

Depression, Women, and HIV ^[1]

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Women and Depression

Studies have shown that, in the general population, women are twice as likely to be depressed than men. While it is not clear why women suffer from depression so much more than men, there are several possible reasons. One reason used to explain the high rate of depression among women is the burden many women bear as the primary caregiver for family members. Often, women will care for others and not care properly for themselves. Other reasons that women may feel depressed include having a lower household income, less education, and less social support. These are all major life [stressors](#) ^[2] that can reduce resilience and lead to depression. There is also a strong link between [violence against women](#) ^[3] ? be it physical, sexual, or emotional ? and depression.

Depression has also been linked to increasing young women's risk of getting HIV. A 2010 study of almost 2000 young (15 to 26 years old) women and men in South Africa showed that one in five young women reported symptoms of depression, and that they were more likely to be in abusive relationships and to participate in transactional sex (sex for money, shelter, etc.). Both abusive relationships and transactional sex are known to increase sexual behavior that puts women at increased risk of getting HIV.

Depression in Women Living with HIV

Women living with HIV (HIV+) are even more likely to suffer from depression than women in the general population. Although many HIV+ people live long, healthy, and full lives, learning that you are HIV+ is life-changing news that can be very difficult to hear and accept. Some people feel overwhelmed, helpless, or unable to cope with an HIV diagnosis. Others are afraid for their future health, or of [disclosing](#) ^[4] their HIV status to friends and family. The [stigma](#) ^[5] that many HIV+ women experience may lead to social isolation and feelings of loneliness. All of these feelings ? helplessness, anxiety, loneliness ? are key elements of depression.

Many HIV+ women also experience large life stressors such as racial discrimination, poverty, violence, and single parenthood, which can lead to depression. An HIV diagnosis can simply add to this burden and to the chances of developing depression.

There is also now evidence that HIV may contribute directly to depression in people living with HIV. Researchers have found that HIV+ people who have HIV in the cerebral-spinal (CSF) fluid that surrounds their brain and spinal cord have an almost five times greater likelihood of experiencing new-onset depression.

Depression and Older Women Living with HIV

As HIV treatments have improved, there are more and more older women living with HIV [6]. Growing older often involves its own life challenges, such as chronic disease, disability, or the loss of loved ones. These life changes can lead to feelings of sadness or depression. One study showed that more than six in ten HIV+ women from 50 to 76 years old suffered from depression.

Depression Can Cause Serious Problems

Studies show that there is a direct connection between depression and poorer health for those living with HIV. Specifically, HIV+ women who are depressed seek HIV care less often, have more trouble sticking with their HIV drug regimens, and have more rapid disease progression. If you are experiencing symptoms of depression, you may miss drug doses, take the wrong dose, or take the dose at the wrong time. Not taking your HIV drugs regularly can lead to the development of resistance [7], which makes HIV drugs less effective at fighting the virus. This can cause your CD4 cells to go down and/or your viral load [8] to go up.

Even among HIV+ women with similar CD4 counts and viral loads, being depressed can double the likelihood of dying compared to having few or no symptoms of depression. One study showed that the risk of death was cut in half for those women who made contact with a mental health provider. It is important that depression be diagnosed and treated as quickly as possible to avoid serious problems.

What Is Depression?

Being depressed, in everyday language, occurs when someone feels down, sad, blue, unhappy, or hopeless. These are all normal feelings, and almost everyone experiences them at one time or another. Receiving and living with a diagnosis of HIV can be stressful, overwhelming, and fearful at times. So it is not unusual for HIV+ people to feel down or anxious.

If these feelings are overpowering, disabling, or long-lasting, however, they may be a sign that you are experiencing a condition known as depression. Compared to sadness, depression is more intense, lasts longer (more than two weeks), and interferes with your day-to-day ability to function. In medical language, depression is a diagnosis based on having a certain number of specific symptoms (from the list below). Depression is not a normal part of being HIV+ and can cause some serious health problems. If you have any of these symptoms or are unsure if what you are experiencing is normal, it is important to talk to your health care provider.

Symptoms of depression include:

- Changes in appetite or weight
- Aches or pains for no clear reason
- Feelings of sadness, guilt, hopelessness, and/or worthlessness
- Irritability; getting into arguments easily
- Lack of interest or pleasure in activities that usually interest you
- Low sex drive

- Difficulty making decisions or concentrating
- Changes in sleep patterns
- Fatigue or loss of energy
- Thoughts of harming oneself or committing suicide

If you are thinking of hurting yourself or committing suicide, please tell someone immediately. In the US, you can call 1-800-SUICIDE (1-800-784-2433) or 1-800-273-TALK (1-800-273-8255). To find a suicide hotline near you, try <http://www.suicide.org/suicide-hotlines.html> ^[9]; this website lists US hotlines by state as well as hotlines by country (click on the "International Hotlines" link at the top of the main page).

In addition to the symptoms listed above, you may also notice yourself doing some of the following if you are depressed:

- Not taking care of yourself in terms of grooming, dressing, and personal hygiene
- Skipping or not going to work; calling in sick
- Being very critical and down on yourself
- Not talking to or going out with friends
- Not taking part in your usual social activities, hobbies, or recreations
- Crying or feeling like crying more often than normal, and often without knowing why
- Using alcohol or other recreational drugs more than usual

Sometimes substance use ^[10] hides depression. This happens when people try to "self-medicate" by using drugs or alcohol to try not to feel the pain of what troubles them. If you feel that depression or anxiety causes or adds to your substance use, ask your health care provider or AIDS service agency for a referral to a mental health provider.

Treatment Options

The good news is that depression is treatable. Treatments include psychotherapy, social support, medication, alternative therapies, or any combination of these. While it is true that depression can get better on its own, this can take months or even years. Treatment will likely shorten the time it takes for you to feel better and may help you stay on your HIV drugs. It also may keep you from losing a job, a relationship, or even your life.

Psychotherapy

Various mental health professionals can provide psychotherapy, also known as "talk therapy" or personal counseling. Psychotherapy involves talking to a trained professional about what you are experiencing. The therapist provides support and helps you to understand what is troubling you. While most psychotherapy occurs one-on-one, group therapy is also helpful for some people.

In the US, mental health professionals who provide psychotherapy include:

- Psychologists
- Psychiatrists
- Social workers
- Marriage and family therapists
- Mental Health Counselors

Social Support

It may also be helpful to seek the [support of other HIV+ women](#) [11] through support groups or peer counseling (please visit our online blog for HIV+ women, [A Girl Like Me](#) [12]). Social support from friends and family has been found to help HIV+ people avoid depression or cope better with it. Contact with others helps prevent feeling lonely and isolated. Friends and family can also provide emotional support, which is very important for people living with a serious illness like HIV. Members of a social support network can help with chores like shopping or housework and act as caregivers if you get sick.

Antidepressant Medications

Antidepressant medications are often prescribed for depression or anxiety and have been shown to help decrease symptoms for some people. Care should be used when taking antidepressant medications with HIV drugs. Many of the antidepressant and anti-anxiety drugs can [interact](#) [13] with some HIV drugs. It is important to talk to your health care provider before starting any new medications.

Generally, the safest type of antidepressants for use with HIV drugs is selective serotonin reuptake inhibitors or SSRIs, such as Celexa (citalopram), Lexapro (escitalopram), Luvox (fluvoxamine), Prozac (fluoxetine), Paxil (paroxetine), and Zoloft (sertraline). A popular herbal antidepressant called St. John's Wort should **not** be taken, as it affects the immune system and interacts with many HIV drugs.

Other Treatment

Meditation, massage, yoga, breathing, and relaxation exercises are all [alternative therapies](#) [14] that may help you feel better. Acupuncture and acupressure therapies may help reduce stress and improve your mood. Mindfulness techniques may help you get back in touch with what makes life worth living and avoid going into downward mood spirals. Some of them have even been combined with traditional psychotherapy and shown to be very effective (e.g., [mindfulness-based cognitive therapy](#) [15]). Good [nutrition](#) [16] and [physical activity](#) [17] are beneficial, no matter which treatments you choose.

Get Checked and Treated for Depression

It is important to talk to your health care provider about depression, especially if you are experiencing symptoms or having trouble sticking to your HIV drug regimen. If you are suffering from symptoms of depression, ask for a referral to see a mental health care provider. Mental health care (including psychotherapy, social support, medication, and alternative therapies) can not only improve your [adherence](#) [18] to HIV drugs, but also improve your health and quality of life.

Some people do not believe in the value of mental health treatment. You or those you love may have heard that people who see therapists ("shrinks") or take antidepressants are "crazy," or weak. Try not to let these judgments keep you from getting treatment that will make you feel and live better. When we experience physical problems, it is best to get treatment. If someone breaks her leg, we encourage her to see a health care provider to get the leg checked and treated so it heals properly. Similarly, when we experience emotional difficulty,

there is no need to suffer when effective treatment is available.

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Additional Resources

Select the links below for additional material related to depression.

[Depression Greatly Impairs Treatment Adherence \(AIDSmeds\)](#) [34]

[Casting Some Light on Depression \(PWN\)](#) [35]

[Depression and HIV \(AIDSmeds\)](#) [36]

[Depression and Older Women With HIV \(ACRIA\)](#) [37]

[Depression Associated with HIV Risk Factors for Young People in South Africa \(AIDSmap\)](#) [38]

[Women and Depression: Discovering Hope \(NIMH\)](#) [39]

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Source URL: <http://www.thewellproject.org/hiv-information/depression-women-and-hiv>

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- [35] <http://pwn.bc.ca/2011/09/casting-some-light/#.U1E0uMfR0iw>
- [36] http://www.aidsmeds.com/articles/Depression_7577.shtml
- [37] <http://www.thebody.com/content/living/art45490.html>
- [38] <http://www.aidsmap.com/news/Depression-associated-with-HIV-risk-factors-for-young-people-in-South-Africa/page/1560550/>
- [39] <http://www.nimh.nih.gov/health/publications/women-and-depression-discovering-hope/index.shtml>