have paid much attention to the prevention and treatment of AIDS in Taiwan area. However, comprehensive care based on psychosocial, and psychiatric, and ethical aspects for the AIDS patients is still underdeveloped. Besides, the national wide survey of psychological distress and psychiatric morbidity of HIV-infected patients were never performed. The present study is a 2-year longitudinal cohort study that aims to understand the psychosomatic issues and psychiatric diagnosis of HIV infected patients by way of national survey. From this study, the national wide data on psychological, psychiatric and family aspects as well as the ethical issues of HIV-infected patients were disclosed. A series of reliable and valid measures was used to assess the psychological distress, cognitive function, and psychopathology. This study was designed to be a two stages survey study. The screening form of Brief Symptom Rating Scale [BSRS-5] was served as screen tool in the first stage. The diagnosis of psychiatric morbidity was made by senior psychiatrists based on Mini International Neuropsychiatric Interview [MINI] in the second stage. During the two year period, 941 subjects with HIV-1 infection were recruited. Some of the subjects were followed up for 3 to 6 months. The study showed any kind of psychiatric morbidity occurred in 33.9% of our sample and the most frequent diagnosis was adjustment disorder with depressive mood [15.9%]. Besides, the most prevalent psychological distress defined by BSRS-5 and reach the moderate severity and above was insomnia followed by depressive mood, anxiety, irritability, interpersonal sensitivity, suicidal ideation, pain, and dyspnea. The psychopathology was positively correlated with functional variables. The neuropsychological test [Tail making B] was significantly correlated with psychopathology and functional variables. In the logistic regression model, duration of HIV infection, suicidal ideation, dyspnea, pain were significantly correlated with psychiatric diagnosis. In addition to the survey of psychiatric morbidity, via in-depth interview in part of the samples, the main stressors were being diagnosed and the poor prognosis and family conflict. Using focus group discussion and questionnaire survey on the first line case managers revealed that they still need further training on the ethics, law and psychosocial aspects to take care of their registered clients. The present study implied that the psychosocial-ethical care including individual counseling, group/family support and patient-physician communication are rather important to improve the prognosis of the HIV-infected and the quality of health care on the AIDS patients.

**Keywords:** HIV-1 infected ; Psychiatric morbidity ; Risk factors ; Prevalence ; Medical ethics