Chapter - 2

REVIEW OF LITERATURE
2.1 REVIEW OF LITERATURE:

Till date numerous studies have been carried out to know this dreaded disease called HIV/AIDS across the world including India. Following are some of the relevant research and non-research literature review related to the present study.

Sheng Wu, Zunyou Wu, Stephanie Sun, Haixia Cui, Manhong Jia (2006) in a study titled, "Understanding family support for People Living With HIV/AIDS in Yunnan, China" tried to examine how family support affects people living with HIV/AIDS in China. The study illustrates that the support provided by family makes multiple levels of positive impact on PLWHA thereby helping in adjustment, suggesting the importance of including families in the HIV/AIDS interventions.

M. Ichikawa, C. Natpratam (2006), in a study, "Perceived social support and QOL among people living with HIV/AIDS in Northern Thailand", stated that efforts have been made to improve the social environment of PLWHA in Thailand but have not assessed in terms of their QOL.

Preliminary findings suggest that the supportive social environment, especially community acceptance, is important for mental aspects of PLWHA and their QOL irrespective of disease stages and for women who usually take a multiple roles in a Thai traditional family.

Gwadz M.V., Leonard N.R., Nakagawa A., Cylar, K., Finkelstein, M., Herzog, N. et al. (2006), in a study of Gender difference in attitudes toward AIDS clinical trial among urban HIV infected individuals from racial and ethnic minority backgrounds tried to examine gender differences in willingness.
to participate in AIDS Clinical Trials (ACTs) among urban HIV infected individuals.

Findings suggest that females were less willing than male to join, including trial testing, new medications or new medications combination. Male and female differed in correlates of willingness to participate in ACTs. Despite long standing barrier to medical research among minorities and women, willingness to participate was substantial, particularly for men, although the factors that might motivate them to join differ by gender. Women appeared more averse to trials involving new anti-retroviral regimens then men. Gender specific outreach, behavioral intervention, and social marketing efforts are needed.

Rise B., Goldstein, Malloy O., Johnson et al. (2005) in a study of "Psychological distress, substance abuse, and adjustment among parents living with HIV", found that neither significant main effects of parental status nor significant interactions of parental status with other demographic or clinical variables were observed for anger burnout, 32.8% of total sample scoring, moderate/severe depression (39.9 %), antidepressant (30.8 %) or other psychiatric medication use (11.7 %), mental health visits in the past three months, (39.2%) or perceived stress (mean ± SD, 18.8 ± 7.0).

Consistent with previous studies of risk factor for psychological distress, many of the disadvantages exhibited by parents were moderated by other variables that are often markers of socio-economic disadvantages, such as African American, ethnicity, lack of current employment income, and injection of drugs over the preceding twelve months. Being in a primary relationship
did not moderate associations with parental status, either to reduce distress as to increase positive adjustment.

**Joubert K.(2001)** in his study named, “Using psychology in fight against HIV/AIDS”, studied psychological understanding of behavior change and how to ameliorate the psychological impact of HIV/AIDS can assist in the efforts of combating the epidemic. It is noted that voluntary counseling and testing, a preventive intervention, provides an opportunity to create a psychological platform which will assist an HIV-positive person to handle difficulties in living with the disease. It is noted that the psychological process experienced by people living with HIV include denial, emotional turmoil, regaining emotional balance, adjusting to living with HIV, periodic crisis and living positive. Thus, counseling and therapy is important here, not only to support and contain the individual through the emotional distress, but also to assist in moving to living positive.

**T.G. Heckman, A. Kochman, K.J. Sikkema et al. (2001)**, studied the coping, improvement, intervention for late middle-aged and older - adults living with HIV/AIDS in USA. The intervention focus on enabling HIV infected older adults to accurately appraise sources of stress, develop adaptive coping responses and access social support resources to facilitate coping efforts. It was revealed that the intervention increase participants perception of social support, produced higher perception of social well being and enabled participants to engage in more planful problem solving, confront coping and future optimism. Intervention participants also experienced less stresses, burden associated with AIDS-related loss and health concerns while the current intervention showed potential to facilitate the adjustment efforts of HIV infected older adults.
Finding from this preliminary study suggest that the coping and adjustment efforts of late middle aged and older adult living with HIV disease may be improved through their participation in cognitive behavioral, coping improvement group intervention.

*K. Goggin, M. Sewell, S. Ferrando, S. Evans et al. (2000)*, in a study named "Plans to hasten death among gay men with HIV/AIDS: relationship to psychological adjustment", assessed the prevalence and nature of thoughts and future plans to end one's life in a group of gay men with HIV/AIDS over an 18 months period. HIV positive men participated in series of clinical interview, which measure current health status, current and past psychiatric disorder, current level of distress and thoughts and plan about ending their lives currently or at same future point. Small number of HIV positive men reported plan to end their lives at same point in the future which were stable over an 18 months period. In the absence of current psychiatric disorders, such thoughts or plans about the future may represent one way to maintain control and independence in the face of the uncertainty of life with illness/diseases.

*K. J. Sikkema, S. C. Kalichaman, R. Hoffmann, J. J. Koob, J. A. Kelly and T. G. Heckman. in AIDS Care (2000)* in a study "Coping strategies and emotional well being among HIV infected men and women experiencing AIDS-related bereavement" stated that AIDS influences the psychological coping not only person with the disease but also those close to that individual. Following a death from its, family members friends experience a typical bereavement. Bereavement coping challenges can be especially difficult and pronounced for persons who are themselves HIV positive. The prevalence of AIDS related bereavement and psychosocial predictors of grief severity were examined in
diverse sample of HIV infected men and women. 80% of HIV positive respondents had experienced the loss of someone close to AIDS, the majority of whom had sustained multiple and repetitive losses. 2/3rd of the participants who experienced on AIDS-related loss reported grief symptoms in the past months. The analysis that grief was most closely associated with emotional suppression and avoiding coping strategies, with residual variance related to depression. Intervention of AIDS related bereavement that reduce distress and maladaptive ways of coping are needed in order to meet the secondary preventive needs of bereaved people living with HIV/AIDS.


The finding suggest that the patient who were adjusting well to HIV positive status tended to have a higher level of fighting spirit and lower degree of hopelessness than those patient who were not adjusting well. The data support the hypothesis that coping with HIV-infection is a complex phenomenon involving multiple and interacting variables.

Gil F, Passik S, Rosenfeld B, Breitbart W, (1998) studied, “Psychological adjustment and suicidal ideation in patient with AIDS”. In their study they tried to investigate the psychological adjustment to illness and examined the relationship between adjustment and psychosocial and medical variables. The results suggest that suicide ideation is associated with poor
adjustment, rather than serving as a adaptive functioning as has been suggested by others.

Griffin Kw, Rabkin JG, Remien RH, Williams JB (1998) studied, “Disease severity, physical limitations and depression in HIV infected men” and examined the extend to which HIV disease severity and physical limitations were associated with depressive symptoms. Findings suggest that physical limitations are more important than laboratory markers of disease progression in understanding psychological adjustment to the illness in HIV infected men.

Sowell RL, Seals BF, Moneyham L, Demi A, Cohen L, Brake S, (1997) in a study named “Quality of life in HIV infected women in the South Eastern United States” investigated the relative importance of social (social support, material resources, disclosure and family functioning) and psychological factors (stigma, emotional distress, intrusion, avoidance and fatalism) as predictors of the quality of life of women infected with HIV. The results of the study show that social, and particularly, psychological factors are important in their influence and quality of life in women with HIV infection and suggest the need for intervention which addresses such factors influencing adjustment to living positive.

Krikorian R, Kay J, Liang WM (1995), in a study titled “Emotional / Psychological distress, coping and adjustment in HIV infection and Acquired Immune Deficiency Syndrome” tried to explore the emotional distress, coping and adjustment to illness. The findings indicated that both uninfected and infected subjects had enhanced emotional/psychological distress in a variety of domains. However while somatic and cognitive-ruminative complaints were
greater in symptomatic subjects relative to controls, depression and anxiety were not. Findings also suggest that HIV sero-positive status and perceived risk for infection produce a sustained level of generalized psychological distress.

*M.W. Ross, C.E. Hunter, J. Condon, P. Collins and K. Begley (1994)*, in a study "The mental adjustment to HIV scale: measurement and dimensions of response to AIDS / HIV disease", tried to assess adjustment to HIV disease. The data were analyzed using method identical to that used in development of MAC scale to determine the latent dimension of attitudes towards HIV / AIDS. The mental adjustment to HIV scale (MAH) factor to analysis reveal time factor: Helplessness-Hopelessness, Fighting, Spirit Denial-Avoidance as in the original MAC scale. Most significant is the belief in people with HIV disease is being able to personally influence the cause of illness and the combination of preoccupation with Fatalism.

*Hui Min Sun, Jun Jian Zhang, Xue Dong Fu (2007)* have tried to investigate the psychological status, coping and social support of people living with HIV/AIDS in central china. The result indicates high level of psychological distress as the available social support did not seem to be effective in reducing psychological pathology or mobilizing their coping strategies.

*Prabha S. Chandra, Geetha Desai and Sanjeev Ranjan (2005)*, in their article "HIV and psychological disorders" reported that HIV infection and psychiatric disorders have a complex relationship. Being HIV infected could result in psychiatric disorders as psychological consequences of the infection or because of the effect of the HIV virus on the brain. Disorders may be varied
as depression, post-traumatic stress disorders, AIDS phobias, grief and whole gamut of cognitive disorders.

Above all depression is the commonest psychiatric syndromes reported in studies among HIV infected individuals. Major depression in HIV positive people is elevated above those in healthy community sample. A two year follow up study has revealed that 10 - 25 % of sero-positive women report depression during the course of illness. Adjustment disorders with depressed mood are more commonly seen than major depressive disorders.

_Rise B. Goldstein, Malloy O. Johnson et al. (2005)_ studied “Psychological distress, substance use, and adjustments among parents living with HIV”. Result showed custodial parents demonstrated significantly poorer medication adherence and attendance at medical appointments but was similar to non-parents and non-custodial in mental health symptoms and treatment utilization for mental health and substance health problem. Non - Custodial parents demonstrated the highest level of recent substance use above treatment. Other markers of risk, such as African, American ethnicity, lack of current employment income, and injection drug use moderated many of the apparent psychological disadvantages exhibited by parents. Psychological distress and substances abuse are common in HIV positive adults. Over a third of HIV positive adults in medical care screen positive for psychiatric disorder. Symptoms of depression and anxiety have been reported in several studies of HIV positive persons. Similar to samples of adults without HIV, significantly more HIV positive women then men are emotionally distressed because of HIV symptoms.
Siegel K, Karus D, Dean L (2005) and (2004) in a study named "Psychological characteristics of New York city HIV infected women before and after the advent of HAART", tried to compare the level of psychological distress of HIV infected women before the advent of Highly Active Anti Retroviral Therapy (HAART) with level of psychological distress of women after the advent of HAART. Result indicates that a significant difference between groups was found only with regard to adjustment to illness in their domestic environment. It clarifies that although new treatment have significantly improved the physical health of those living with HIV/AIDS, no evidence was found that these treatments significantly improved psychological health for women.

Olley BO, Gxamza F, Scedat S, et al. (2003), in "psychopathology and coping in recently diagnosed HIV/AIDS patients the role of gender". The study compared psychiatric morbidity, coping responses, and disability in male and female. Result showed 56% of patients were diagnosed in a psychiatric disorder, most commonly major depression (34.9%), dysthymic disorder (21.5%), post-traumatic stress disorder (14.8%), and alcohol dependence (10.1%). Depression followed by psychological distress are common in recently diagnosed HIV/AIDS patients in South Africa.

Hudson AL, Lee KA, Portillo CJ (2003), in a study title "Symptom experience and functional status among HIV-infected women”. Tried to have a secondary analysis of data exploring symptoms, symptom distress and functional status in HIV-women. Findings indicate that this sample of women was distressed psychological, also at risk of depression and had moderate level of physical functioning.
Chesney MA, Chambers DB, Taylor JM, Johnson LM (2003) in “Social support, distress and well being in older men living with HIV infection” claimed that older men living with HIV infection /AIDS, having often lived with the condition longer are more likely to confront the stress of managing counterparts. The study objectives were to assess whether the association between perceived health functioning and psychological distress and well being is moderated by social support and age. The impact of social support and psychological support and well being is more pronounced for older than younger men living with HIV infection /AIDS. The result indicates that the impact of social support on decreasing psychological distress and increasing well being was more pronounced in older men.

Rotheram-Borus MJ, Lee MB, Gwadz M, Draimin B (2001), in a study, “An intervention of parents with AIDS and their adolescent children”. Tried to evaluate intervention designed to improve behavioral mental outcomes among adolescents and their parents with AIDS. Adolescents in the intensive intervention conducted reported significantly lower levels of emotional distress, of multiple problem behaviors, of conduct problems and of family-related stress and higher levels of self-esteem than adolescent in standard care condition. Parents with AIDS in the intervention condition also reported significantly lower levels of emotional distress and multiple behaviors.

Murphy DA, Moscicki B, Vermund SH, Muenz LR (2000) carried out a research work, “An intervention of parents with AIDS and their adolescent children, Psychological distress among HIV positive adolescents in the research study: effects of life stress, social support and coping”. The purpose of this study was to investigate the effects of life events, social support and coping
on anxiety and depression among HIV-infected adolescents. It was hypothesized that higher levels of stressful events would be associated with higher levels of anxiety and depression, but that this association would be moderated by satisfaction with social support and by adaptive coping. Satisfaction with social support and adaptive coping methods were both associated directly with lower levels of depression, but no association was detected between these two measures and anxiety. Although life event distress was directly associated with psychological distress neither social support nor adaptive coping seemed to moderate this association.

Kalichaman SC, Heckman T, Kochman A, Sikkema K, Rerghotte J (2000) studied "Depression and thoughts of suicide among middle-aged and older persons living with HIV/AIDS", which was aimed at examining the prevalence and characteristics of suicidal ideation among middle age and older persons who have HIV infection or AIDS. The study concludes that persons who are in midlife and older and are living with HIV/AIDS experience significant emotional distress and thought suicide, suggesting a need for targeted interventions to improve mental health and prevent suicide.


Seiquel K, Schrimshaw EW (2007), in their study, "The stress moderating role of benefit finding on psychological distress and well being among women living with HIV/AIDS", examined whether the perception of
having experience growth as a result of a stressful event, often termed benefit finding, moderates the effect of stress (both physical symptomatology and social conflict) on psychological distress and well being. The findings suggest a potential mechanism (i.e. stress buffering) by which benefit finding could promote psychological adjustment. Further, the finding that, benefit finding only moderated the growth inducing stressors (e.g. the illness), suggest possible limits to the stress buffering role of the benefit finding.


While participants acknowledge that ARV drugs were keeping them alive, there are tensions between desire for life sustaining treatment and optimal quality of life. Some participants engaged themselves in harmful health behaviors (non-adherence to ARV regimen). Participants feared that fat loss represented disease progression and worried that visible changes would lead to unintentional disclosure of HIV status. Although a potential source of support, health care providers were commonly perceived as ignoring and, in so doing discrediting patient distress. Participants recognized the limitations of current lipodystrophy treatment options. Yet, cure for the syndrome seemed less important to them in short term than simply being listened to and the powerful, but oblique sources of distress addressed.

Felipe YX., Santos CP., Ramos D., Lima RO., Lopes MI., Segurado AC. (2004), studied morphological changes, such as central fat accumulation
(CFA) and peripheral and facial lipoatrophy (PFLA), which are frequent side effects of HAART and that might affect body image and induce psychological distress.

Lypodystrophic patients who deny body changes seem to be under heavier psychological burden and have limited ability to cope with HIV diagnosis. Patient’s perceptions are frequently discordant with medical evidence of lipodystrophy. Result suggests that open discussion of lipodystrophy should be stimulated in AIDS care, as it may help patients increase and improve their self-esteem and quality of life (QOL).

Karolynn Siegel, Daniel Karus, Laura Dean (2004), in their study “Psychological characteristics of New York city HIV infected women before and after the advent of HAART”, tried to compare level of psychological distress of HIV infected women living in New York city before the advent of highly active antiretroviral therapy (HAART) with level of psychological distress after the use of HAART became widespread.

A significant difference between groups was found only with regard to adjustment to illness in their domestic environment. Although new treatments have significantly improved the physical health of those living with HIV/AIDS, evidence was found that these treatments significantly improve psychological health for women, regardless of history of protease inhibitor use.

Dwight L. Evans, M. D., Jane Leserman, Diana O. et al. (1998), have done a study on “Severe life stress as a predictor of early disease progression in HIV infection” to test the hypothesis that stressful life events accelerate the cause of HIV disease. Result demonstrated that the more severe the life stress experience, the greater the risk of early HIV disease progression. This report
presents the first evidence from a prospective research study that life-event stress is associated with an increased rate of early HIV disease progression.

*Krikorian R, Kay J, Liang WM (1997) and (1995)* have conducted a study named “Emotional/Psychological distress, coping and adjustment in HIV infection and Acquired Immune Deficiency Syndrome” which was aimed to find out the emotional distress, coping and adjustment to illness. The findings indicated that both uninfected and infected subjects had enhanced emotional/psychological distress in a variety of domains. However while somatic and cognitive-ruminative complaints were greater in symptomatic subjects relative to controls, depression and anxiety were not. Findings also suggest that HIV sero-positive status and perceived risk for infection produce a sustained level of generalized psychological distress.

*K.J. Sikkema, S.C. Kalichaman, J. A. Kelley and J.J. Koob (1995)*, studied “Group intervention to improve coping with AIDS-related bereaved: model development”. The study described a cognitive behavioral coping model for support group intervention with people who experience AIDS-related loss. The support group model consist of six primary components to address grief-related responses and the unique features of AIDS bereavement: social support and group cohesion; identification and expression of emotion; identification of AIDS loss specific coping challenges; recognition of current coping; goal setting and implementation of adaptive coping to reduce psychological distress. The model integrates theories of cognitive behavioral coping within a social support group context. Result of the pilot study showed that the intervention model last into group sessions significantly reduce depression, intrusive experiences, grief reaction, demoralization and overall psychological distress.
immediately following the intervention at a three month follow up assessment. The intervention appears to facilitate the adjustment of these bereaved persons and warrants further study.

_G. Irving, R. Bor and J. Catalan (1995),_ in "Psychological distress among gay men supporting a lover or partner with AIDS", examined and found out the level of psychological distress experienced by a sample of gay men providing care support to a lover or partner with AIDS. The sample reported high levels of global and AIDS specific psychological distress. The levels of distress reported were of such a degree to indicate that majority of the sample were probably suffering from significant psychiatric problems. The results strongly suggest that providing care and support to a lover or partner with AIDS may have an adverse affect on carer’s own psychological health.

_V.V. Belyaeva, Y.V. Routchkina and V.V. Pokrovsky (1995) and (1993)_ in "Psychological care for HIV infected individuals in Russia" claims that the relatively small number people known to be infected with HIV in Russia together with the absence of large numbers of affected people does not help to increase awareness of HIV infection as a social problem. This results in almost non-existent organized care systems for psychological support. Characteristics of psychological stress in HIV infected individuals in Russia where studied over three years and ways to overcome it were examined. In the study some characteristics features of the life style of HIV infected people in Russia are described. These include a search for non-traditional treatment methods, creating families or support network between the infected, participating in public meetings in order to support those infected and pursue educational
works and meetings for religious reasons. Social support may decrease the stress experienced by these people.

Santos, Claudia Paula a, Felipe, Yone Xavier a, c, Braga, Patricia Emilia b, Ramos, Daniela a, Lima et al. in (2005), in “Self perception of body changes in persons living with HIV/AIDS: Prevalence and associated factors” reported that highly active antiretroviral therapy has brought about a substantial improvement in the progress of HIV/AIDS. In this context, therapy-related body changes (lipodystrophy) gain in importance, in light of the psychological distress they cause and of their association with adherence to treatment. This study analyses patients’ self-perception of Central Fat Gain (CFG) and Peripheral Fat Loss (PFL). Results showed 2/3rd of the subjects (64.3%) perceived body changes. The self-perception of CFG and PFL was associated with greater schooling. The perception of CFG was more frequent among women and in patients who used protease inhibitors for longer periods. The self-perception of PFL was more frequent among older patients, patients who used stavudine for longer periods, and those who reported a lack of adherence to antiretroviral agents. The quality of affective/social relationships with friends and family was inversely associated with the self-perception of PFL. To conclude, the evaluation of self-perceived body changes and their determinants in individuals living with HIV/AIDS may help improve provided care. Listening to what people have to say concerning Anti Retroviral Therapy-related body changes and how they perceive them, as well as including the point in therapeutic decisions in this regard will contribute towards greater adherence to proposed intervention and towards an improvement in the quality of life.
Bridget Burckell, Julie Bourbeau, Rachel Copeland, David Higham. (2003), in their study named “Psychological impacts on people living with HIV-orphans and other vulnerable children, and their caretakers” and “Psychological impacts on people living with HIV/AIDS on children”, says that the impact of stigma on those infected with HIV/AIDS is particularly negative due to the common perception by others and self, that infected individual is to blame or should be held personally responsible for their condition (Fife and Wright 51). The stigma is worse for HIV/AIDS than other diseases because of the nature of its transmission. Those who become infected have supposedly done so through their own personal deviation by using intravenous drugs or practicing unsafe sex (Fife and Wright 51). An HIV/AIDS infected person may be looked at as “spoiled”, further contributing to a negative psychological impact of the disease leading to negative self-perception. Being shunned from society can lead to self-loathing and self-deprecation. It is common for HIV/AIDS infected persons to withdraw from society, relationships and the work place. “It has been suggested that some degree of isolation may be self-imposed at the same time that isolation is imposed by others” (Fife and Wright, 52). Because HIV/AIDS is so riddled with stereotypes, most people that become infected, have already established their own set of misconceptions. This will further the degree of self-deprecation and low self esteem. Even the vocabulary associated with HIV/AIDS contributes to the negative perception that intensify the psychological impacts that are characteristics of this disease. Patient with other terminal illness are often applauded for maintaining a positive attitude, looking on the “bright side” of things, and serving as role models for their peers (Fife and Wright, 53). AIDS patient are HIV positive
no matter what because they cannot become HIV/AIDS survivors and are rarely recognized for their positive behavior after being diagnosed (Fife and Wright, 61).

L. Nilsson Schonnesson (2002), have studied “Psychological and existential issues and quality for life in people living with HIV infection” which focuses on psychological and existential issues and their impact on psychological functioning and quality of life in adults living with HIV. It suggests that many of the issues that people with HIV face today are similar to those that were on the pre-HAART agenda. It also stated that HIV-related psychological stresses, including societal negative attitude towards people with HIV, attacks the individual’s self, including self-image and self-esteem. As a consequence, the self may oscillate between a shattered and a restored self. A stabilized self is crucial to facilitate the approach and adaptation to the spectrum of HIV-related stresses and existential concerns.

Brown, Marie-Annette (2001), tested employed interpretive phenomenological inquiry in Bangkok, Thailand. The families’ personal experiences dramatically portrayed the stigma of AIDS and the rejection associated with family care giving for PLWAs in Thai society. Because of the cultural perception of AIDS as a dreadful contagious disease and a result of immoral, and promiscuous behavior, PLWAs are viewed as a bad person. The families experience rejection and discrimination because they were associated with and provide care for persons whom society has designated as bad persons. Keeping the silence is employed to prevent psychological suffering from being shunned for both PLWAs and other family members. The families utilize many strategies to maintain their silence, including minimizing social
contact, revising the truth, hiding care giving and giving no clues. Family care giving as an action of shielding, originated from a sense of love, obligation and the families' perception of the PLWAs as a good person. Family care giving was perceived as giving encouragement (a form of Psychological/Emotional support) and taking actions to provide physical support to the PLWAs (associating with activities of daily living, meeting health needs and searching for health care).

_Hamed BA, Solanke F, Wakab QO, Adetela S (2001),_ in “AIDS: Breaking the Silence” claimed that moral courage to combat the social stigma associated with HIV/AIDS remains a phenomenal challenge. People living with HIV/AIDS are reported to be dying more from psychological trauma than medical complications. Often, a HIV positive person begins to visualize/perceive himself as dead, worries about what society will think of him, and becomes increasingly lonely. Hence the issue of stigma and discrimination against people living with HIV/AIDS must be properly addressed.

_Rotheram-Borus MJ. (2000),_ have studied “Variation is perceived pain associated with emotional distress and social identity in AIDS”. They examined the association between self-perception of pain and associated pain distress, gender, ethnicity and religion, health care, health status and emotional distress. Almost all participants (83%) reported AIDS-related pain in the last three months. Unexpectedly, pain was negatively associated with time since diagnosis with AIDS. Anticipatory pain varied significantly by gender and religion. Anxiety, depression and general emotional distress were significantly associated with pain symptoms. Since pain is a common problem for people living with
HIV/AIDS attention to emotional distress, depression and negative self-perception that may follow must be considered for intervention and pain management.

**G.J. Wagner and J.G. Rabkin (1999)**, in “Development of the Impact of Weight Loss Scale (IWLS): a psychometric study in a sample of men with HIV/AIDS” assessed the psychometric properties of the newly developed Impact of Weight Loss Scale (IWLS), a subjective measure of perceived weight loss and related behavior, body image perception and affect, as well as scales relationships to mental health and nutritional measures in an HIV sample. The IWLS demonstrated good internal consistency, reliability and had an un-dimensional factor structure. Higher IWLS scores, which, indicate a more detrimental impact of weight loss, were correlated with greater depression, reduce quality of life and objective nutritional deficits. However the IWLS is intended not only to measure the impact of weight loss on behavior, affect and body image perception. Accordingly, significant correlations were found between the IWLS and measures of depressions (both self-report and clinical-rated) and QOL.

**Kataoka-Yahiro MR, Portillo CJ, Henry S, Holzemer (1996)**, in the study of “Physical and social correlates of perceived psychological support among hospitalized AIDS patients”, reported that persons living with HIV disease are faced with a broad array of physical and psychological problems across the trajectory of their illness. The study indicated that only 12% of the variance was explained by the antecedent variables of physical health (self care ability, white blood count, perception of physical condition) and social living. Self care ability and living alone are found to be significant predictors of self
rating of perceived psychological support in the sample. Further, it is mentioned that the area of self perception and perceived psychological support after infection as needed to be explored along hospitalized AIDS patient. AIDS-related trajectories are essential to the design of programmes intended to provide support and assistance to HIV-infected persons. After investigating these trajectories, it was found that in each community, the HIV diagnosis was accompanied by much self-blame and self-recrimination. After diagnosis, many HIV infected persons who had been living independently stopped working and returned home to live with their families, a step associated with both financial and psychosocial adjustment difficulties. As death approached financial and health care needs intensified and social stigmatization added to the pain experience by AIDS patients and their families.