

SHORT COMMUNICATION

HIGH RISK BEHAVIOUR AND PSYCHIATRIC MORBIDITY IN HIV POSITIVE INTRAVENOUS DRUG USERS (REPORT OF TWO CASES)

SK Sayal, Harpreet Singh, M Chatterjee

Two cases of HIV-positive intravenous drug users from Manipur with high risk behaviour and cognitive impairment are reported.

Key words: Intravenous drug users, HIV infection, Cognitive impairment

Introduction

Intravenous drug users (IVDU) have a significantly higher risk of contracting HIV infection. Firstly, sharing of infective needles results in transmission of HIV and secondly, intoxication increases the likelihood of high risk sexual behaviour.

Psychiatric morbidity is more common in HIV positive drug users than in the general population. Lipsitz et al have estimated the prevalence of depressive disorders to be as high as 33% in HIV positive IV drug users.¹ Moreover HIV positive drug users are more prone to develop cognitive impairment.²

In India, most cases of HIV positive drug users have been reported from Manipur. Manipur borders the golden triangle of Myanmar, Laos and Thailand where 20% of the worlds opium is proc-

essed into heroin.³ In 1990 it was estimated that 65% of positive IVDUs in Manipur were HIV positive.⁴ Two cases of HIV positive IVDUs from Manipur are reported.

Case Report

Case 1

The patient was a 26-year - old resident from Manipur. He gave history of IV drug abuse from 1987-89. He initially started brown sugar due to easy availability and peer pressure. Soon he was injecting the drug regularly by sharing the needle with other drug abusers. When under influence of drugs he often indulged in unprotected penovaginal sexual intercourse with commercial sex workers (CSWs).³

His awareness of HIV and AIDS at that time was poor. He stopped abusing drugs after joining army due to non-availability of the substance in the area where he was posted. He was detected to be HIV positive in March '94 during screening for blood donation. Since then he was kept on

From Department of Dermato Venereology and Psychiatry, Armed Forces Medical College and Command Hospital (SC), Pune.

Address correspondence to :

Col SK Sayal,
Command Hospital (SC)
Pune - 411 040, India.

surveillance. At the time of evaluation in Feb '97 he had no complaints except for mild forgetfulness. Physical examination revealed no abnormality except generalised lymphadenopathy. Dermatological examination showed multiple needle prick marks both forearms (Fig. 1) with injection abscess both legs. Psychiatric evaluation revealed



Fig. 1. Multiple injection marks on forearm in IVDU.

no features of anxiety or depression. Comprehensive neuropsychological evaluation revealed impairment in verbal memory, delayed memory and speed of information processing.

Case 2

The patient was a 28-year-old resident of Manipur. He gave history of smoking cannabis and then consuming alcohol. In 1989 he started smoking brown sugar in the company of friends. In 1992 when admitted to hospital for viral hepatitis, he was introduced to IV heroin and proxyvon by a fellow Manipuri patient who taught him the technique of injecting these drugs. Thereafter he started using these drugs regularly. He has no

awareness of HIV and AIDS. While at home on leave he frequently shared unsterilised needles with his friends. He gave history of multiple unprotected heterosexual exposures between 1987 and 1994. He was detected to be HIV positive while undergoing evaluation for viral hepatitis in 1994. He was detoxified and managed with counselling, individual and group psychotherapy. He reportedly abstained from opioids after July 96. At the time of evaluation in Feb '97 he complained of disturbed sleep and lethargy. Physical examination revealed generalised lymphadenopathy and hepatosplenomegaly. Dermatological examination showed injection marks in both upper and lower extremities along with lymphoedema both hands and abscess right hand. Psychiatric evaluation revealed evidence of anxiety and mild depression. On neuropsychological evaluation he had impaired attention and concentration, deficit verbal memory and reduced psychomotor speed.

Discussion

The present cases indicate that the main reasons for abusing IV drugs in the North Eastern States is the easy availability of the drugs and peer pressure to experiment with these substances. Knowledge of HIV and AIDS appeared to be inadequate among IV drug users as shown by the use of unsterilized needles by both these patients.

IV drug abuse also appears to increase the chances of high risk sexual behaviour. Both the patients had multiple unprotected heterosexual exposures especially when under the influence of psychoactive substances. The reasons which have been suggested to explain the increased incidence of high risk sexual behaviour among IVUDs are: a. Behaviour disinhibition resulting in increased sexual activity. b. Cognitive impairment during use

of recreational drugs as a result of which individuals can forget to take condoms or use them improperly. c. Substance use and sexual encounter are frequently available at the same place. As a result IVDUs learn to associate substance use with high risk sexual activity. d. IVDUs often have "high risk" personality characterised by impulsive and sensation seeking behaviour which predisposes to both substance abuse and high risk sexual activity.

Cognitive impairment was present in both the patients. Wellman has suggested that because of premorbid neurological insult due to the toxic effects of drug abuse on brain cells, cells of IV drug abusers are more vulnerable to invasion by HIV 2. Because of this neurological deterioration may occur at earlier stages of HIV infection in IV drug users than in other high risk groups.

HIV infection appears to be spreading rapidly among IVDUs in Manipur⁴ and there is an urgent need to control this epidemic. The best approach is a multidisciplinary at multiple levels that provides support for abstinence from substance abuse and unprotected sexual intercourse.

References

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