

Psychiatric assessment of HIV in a person with intellectual disability

Dear Editor – A wide range of psychiatric syndromes can be associated with HIV infection. Much of the literature exists within the general population, but little for people with an intellectual disability (PWID).

People with an intellectual disability living unsupported in the community may be at increased risk of contracting HIV infection. They often lack information about sexually transmitted diseases (STDs) and contraception. They are vulnerable to sexual abuse and exploitation, with an estimated prevalence of up to 25%.

The following brief discussion will give a view on the psychiatric syndromes associated with HIV, treatment and management of one of our HIV and intellectually disabled patients along with legal and ethical aspects included in her care. HIV infection is known to be associated with adjustment disorders (prevalence 5%-20%), depression (prevalence 4-44%), delirium and dementia in 7% of cases.

Mrs X, a 38 year old woman with learning disability, had repeated episodes of sexual abuse by others. This has happened when she had periods of depression during which she left home for a few days. The episodes of depression were severe with no psychotic symptoms. She was tested positive for HIV infection following repeated attempts at treatment for recurrent trichomoniasis and candidosis.

The management strategies took into account the four areas of legal concerns reported by Gunn *et al*¹ which were:

- Testing issues (capacity and consent)
- Liability for causing HIV status in another
- Providing information on HIV status to others
- Use of AIDs legislation.

Management was based on five domains:

- *Support*: Taking medication and access to day services
- *Facilitation*: Through enhanced CPA²
- *Education*: Genito-urine clinic to provide sex education and health maintenance
- *Protection*: To promote welfare and reduce risk of exploitation she was subject to Guardianship order Section 7 of MHA.³
- *Treatment*: Anti-retroviral treatment, anti-depressant, involvement of community and learning disability psychological services.

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References

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2. Roy A. The Care Programme Approach in learning disability psychiatry. *Advances in Psychiatric Treatment* 2000; 6: 380-387.
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Book Reviews

Human Traces. Sebastian Faulks (2005) ISBN 0099458268

Sebastian Faulks' most recent novel 'Human Traces' marks a departure from his more familiar terrain as war novelist, and explores the philosophical and scientific background to the birth of psychiatry in the late 19th and early 20th century. It is a vast, dense work, which follows the fortunes of two psychiatrists as they struggle to make a lasting contribution to their burgeoning field.

Jacques Rebière and Thomas Midwinter first meet as ambitious medical students in the French resort of Deauville. Both have been propelled towards psychiatry by their respective siblings. Jacques is drawn by his need to find a cure for the illness afflicting his brother Olivier (whom we recognise to be suffering from schizophrenia) whereas Thomas has entered the profession at the urging of his sister. Each recognises in the other a mutual fascination with the human mind – "the meeting point between thought and flesh". Their subsequent paths (at times parallel, at others hugely divergent) serve as

the vehicle through which Faulks explores the prevailing multiplicity of diagnostic and therapeutic approaches to mental illness. This was an era in which psychiatric patients were truly societal outcasts, many housed in largely custodial settings: 'the vast folly of the lunatic asylum' wherein "the million delusions of its inhabitants [were] contained in utter darkness". Psychiatry was in its infancy, simultaneously beset by many false starts and illuminated by discoveries which entirely changed the nature of the field.

Many contemporary pioneering figures are depicted in fictional form in the course of the novel, amongst them Charcot giving one of his infamous demonstration lectures at the Salpêtrière. The unfortunate inmates are used as his raw material, presented to a rapt audience as case histories of hysterical behaviour and its response to hypnotic therapies. We also observe the advent of Kraepelin's division of psychosis into 'dementia praecox' and manic depressive illness. A uniform nosology thus replaces the plethora of colourful and unscientific diagnoses of the time ("old maid's