

## Personality Disorders in Patients with Human Immunodeficiency Virus

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### ABSTRACT

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#### Dear Editor

Around 60,431 people are living with HIV in Iran. The age group most affected is 20-45 years old, and this pattern has not changed in recent years (Najafi, 2020). Living with HIV has a significant impact on various life's aspects, such as physical, social, and mental well-being. The infection can create a sense of fear and uncertainty about living with the disease. People living with HIV (PLHIV) may also experience psychological issues, such as depression and anxiety, which can also impact their family members (Niu, 2016). The diagnosis of HIV can negatively impact social, economic, professional, and housing aspects, and PLHIV are in need of emotional support from their families and society (SeyedAlinaghi, 2011).

Personality disorders can be manifested in individuals during adolescence or early childhood, but diagnosis typically occurs in adulthood, usually after 18 years of age. These disorders can cause significant distress and discomfort in individuals (Javanmard, 2008). The developmental period of PLHIV is found to be significantly different from healthy individuals in various areas including avoidant personality patterns, schizotypal and

paranoid clinical syndromes, depression, anxiety, alcohol and drug misuse, and major depression (Tabrizi, 2009). Merely understanding the ways in which HIV can be transmitted is not enough to decrease high-risk behaviors, as certain personality traits can increase the likelihood of engaging in risky behavior. Conventional methods of risk-reduction counseling focus on preventing negative consequences, such as using condoms to prevent sexually transmitted infections (STIs). However, these approaches may not be effective for individuals with certain personality traits. Therefore, prevention and treatment programs for PLHIV must consider specific personality factors that contribute to high-risk behavior, causing harm to themselves and others (Hutton, 2001).

The present study investigated the prevalence of DSM-V personality disorders in PLHIV who visited the voluntary counseling and testing (VCT) center of Imam Khomeini Hospital., Tehran, Iran. 60 HIV patients were initially recruited using convenient sampling. Participants were required to be between the ages of 18 and 60, have at least a secondary school education, and provide written informed consent. Data collection involved the

Minnesota Multi-Axis Personality Questionnaire (MMPI) (Mirzamani, 2001). As for the antisocial personality disorder scale, 52% were assigned average to high score.

Among intravenous drug users, in particular, antisocial personality disorder has been demonstrated to be a significant covariate for HIV infection (Broner, 1993). Benthin conducted a study and discovered that young people engaging in risky behaviors tend to perceive the risks smaller, more familiar, and easier to control than those who do not take risks (Benthin, 1993). This finding supports the results of the current study which indicated a high rate of personality disorders in people who contracted HIV through risky behaviors. A study estimated the prevalence of depression in these patients to be between 20 to 32%. A 2011 study titled "Challenges of Diagnosis of Depression in HIV Patients" found that depression is common among these patients, but often goes undiagnosed and untreated due to other problems caused by HIV. The difference in results from these studies may be due to the use of different measures and scales (Simoni 2011).

It seems that individuals with personality disorders are more likely to ignore potential dangers and engage in risky behaviors. The prevalence of personality disorders among PLHIV is significantly higher compared to the general population. The effects of HIV infection are on a specific group of people involved in high-risk sexual behaviors regarding personality perspective. The likelihood of engaging in high-risk behaviors in individuals with personality disorders is higher. Therefore, some aspects of personality disorders make individuals more susceptible to HIV infection. It is, therefore, recommended that necessary measures be taken to train adolescents more susceptible to personality disorders, and consequently, high-risk behaviors about the ways of transmission and prevention of HIV. Thus, an effective step can be taken towards reducing the prevalence of this chronic disease in society.

### Key word

HIV, AIDS, Personality Disorders.

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