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Depression improvement among patients with HIV and endocrine dysfunction after hormone therapy

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Background: Endocrine diseases are common among men living with HIV (MLWH) known as curable etiology of depression. Depression impedes adherence to treatment and perceived quality of life.

Aim: The objective of this study was to evaluate depression after medical treatment of underlying endocrine diseases among Iranian MLWH.

Materials & Methods: We recruited a convenient sample of 296 MLWH at a referral HIV clinic from April 2013 to March 2014. In phase I (cross-sectional evaluation), all patients were interviewed using the beck depression inventory (BDI- II) questionnaire. In phase II, participants with moderate to severe depression (n=110, scores ≥ 21) were evaluated for endocrine diseases (evaluations: total testosterone, triiodothyronine, thyroxine, thyroid stimulating hormone, luteinizing hormone, follicle stimulating hormone and serum cortisol). 11 patients diagnosed with hypogonadism were finally considered for hormone replacement therapy. We re-evaluated changes in depressive symptoms with BDI-II.

Results: From 237 participants, 136 (75%) had BDI scores ≥ 21 ; 110 participated in the endocrine evaluations. Secondary hypogonadism (total testosterone ≤ 2.8 nmol/l; LH, FSH: normal) was the only observed abnormality in 10% (n=11) of the patients and hormone replacement was prescribed to seven of them for three months. All patients were re-evaluated for depression; significant changes were observed in final scores (p=0.027).

Conclusions: Evaluation and treatment of hypogonadism can help clinicians to reduce or control depression among people living with HIV; hence improving treatment compliance and patient outcomes.

Biography

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