CBHC notes

community health and development (Kenya Methodist University)

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COMMUNITY BASED HEALTH CARE

Introduction.

Definition of terms.

Community -A **community** is a social unit (a group of living things) with commonality such as norms, religion, values, customs, or identity. Communities may share a sense of place situated in a given geographical area (e.g. a country, village, town, or neighbourhood) or in virtual space through communication platforms. Durable relations that extend beyond immediate genealogical ties also define a sense of community, important to their identity, practice, and roles in social institutions such as family, home, work, government, society, or humanity at large.

Health- it is the well-being, in terms of "physical, mental, social well-being, and not merely the absence of disease and infirmity".

Health care- is the maintenance or improvement of health via the prevention, diagnosis, treatment, recovery, or cure of disease, illness, injury, other physical and mental impairments in people. Health care is delivered by health professionals in allied health fields. Physicians and physician associates are a part of these health professionals.

Community based health care-Community-based health care is for people of all ages who need health care assistance at home. Community care services include home support, nursing, physiotherapy and other rehabilitation services.

The definition of CBHS above includes the wording "**people who spend a substantial part of their working time outside a health facility, discharging their services at the individual, family or community level**, as well as primary health care services provided in small local health facilities".

Others have identified five key characteristics of community-based health care , indicating they must be:

1) Organized (i.e., institutionalized to some degree).

2) Some services are separate from government while others are under the government (i.e., private organizations in the sense that they are not run or overseen by a government agency and therefore not part of the public sector); 3) non-profit distributing

4) Health care providers are self-driven;

5) some services are offered on voluntary basis (i.e., some meaningful degree of voluntary participation in community based health affairs) . Therefore, while the terminology may differ

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(e.g., community-based sector, voluntary sector and third sector), organizations discussed in these sectors have many shared characteristics and perform the same or similar types of activities.

For example:

- A nurse visits an elderly person at home to help with medication.
- A home support worker helps a child in a wheel chair with personal care, such as bathing.
- Doctor visits a sick patient to administer medication.

It also works towards creating a comfortable home environment for the elderly and Sick by helping out with light domestic duties including:

- Preparation of meals
- Running daily errands
- Performing light housekeeping and chores
- Physical exercises.
- Feeding.

PERFORMING COMMUNITY BASED HEALTH CARE.

This is can be done by the following without much limitation:

1. Community health volunteers
2. Community health extension workers
3. Community health assessors(Assistants)
4. Experts such as nurses and physicians.

The community based health care is not hospital based. The patients are usually taken care of at homes by the community by the assistant of experts. The most common groups in need of community based health care include:

1. People living with HIV/AIDS
2. People living with TB.
3. Mental health patients.
4. Terminally ill patients.
5. People with oral diseases.

Community based care for people living with HIV/AIDS

Community -based care is used in many countries to increase quality of life and limit hospital stay, particularly where public health services are overburdened. The objectives for HIV/AIDS

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can include medical care, delivery of antiretroviral treatment and psychosocial support. This care is therefore norrowed down to home based care for almost all individuals.

Home-based care: (HBC) as any form of care given to ill people in their homes, including physical, psychosocial, palliative and spiritual activities .

TYPES OF HBC done

1. Integrated HBC where all service providers are involved.
2. Single service HBC involving one organization.
3. Informal HBC with no formal support structure.

HBC can be carried out by a variety of people including qualified healthcare practitioners, nurses, trained lay community health workers, peer health workers and HBC volunteers

Advantages of home based care.

Providing care in the home can overcome some of the barriers to care such as:

i. transport costs,

ii. waiting times,

iii. Help to reduce the burden on health facilities.

iv. lower costs at both individual and country level,

v. Personalized care and being in familiar surroundings.

vi. It can also reduce demand on hospital beds.

vii. Increase effective time use in hospitals.

viii. Helps to reduce the stigma surrounding HIV, thereby improving support, access and adherence to ART and uptake of testing.

Home-based interventions could help adherence to ART. Psychiatric nurse support in those with existing mental health conditions improved mental health and depressive symptoms. Home-based psychological support impacted on HIV stigma, worry and physical functioning and in certain cases depressive symptoms.

FOCUS OF HOME BASED CARE FOR HIV AIDS PATIENTS

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Some home-based care services focus on

a) Providing social and psychological support.

b) Nutritional support and basic nursing care.

c) Dispensing ARVs

d) Treating opportunistic infections.

These services, whether provided through NGOs, government health clinics, or community groups, are essential in supporting people living with HIV and AIDS, as well as people who provide care and support within families.

COMMUNITY INVOLVEMENT IN HOME BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS

It is very crucial to involve everybody in HBC so as to reduce stigma to people handling the sick people. It also helps the recovering individual to recover fast than when handling the situation alone. Involve all people despite their gender, age and also status this helps in countering issues such as:

- Women and girls provide the majority of HIV/AIDS-related care, this being seen as a continuation of their role as care providers in families. Duties that are related to home-based care are seen as domestic and are, therefore, considered to be women's work. Men are traditionally associated with earning income for their families and seldom perform unpaid work.
- Men may not have the skills to provide home-based care and support, such as cooking, washing clothes, childcare, and treating and washing insecticide-treated nets for malaria prevention. These tasks are usually learnt and performed by women.
- Men are more likely to listen to, accept, discuss and share issues related to HIV/AIDS, including care and support, with other men rather than with women.

ACTIONS

- Conduct community education with men living with HIV, young men, community leaders and male opinion leaders on the importance of male involvement, providing concrete information to encourage them to assume caregiving roles.
    - For example, encourage men to take over some household tasks and fuel collection, or to perform some basic nursing activities. Train male household members to wash and re-treat insecticide-treated nets for malaria prevention.
- Involve community outreach workers, peer counsellors and other lay health workers in conducting home-based care activities, and in supporting caregivers.
    - For example, recognizing that many of these workers are women, address this imbalance by also involving men living with HIV, and male community leaders

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and members of youth groups, support groups, faith-based groups, and other community service organizations.

- Provide information about caregiving, and provide opportunities to discuss barriers, challenges, experiences and solutions in support groups for men and couples living with, or affected by, HIV.
- Avoid messages that reinforce negative stereotypes to the effect that only women or girls can provide care or conduct activities such as bathing sick people or cooking for sick family members, or that only men can interact with government authorities on behalf of sick people.

Provide palliative care

Home-based palliative care activities include: keeping patients clean; preventing bedsores; preventing malaria; managing symptoms such as nausea, diarrhoea and weight loss; managing pain and symptoms; helping to cope with worries and fears; preparing meals; dispensing treatment for opportunistic infections; supporting adherence to treatment; providing spiritual and religious support and end-of-life care and support.

KEY ISSUES

- Caregivers, usually female, may not know how to care for sick family members, may not understand how treatment works, and may not know how to support adherence. Moreover, they may not know when follow-up care should be sought from health facilities, nor where to seek such care.
- Caregivers may not have been trained in universal precautions or may not observe them when providing care. Some women have expressed concern that using gloves and other protective clothing would show a lack of love for their family members.
- The provision of nursing care usually includes bathing patients and cleaning their private parts. Men and women living with HIV may not want such care to be provided by someone of the opposite sex.
- Lifting and carrying sick relatives can be difficult for females, especially girls.
- Certain symptoms related to AIDS may affect women and men living with HIV differently.
    - For example, women may experience specific pain and symptoms associated with their reproductive systems, including conditions such as pelvic inflammatory disease, genital warts and ulcers, and cancer of the cervix.
- There may be differences between women and men in how they cope with pain.
    - Research has indicated that while men may have a better tolerance for pain, partly determined by cultural expectations of them to be strong, women usually have a better ability to cope with, seek help for, and manage pain.

ACTIONS

- In providing education to community outreach workers and caregivers about universal precautions, symptom management, ART, side-effects and end-of-life care, take into

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account the multiple roles, responsibilities and constraints faced by women in the household, family and community.
- Provide essential supplies to caregivers, e.g. gloves, basic first aid, cleaning products, and cooking supplies, or refer households to services or community-based organizations that provide these items.
- Arrange for women and girl caregivers to be assisted with tasks such as lifting and moving patients, bathing them, and helping them to go to the toilet.
- Provide information to caregivers about the specific symptoms experienced by women and men living with HIV and how to manage them.
    - For example, women living with HIV may need culturally appropriate information about preventing and managing symptoms of vaginal thrush (e.g. relief for itching, or using sanitary napkins for discharges).
- In teaching caregivers how to assess pain and give medication for it, sensitize them to the potential differences between men and women in the expression of pain, which may depend on the cultural context.
    - In some cultures, for example, men may not readily admit that they are in pain, and in others, women may consider pain in the abdomen or pelvis to be normal.

Provide support to caregivers

KEY ISSUES

- In addition to responsibility for basic nursing, home hygiene, and preparing food for family members, many women also have to find water and fuel in order to carry out these activities on a daily basis.
- Poor women in households affected by AIDS become even less economically secure and face food insecurity.
- Many women providing care and support in the home to sick family members are themselves HIV-positive and receive little or no care.
- Care giving places considerable strain on caregivers, and women and girls commonly experience depression, exhaustion and anxiety, as well as malnourishment.
    - For example, providing end-of-life care and support to sick family members is an emotionally challenging task for caregivers, and it requires tremendous sensitivity and patience.
    - Both female and male caregivers may experience sadness, grief and anxieties when a family member is dying. For women who are providing such care to a partner or a child, there are additional considerations related to the fear of losing economic, livelihood and family support, as they may be deprived of their rights to housing, property or inheritance.
    - In some settings, women may be blamed for the death of male family members or children, and may have to contend with the associated stigma.

ACTIONS

- Refer families experiencing acute food shortages to community-based groups or programmes that provide food support and micronutrient interventions. Women in

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particular may need such support, as they have to balance multiple roles as caregivers and as the main persons responsible for procuring and preparing food and feeding children and family members.

- Offer or arrange for counselling to be given to caregivers on recognizing signs of burnout and how to cope with it. Encourage caregivers to take periodic breaks and engage in leisure activities so as to alleviate depression and burnout.
- Encourage caregivers, volunteers and community outreach workers conducting home-based care activities to form their own support groups, where they can share and exchange experiences and ideas for coping with and caring for sick family members.
- Support caregivers who are providing end-of-life care by arranging for additional home visits from appropriate health-care providers, counsellors or community outreach workers.

    - For example, health-care providers can help caregivers to make practical arrangements through available community resources for issues such as will preparation, spiritual or religious support, funeral arrangements and children's custody and school fees.

Provide care and support to children

KEY ISSUES

- Families more readily take girls out of school to assist in caregiving or income generation activities than boys.
- Girls are at particular risk of sexual exploitation when trying to secure income to support a household.
- In households headed by children, girls often assume responsibility for looking after their families, performing household tasks, caregiving and raising income.

ACTIONS

- Counselling and providing information to children requires specialized skills. Arrange for community outreach workers or lay counsellors who have such skills to reach out to children in affected households. Provide counselling to prepare children to cope with the illness and death of their parents.
- Where girls are engaged in home-based care activities, provide information and skills specifically targeted to them.
- Help orphan-headed households to identify community-based resources for assistance with house rent, school fees and the provision of meals. This could help to keep young people, especially girls, in school, and potentially reduce their vulnerability to sexual exploitation.

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Address stigma and discrimination in families and communities

Stigma and discrimination are faced not only by people living with HIV but also by their family members, including caregivers and children.

KEY ISSUES

- Family members caring for people living with HIV may show judgmental attitudes that can reinforce feelings of self-blame and depression.
- Judgmental attitudes are often informed by negative stereotypes of what is considered appropriate behavior for women and men.
    - For example, women are often accused of bringing HIV into families and passing it on to their husbands or children. Women in sex work who are HIV-positive experience multiple stigmas related to engaging in “immoral” or “bad” activities and being diagnosed as HIV-positive.
- In several settings, women living with HIV are abandoned, or sent to their natal home, or stripped of their possessions by relatives, when their husbands die.

- People living with HIV may find themselves particularly isolated if they do not have a social network, friends or family from whom they can receive support.
- Caregivers of people living with HIV also face stigma from family members, relatives, friends, neighbors and other community members. This adds to their burden by making them feel isolated and unsupported.

ACTIONS

- Ask about the stigmas that patients and their families face, and offer suggestions on how to cope with them. Offer or arrange for ongoing psychosocial support through counselling, including lay counselling offered by community-based or support groups.
- Sensitize community leaders, religious leaders, family members and caregivers about the importance of showing compassion, care and support to people living with HIV.
- Address harmful gender norms and practices that result in women being blamed for bringing HIV into the family, or in women being abandoned or subjected to other discriminatory practices.
- Provide referrals to support groups of people living with HIV, religious groups, women's groups, youth groups and other networks.

DISASTER MANAGEMENT

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what is a disaster?

It is a sudden, calamitous event that disrupts the functioning of a community or society and causes human, material, material, economic and environmental losses that exceed the community's or society's ability to cope using its own resources.

TYPES OF DISASTERS

1.Natural

2.Man made

3.**Complex**

NATURAL DISASTERS

These are violent events that are outside the control of human, they are caused by forces of nature and may result in loss of life, injury and damage to property.

Examples

floods

Tsunami

Earthquakes

Wildfires

Hurricanes

Volcanic eruptions

Avalanche

Landslides

Natural disasters are classified into four groups which are;

geological

hydrological

meteorological

wildfires

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space disasters

CAUSES OF NATURAL DISASTERS

global warming

tectonic activity

mining

pollution

seismic activity

deforestation

natural activities in the earth's crust

GLOBAL WARMING

Global warming is one of the great cause of natural disasters since it affects the entire planet in different ways. Due to global warming there has been a rapid increase in temperature of oceans which in turn leads to more and stronger storms and hurricane.

Also the chances of drought increases with the planet's average temperature increase.

TECTONIC MOVEMENT

Since the earth is made up of many plates sliding over each other, a shift or collision of these plates can have severe adverse effects, this event can lead to volcanic eruptions, earthquakes and tsunamis.

MINING

Some scientists blame landslides and soil and mountain erosions on mining, mining can potentially contribute to the emergence of natural disasters.

SEISMIC ACTIVITY

The seismic activities inside our earth can cause earthquakes, earthquakes lead to death and injuries for many people as well as for animals and other forms of life.

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POLLUTION

Nature is sensitive, pollution of all sorts may lead to an imbalance of the earth which in turn may create natural disasters of several sorts.

DEFORESTATION

Deforestation can contribute to an increase in natural disasters since forests prevent floods and drought since forests prevent floods and drought by balancing and holding back natural groundwater resources

SOIL EROSION

Soil erosion can lead to high levels of degradation which in turn can lead to a loss in fertility and thus famine for local populations

MANMADE DISASTERS

These are unfortunate events caused actions of man either directly or indirectly, these events leads to loss of life and destruction of property.

Examples

Oil spills

Transport accidents

Industrial accidents

Nuclear radiation and explosions

War

FACTORS WHICH INFLUENCE IMPACT OF DISASTERS

Poverty

Increased population

Rapid urbanization

Environmental degradation

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Political instability

EFFECTS OF DISASTERS

Environmental issues

Humanitarian crisis

Damages to infrastructure

Public health issues and diseases

Food security

Water scarcity

Displaced population

Injuries

Fatalities

Economic impact

Emotional shocks

ENVIRONMENTAL ISSUES

Natural disasters not only have dramatic effects on humans but they also destroy the habitat of animals and plants which may in the worst case even become extinct.

HUMANITARIAN CRISIS

Natural crises lead to humanitarian catastrophes all the over the world, which leads to increased human suffering. Disasters such as drought, floods and earthquakes leads to loss of life, destruction of property and displacement of people.

DAMAGES TO INFRASTRUCTURE

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Be it man made or natural disasters all lead to destruction of roads, buildings and dams. Essential infrastructure which is critical in-service delivery.

PUBLIC HEALTH ISSUES AND DISEASES

Natural disasters often leads to destruction of health facilities, this in in-turn leads to increased disease transmission and low standards of hygiene.

FOOD SCARCITY

Natural disasters can lead to scarcity of resources, which is especially severe when it comes to the supply of food. If large areas of land have been destructed by natural disasters, farmers will no longer be able to harvest enough crops this leads to starvation of local population.

DISPLACED POPULATION

Due to disasters people are often forced to move from one location to another to save their property and also to save their lives.

INJURIES AND FATALITIES

Many people suffer from injuries caused by disasters, in some cases there is even loss of life.

EMOTIONAL SHOCKS

Apart from the physical injuries many more people suffer from mental conditions which are a result of surviving a big disaster. Many people who lose their children and other family members to disasters will have emotional scars that will take a very long time to heal.

ECONOMIC IMPACT

To make things worse, there are usually great adverse economic effects from natural disasters.

DISASTER PREPAREDNESS

To adequately prepare for disaster the following steps should be followed;

1.Build a team

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in order for the response to be effective and well-coordinated, there is a need for building a team made up of different personnel. Emergency plans should be the product of an inclusive team instead of a single individual.

Putting together a team of experts from different fields will help in making sure that once a disaster happens the response is well coordinated and is carried out by different experts which helps in solves all the issues that may arise.

A team can be comprised of the following;

health workers

firefighters

rescuers

psychologists

team leaders

2.know your risks

listing all the potential emergencies and ranking them in regards to importance and likelihood of them happening is essential in knowing what to do and what resources to invest.

It is very important to carryout risk assessment because this identifies the disasters which have high probability of happening, by assessing the disasters which are more likely to happen the state and its machinery can prepare adequately through training, establishing protocols and guideline and allocating enough financial resources for future use in anticipation of such disaster happening

normally the risk matrix below is applied in risk assessment.

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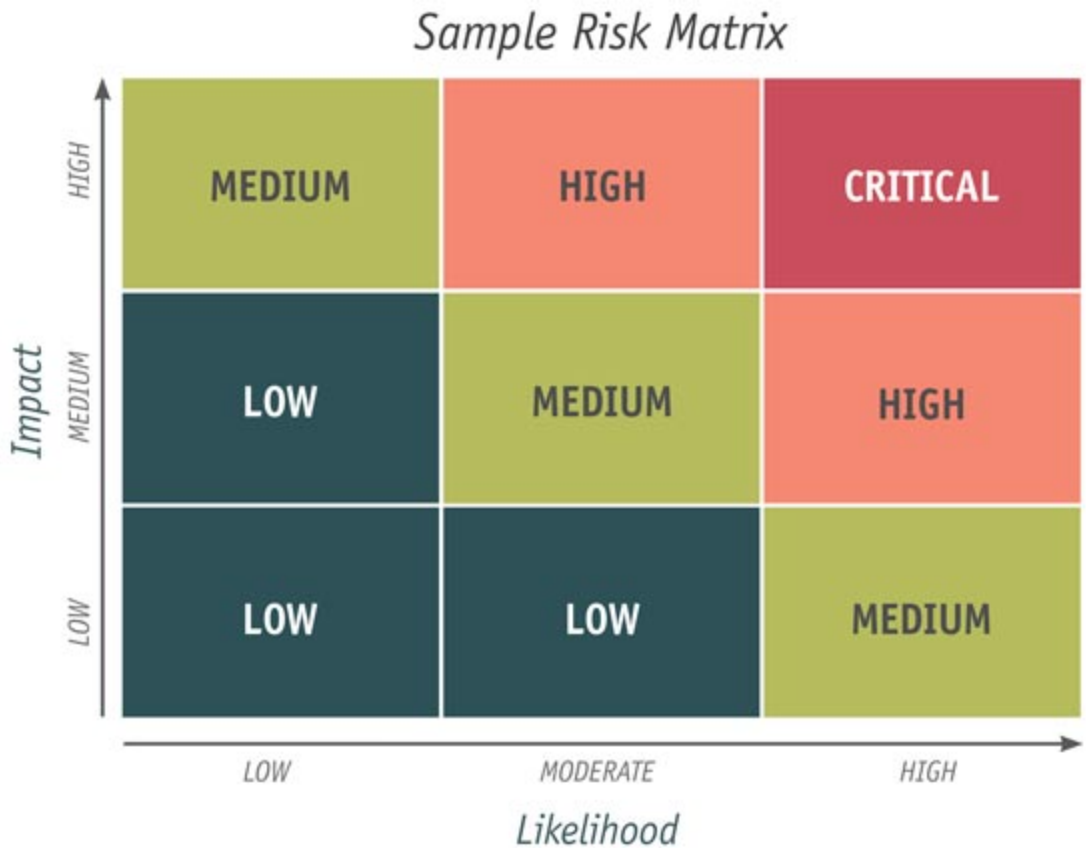

3.Formulating protocols and guidelines

for a disaster response to be effective there must be protocols and policies directing what procedures are to be followed when a disaster happens, such protocols give guidance on the communication channels and leadership structure to be followed during a response to disaster and decision-making process to be followed.

Protocols are very important in emergency situations they prevent confusion and delay in decision making.

4.create plans and drills

to always keep the team ready and prepared it is good to develop plans which are supposed to be followed during emergencies, such plans help different workers to carry out drills so that they can be up to date on what they are supposed to when a disaster occurs.

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Drills are very critical in preparing for disasters they help emergency workers improving their skills and response time, regular drills build the confidence of emergency workers

INTRODUCTION TO HIV/AIDS and TB.

HIV is a virus that targets and alters the immune system, increasing the risk and impact of other infections and diseases. Without treatment, the infection might progress to an advanced food access to healthcare very rarely develop AIDS once they are receiving treatment.

The life expectancy of a person who carries the HIV virus is now approaching that of a person that tests negative for the virus, as long as they adhere to a combination of medications called antiretroviral therapy (ART) on an ongoing basis.

What is HIV?

Human immunodeficiency virus (HIV) is a virus that attacks immune cells called CD4 cells, which are a type of T cell.

These are white blood cells that move around the body, detecting faults and anomalies in cells as well as infections. When HIV targets and infiltrates these cells, it reduces the body's ability to combat other diseases.

This increases the risk and impact of opportunistic infections and cancers. However, a person can carry HIV without experiencing symptoms for a long time.

HIV is a lifelong infection. However, receiving treatment and managing the disease effectively can prevent HIV from reaching a severe level and reduce the risk of a person passing on the virus.

What is AIDS?

AIDS is the most advanced stage of HIV infection. Once HIV infection develops into AIDS, infections and cancer pose a greater risk.

Without treatment, HIV infection is likely to develop into AIDS as the immune system gradually wears down. However, advances in ART mean than an ever-decreasing number of people progress to this stage.

By the close of 2015, around 1,122,900 people were HIV-positive. To compare, figures from 2016 show that medical professionals diagnosed AIDS in an estimated 18,160 people

Causes

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Aids mainly caused by a virus called hiv

People transmit HIV in bodily fluids, including:

- blood
- semen
- vaginal secretions
- anal fluids
- breast milk

The main causes of this transfer of fluids are:

- anal or vaginal intercourse with a person who has HIV while not using a condom or PrEP, a preventive HIV medication for people at high risk of infection
- sharing equipment for injectable illicit drugs, hormones, and steroids with a person who has HIV

A woman living with HIV who is pregnant or has recently given birth might transfer the disease to her child during pregnancy, childbirth, or breastfeeding.

The risk of HIV transmitting through blood transfusions is extremely low in countries that have effective screening procedures in place for blood donations.

Undetectable = transmittable

To transmit HIV, these fluids must contain enough of the virus. If a person has 'undetectable' HIV, they will not transmit HIV to another person, even if after a transfer of fluids.

Undetectable HIV is when the amount of HIV in the body is so low that a blood test cannot detect it. People may be able to achieve undetectable levels of HIV by closely following the prescribed course of treatment.

Confirming and regularly monitoring undetectable status using a blood test is important, as this does not mean that the person no longer has HIV. Undetectable HIV relies on the person adhering to their treatment, as well as the effectiveness of the treatment itself.

Progression to AIDS

The risk of HIV progressing to AIDS varies widely between individuals and depends on many factors, including:

- the age of the individual
- the body's ability to defend against HIV

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- access to high-quality, sanitary healthcare
- the presence of other infections
- the individual's genetic inheritance resistance to certain strains of HIV
- drug-resistant strains of HIV

Symptoms

For the most part, infections by other bacteria, viruses, fungi, or parasites cause the more severe symptoms of HIV.

These conditions tend to progress further in people who live with HIV than in individuals with healthy immune systems. A correctly functioning immune system would protect the body against the more advanced effects of infections, and HIV disrupts this process

Early symptoms of HIV infection

Some people with HIV do not show symptoms until months or even years after contracting the virus.

However, around 80 percent of people may develop a set of flu-like symptoms known as acute retroviral syndrome around 2–6 weeks after the virus enters the body.

The early symptoms of HIV infection may include

fever', chills, joint pain, muscle aches, throat, sweats particularly at night, enlarged glands, a red rash,tiredness,weakness,unintentional weight loss, thrush

These symptoms might also result from the immune system fighting off many types of viruses.

However, people who experience several of these symptoms and know of any reason they might have been at risk of contracting HIV over the last 6 weeks should take a test.

Asymptomatic HIV

In many cases, after the symptoms of acute retroviral syndrome, symptoms might not occur for many years.

During this time, the virus continues to develop and cause immune system and organ damage. Without medication that prevents the replication of the virus, this slow process can continue for an average of around 10 years.

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A person living with HIV often experiences no symptoms, feels well, and appears healthy.

Complying rigidly to a course of ART can disrupt this phase and suppress the virus completely. Taking effective antiretroviral medications for life can halt on-going damage to the immune system.

Late-stage HIV infection

Without medication, HIV weakens the ability to fight infection. The person becomes vulnerable to serious illnesses. This stage is known as AIDS or stage 3 HIV.

Symptoms of late-stage HIV infection may include:

- blurred vision
- diarrhea, which is usually persistent or chronic
- dry cough
- a fever of over 100 °F (37 °C) lasting for weeks
- night sweats
- permanent tiredness
- shortness of breath, or dyspnea
- swollen glands lasting for weeks
- unintentional weight loss
- white spots on the tongue or mouth

During late-stage HIV infection, the risk of developing a life-threatening illness increases greatly. A person with late-stage HIV can control, prevent and treat serious conditions by taking other medications alongside HIV treatment.

Opportunistic infections

HIV treatment is nowadays often effective enough to keep many infections at bay.

In reducing the activity of the immune system, late-stage HIV reduces the ability of the body to combat a range of infections, diseases, and cancers. Infections that caused minimal or no health problems before the development of AIDS might pose a serious health risk once the condition has weakened the immune system.

Medical professionals refer to these as opportunistic infections (OIs). Once any of these infections occur, a doctor will diagnose AIDS.

These include:

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Candidiasis of the bronchi, trachea, esophagus, and lungs: As a fungal infection that normally occurs in the skin and nails, this frequently causes serious problems in the esophagus and lower respiratory tract for people with AIDS.

Invasive cervical cancer: This type of cancer begins in the cervix and spreads to other areas in the body. Regular checks with a cancer care team can help prevent the cancer or limit the spread.

Coccidioidomycosis: People sometimes refer to the self-limited version of this disease in healthy individuals as valley fever. Inhalation of the fungus *Coccidioides immitis* causes this infection.

Cryptococcosis: *Cryptococcus neoformans* is a bacteria that can infect any part of the body, but most often enters the lungs to trigger pneumonia or the brain to cause swelling.

Cryptosporidiosis: The protozoan parasite *Cryptosporidium* causes this infection that leads to severe abdominal cramps and watery diarrhea.

Cytomegalovirus disease (CMV): CMV can cause a range of diseases in the body, including pneumonia, gastroenteritis, and encephalitis, a brain infection. However, CMV retinitis is of particular concern in people with late-stage HIV, and it can infect the retina at the back of the eye, permanently removing sight. CMV retinitis is a medical emergency.

Tuberculosis (TB): The bacteria *Mycobacterium tuberculosis* causes this disease and can transfer in droplets if a person with an active form of the bacteria sneezes, coughs, or speaks. TB causes a severe lung infection as well as weight loss, fever, and tiredness, and can also infect the brain, lymph nodes, bones, or kidneys.

Mycobacteria, including *Mycobacterium avium* and *Mycobacterium kansasii*: These bacteria occur naturally in the environment and pose few problems for people with fully-functioning immune systems. However, they can spread throughout the body and cause life-threatening health issues for people with HIV, especially in its later stages.

***Pneumocystis jirovecii* pneumonia (PJP):** A fungus called *Pneumocystis jirovecii* causes breathlessness, dry cough, and high fever in people with suppressed immune systems, including those with HIV.

Recurrent pneumonia: Many different infections can cause pneumonia, but a bacteria called Streptococcus pneumoniae is one of its most dangerous causes in people with HIV. Vaccines are available for this bacteria, and every person who has HIV should receive vaccination for *Streptococcus pneumoniae*.

Prevention

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Preventing OIs (opportunistic infections) is key to extending life expectancy with late-stage HIV. Aside from managing HIV viral load with medications, a person who lives with the disease must take precautions, including the following steps:

- Wear condoms to prevent other STIs.
- Receive vaccinations for potential OIs. Discuss these with your primary care physician.
- Understand the germs in your surrounding environment that could lead to an OI. A pet cat, for example, could be a source of toxoplasmosis. Limit exposure and take precautions, such as wearing protective gloves while changing litter
- Avoid foods that are at risk of contamination, such as undercooked eggs, unpasteurized dairy and fruit juice, or raw seed sprouts.
- Do not drink water straight from a lake or river or tap water if it is not boiled or disinefted.Drink bottled water or use water filters.
- Ask your doctor about work, home, and vacation activities to limit exposure to potential OIs.

Antibiotic, antifungal, or antiparasitic drugs can help treat an OI.

HIV and AIDS myths and facts

Many misconceptions circulate about HIV that are harmful and stigmatizing for people with the virus.

The following cannot transmit the virus:

- shaking hands
- hugging
- kissing
- sneezing
- touching unbroken skin
- using the same toilet
- sharing towels
- sharing cutlery
- mouth-to-mouth resuscitation or other forms of "casual contact"
- the saliva, tears, feces, and urine of a person with HIV

Diagnosis

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The Centers for Disease Control and Prevention (CDC) estimates that about 1 in every 7 HIV-positive Americans is unaware of their HIV status.

Becoming aware of HIV status is vital for commencing treatment and preventing the development of more severe immune difficulties and subsequent infections.

HIV blood tests and results

A doctor can test for HIV using a specific blood test. A positive result means that they have detected HIV antibody in the bloodstream. The blood is re-tested before a positive result is given.

After potential exposure to the virus, early testing and diagnosis is crucial and greatly improves the chances of successful treatment. Home testing kits are also available.

HIV might take 3 - 6 months to show up in testing, and re-testing may be necessary for a definitive diagnosis. People at risk of infection within the last 6 months can have an immediate test. The test provider will normally recommend another test within a few weeks

Treatment

No cure is currently available for HIV or AIDS.

However, treatments can stop the progression of the condition and allow most people living with HIV the opportunity to live a long and relatively healthy life.

Starting ART early in the progression of the virus is crucial. This improves quality of life, extends life expectancy, and reduces the risk of transmission, according to the WHO's guidelines from June 2013

More effective and better-tolerated treatments have evolved that can improve general health and quality of life by taking as little as one pill per day.

A person living with HIV can reduce their viral load to such a degree that it is no longer detectable in a blood test. After assessing a number of large studies, the CDC concluded that individuals who have no detectable viral load "have effectively no risk of sexually transmitting the virus to an HIV-negative partner."

Medical professionals refer to this as undetectable = untransmutable (U=U).

Emergency HIV pills, or post-exposure prophylaxis

If an individual believes they have been exposed to the virus within the last 3 days, anti-HIV medications, called post-exposure prophylaxis (PEP), may be able to stop infection. Take PEP as soon as possible after potential contact with the virus.

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PEP is a treatment lasting a total of 28 days, and physicians will continue to monitor for HIV after the completion of the treatment.

Antiretroviral drugs

The treatment of HIV involves antiretroviral medications that fight the HIV infection and slows down the spread of the virus in the body. People living with HIV generally take a combination of medications called highly active antiretroviral therapy (HAART) or combination antiretroviral therapy (cART).

There are a number of subgroups of antiretrovirals, such as:

Protease inhibitors

Protease is an enzyme that HIV needs to replicate. These medications bind to the enzyme and inhibit its action, preventing HIV from making copies of itself.

These include:

- atazanavir/cobicistat (Evotaz)
- lopinavir/ritonavir (Kaletra)
- darunavir/cobicistat (Prezcobix

Integrase inhibitors

HIV needs integrase, another enzyme, to infect T cells. This drug blocks integrase. These are often the first line of treatment due to their effectiveness and limited side effects for many people.

Integrase inhibitors include:

- elvitegravir (Vitekta)
- dolutegravir (Tivicay)
- raltegravir (Isentress)

Entry inhibitors

Entry inhibitors prevent HIV from entering T cells. Without access to these cells, HIV cannot replicate. As with chemokine co-receptor antagonists, they are not common in the United States.

People will often use a combination of these drugs to suppress HIV.

A medical team will adapt the exact mix of drugs to each individual. HIV treatment is usually permanent, lifelong, and based on routine dosage. A person living with HIV must take pills on a

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regular schedule. Each class of ARVs has different side effects, but possible common side effects include:

- nausea
- fatigue
- diarrhea
- headache
- skin rashes

Complementary or alternative medicine

Although many people who have HIV try complementary, alternative, or herbal options, such as herbal remedies, no evidence confirms them to be effective.

According to some limited studies, mineral or vitamin supplements may provide some benefits in overall health. It is important to discuss these options with a healthcare provider because some of these options, even vitamin supplements, may interact with ARVs

Prevention

To prevent contracting HIV, healthcare professionals advise precautions related to the following.

Sex using a condom or PrEP: Having sex without a condom or other preventive measures, such as PrEP, can drastically increase the risk of transmitting HIV and other sexually transmitted infections (STIs).

Use condoms or PrEP during every sexual act with a person outside of a trusted relationship in which neither partner has HIV.

The U.S. Preventive Services Task Force advise in their 2019 guidelines that doctors should only consider PrEP for people with recent negative results from an HIV test. They advise that those with a high risk of HIV, who are suitable for PrEP, should take it once a day.

In the guidelines, the task force approves only one PrEP formation, which is a combination of tenofovir disoproxil fumarate and emtricitabine.

Drug injection and needle sharing: Intravenous drug use is a key factor for HIV transmission in developed countries. Sharing needles and other drug equipment can expose users to HIV and other viruses, such as hepatitis C.

Certain social strategies, such as needle-exchange programs, can help to reduce the infections as a result of drug abuse. Recovering from a substance use disorder can improve health a quality of life for many reasons, but it can dramatically reduce potential exposure to HIV.

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People using a needle to take medications should use a clean, unused, unshared needle.

Body fluid exposure: A person can limit their potential exposure to HIV by taking precautions to reduce the risk of exposure to contaminated blood.

Healthcare workers should use gloves, masks, protective eyewear, shields, and gowns in situations where exposure to bodily fluids is a possibility.

Frequently and thoroughly washing the skin immediately after coming into contact with blood or other bodily fluids can reduce the risk of infection. Healthcare works should follow a set of procedures known as universal precautions to prevent transmission.

Pregnancy: Certain antiretrovirals might harm an unborn fetus during pregnancy.

However, an effective, well-managed treatment plan can prevent mother-to-fetus HIV transmission. Delivery through caesarean section may be necessary

Women who are pregnant but have HIV might also pass on the virus through their breast milk. However, regularly taking the correct regimen of medications greatly reduces the risk of transmitting the virus.

Discuss all options with a healthcare provider.

Education: Teaching people about known risk factors is vital to equip them with the tools to avoid exposure to HIV.

Living with HIV

Due to the added risk of other infections and disease, people living with HIV must make lifestyle adjustments to accommodate their reduced immunity.

Adherence: Taking HIV medication as prescribed is absolutely essential to effective treatment. Missing even a few doses might jeopardize the treatment.

Program a daily, methodical routine to fit the treatment plan around any existing lifestyle and schedule. Treatment plans will be different between people. People sometimes refer to "adherence" as "compliance".

HIV medications can cause particularly severe side effects that often deter people from adherence. Learn more about the adverse effects of HIV medication by clicking here.

If side effects are becoming too severe, speak to your medical team rather than simply stopping medication. They can switch the regimen to a better-tolerated drug.

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General health: Taking steps to avoid illness and other infections is key. People living with HIV should seek to improve overall health through regular exercise, a balanced, nutritious diet, and the cessation of any drugs, including tobacco.

Additional precautions: People living with AIDS should take extra precautions to prevent any exposure to infection, especially around animals. Avoid coming into contact with animal feces and pet litter.

Doctors also recommend the meticulous and regular washing of hands. Antiretrovirals reduce the need for these precautions.

Regular contact with doctors: HIV is a lifelong condition, so regular contact with a healthcare team is important for updating treatment in line with advancing age and other conditions. The healthcare team will regular review and adjust treatment accordingly.

Psychological effects: Common misconceptions about AIDS and HIV are reducing as understanding of the disease increases.

However, stigma around the condition continues in many parts of the world. People living with HIV may feel excluded, persecuted, and isolated.

An HIV diagnosis can be very distressing, and feelings of anxiety or depression are common. If you feel anxious or have symptoms of depression, seek medical help immediately.

Takeaway

HIV is a misunderstood and potentially dangerous disease that reduces the effectiveness of the immune system in combatting other infections.

Advances in modern medicine person living with HIV can have a near-normal life expectancy and active lifestyle. A person receiving antiretroviral therapy must adhere strictly to their regime for the most effective results.

HIV transmits in bodily fluids, such as semen or vaginal secretions during sex, or blood. In the United States, HIV most frequently transmits through sexual intercourse without a condom or PrEP and sharing needles when injecting drugs.

However, if a person has a viral load that HIV tests cannot detect, they cannot transmit the virus to another person.

If HIV advances, for example in situations where a person is not aware of their HIV status or does not receive treatment, it can progress to a late stage known as AIDS.

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AIDS can open the door to a range of infections known as opportunistic infections that pose a severe risk to health. Some are extreme or prolonged presentations of infections that would normally resolve quickly in a person with healthy immune function.

Others might occur due to microbes that occur naturally in the environment and would not normally cause infection at all.

A person living with AIDS can revert the condition to HIV through adhering to treatment.

TUBERCULOSIS (TB)

Tuberculosis (TB) is an infectious disease that usually affects the lungs, though it can affect any organ in the body. It can develop when bacteria spread through droplets in the air. TB can be fatal, but in many cases, it is preventable and treatable.

What is tuberculosis?

A person may develop TB after inhaling *Mycobacterium tuberculosis* (*M. tuberculosis*) bacteria, primarily from person to person.

When TB affects the lungs, the disease is the most contagious, but a person will usually only become sick after close contact with someone who has this type of TB.

Tuberculosis (TB) is **a bacterial infection spread** through inhaling tiny droplets from the coughs or sneezes of an infected person. It mainly affects the lungs, but it can affect any part of the body, including the tummy (abdomen), glands, bones and nervous system.

TB infection (latent TB)

An individual can have TB bacteria in their body and never develop symptoms. In most people, the immune system can contain the bacteria so that they do not replicate and cause disease. In this case, a person will have TB infection but not active disease.

Doctors refer to this as latent TB. An individual may never experience symptoms and be unaware that they have the infection. There is also no risk of passing on a latent infection to someone else. However, a person with latent TB still requires treatment.

TB disease (active TB)

The body may be unable to contain TB bacteria. This is more common when the immune system is weakened due to illness or the use of certain medications.

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When this happens, the bacteria can replicate and cause symptoms, resulting in active TB. People with active TB can spread the infection.

Without medical intervention, TB becomes active in 5–10% of people with the infection. According to the CDC, progression occurs within 2–5 years in about 50% of these people.

The risk of developing active TB is higher in:

- anyone with a weakened immune system
- anyone who first developed the infection in the past 2–5 years
- older adults and young children
- people who inject recreational drugs
- people who have not previously received appropriate treatment for TB
- **Symptoms**

Latent TB: A person with latent TB will have no symptoms, and no damage will show on a chest X-ray. However, a blood test or skin prick test will indicate that they have TB infection.

Active TB: An individual with TB disease may experience a cough that produces phlegm, fatigue, a fever, chills, and a loss of appetite and weight. Symptoms typically worsen over time, but they can also spontaneously go away and return.

Early warning signs

A person should see a doctor if they experience:

- a persistent cough, lasting at least 3 weeks
- phlegm, which may have blood in it, when they cough
- a loss of appetite and weight
- a general feeling of fatigue and being unwell

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- swelling in the neck
- a fever
- night sweats
- chest pain

Beyond the lungs

TB usually affects the lungs, though symptoms can develop in other parts of the body. This is more common in people with weakened immune systems.

TB can cause:

- persistently swollen lymph nodes, or “swollen glands”
- abdominal pain
- joint or bone pain
- confusion
- a persistent headache
- seizures

Diagnosis

A person with latent TB will have no symptoms, but the infection can show up on tests. People should ask for a TB test if they:

- have spent time with someone who has or is at risk of TB
- have spent time in a country with high rates of TB
- work in an environment where TB may be present

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A doctor will ask about any symptoms and the person's medical history. They will also perform a physical examination, which involves listening to the lungs and checking for swelling in the lymph nodes.

Two tests can show whether TB bacteria are present:

- the TB skin test
- the TB blood test

However, these cannot indicate whether TB is active or latent. To test for active TB disease, the doctor may recommend a sputum test and a chest X-ray.

Everyone with TB needs treatment, regardless of whether the infection is active or latent.

Treatment

With early detection and appropriate antibiotics, TB is treatable.

The right type of antibiotic and length of treatment will depend on:

- the person's age and overall health
- whether they have latent or active TB
- the location of the infection
- whether the strain of TB is drug resistant

Treatment for latent TB can vary. It may involve someone taking an antibiotic once a week for 12 weeks or every day for 9 months.

Treatment for active TB may involve taking several drugs for 6–9 months. When a person has a drug-resistant strain of TB, the treatment will be more complex.

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It is essential for people to complete the full course of treatment, even if symptoms go away. If a person stops taking their medication early, some bacteria can survive and become resistant to antibiotics. In this case, the person may go on to develop drug-resistant TB.

Causes

M. tuberculosis bacteria cause TB. They can spread through the air in droplets when a person with pulmonary TB coughs, sneezes, spits, laughs, or talks.

Only people with active TB can transmit the infection. However, most individuals with the disease can no longer transmit the bacteria after receiving appropriate treatment for at least 2 weeks.

Prevention

Ways of preventing TB from infecting others include:

- getting a diagnosis and treatment early
- staying away from other people until there is no longer a risk of infection
- wearing a mask, covering the mouth, and ventilating rooms

Is there a TB vaccine?

In some countries, children receive an anti-TB vaccination — the bacillus Calmette–Guérin (BCG) vaccine — as part of a regular immunization program.

Risk factors

People with weakened immune systems are most likely to develop active TB. The following are some issues that can weaken the immune system.

HIV

For people with HIV, doctors consider TB to be an opportunistic infection. This means that a

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person with HIV has a higher risk of developing TB and experiencing more severe symptoms than someone with a healthy immune system.

Treatment for TB can be complex in a person with HIV, but a doctor can develop a comprehensive treatment plan that addresses both issues.

Smoking

Tobacco use and secondhand smoke increase the risk of developing TB. These factors also make the disease harder to treat and more likely to return after treatment.

Quitting smoking and avoiding contact with smoke can reduce the risk of developing TB.

Other conditions

Some other health issues that weaken a person's immune system and can increase the risk of developing TB include:

- low body weight
- substance abuse disorders
- diabetes
- silicosis
- severe kidney disease
- head and neck cancer

Complications

Without treatment, TB can be fatal.

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If it spreads throughout a person's body, the infection can cause problems with the cardiovascular system and metabolic function, among other issues.

TB can also lead to sepsis, a potentially life threatening form of infection.

Summary

An active TB infection is contagious and potentially life threatening if a person does not receive appropriate treatment. However, most cases are treatable, especially when doctors detect them early.

Anyone with a high risk of developing TB or any symptoms of the disease should consult a doctor as soon as possible.

TB is a reportable disease to each state's department of health. State sanctioned regulations and treatment plans can provide care for patients regardless of immigration status, insurance coverage, or socioeconomic status.

MENTAL HEALTH

Mental health refers to cognitive, behavioral, and emotional well-being. It is all about how people think, feel, and behave. People sometimes use the term "mental health" to mean the absence of a mental disorder.

Common mental health disorders

The most common types of mental illness are as follows:

- anxiety disorders
- mood disorders
- schizophrenia disorders

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Risk factors for mental health conditions.

Modifiable factors for mental health disorders include:

- socioeconomic conditions, such whether work is available in the local area
- occupation
- a person's level of social involvement
- education
- housing quality

Non-modifiable factors include:

- gender
- age
- ethnicity

ANXIETY DISORDERS

What is anxiety? Anxiety - an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure." Also having recurring intrusive thoughts or concerns." Once anxiety reaches the stage of a disorder, it can interfere with daily function.

When does anxiety need treatment?

When an individual faces potentially harmful or worrying triggers, feelings of anxiety are not only normal but necessary for survival.

Since the earliest days of humanity, the approach of predators and incoming danger sets off alarms in the body and allows evasive action. These alarms become noticeable in the form of a raised heartbeat, sweating, and increased sensitivity to surroundings.

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The danger causes a rush of adrenalin, a hormone and chemical messenger in the brain, which in turn triggers these anxious reactions in a process called the “fight-or-flight’ response. This prepares humans to physically confront or flee any potential threats to safety.

For many people, running from larger animals and imminent danger is a less pressing concern than it would have been for early humans. Anxieties now revolve around work, money, family life, health, and other crucial issues that demand a person’s attention without necessarily requiring the ‘fight-or-flight’ reaction.

The nervous feeling before an important life event or during a difficult situation is a natural echo of the original ‘fight-or-flight’ reaction. It can still be essential to survival – anxiety about being hit by a car when crossing the street, for example, means that a person will instinctively look both ways to avoid danger.

Anxiety disorders

The duration or severity of an anxious feeling can sometimes be out of proportion to the original trigger, or stressor. Physical symptoms, such as increased blood pressure and nausea, may also develop. These responses move beyond anxiety into an anxiety disorder.

“having recurring intrusive thoughts or concerns.” Once anxiety reaches the stage of a disorder, it can interfere with daily function.

Symptoms

While a number of different diagnoses constitute anxiety disorders, the symptoms of generalized anxiety disorder (GAD) will often include the following:

- restlessness, and a feeling of being “on-edge”
- uncontrollable feelings of worry
- increased irritability
- concentration difficulties

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- sleep difficulties, such as problems in falling or staying asleep

While these symptoms might be normal to experience in daily life, people with GAD will experience them to persistent or extreme levels. GAD may present as vague, unsettling worry or a more severe anxiety that disrupts day-to-day living.

Types
Share on PinterestPanic disorder is a type of anxiety disorder.

The Diagnostic and Statistical Manual of Mental Health Disorders: Fifth Edition (DSM-V) classifies anxiety disorders into several main types.

In previous editions of DSM, anxiety disorders included obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD), as well as acute stress disorder. However, the manual now no longer groupsTrusted Source these mental health difficulties under anxiety.

Anxiety disorders now include the following diagnoses.

Generalized anxiety disorder: This is a chronic disorder involving excessive, long-lasting anxiety and worries about nonspecific life events, objects, and situations. GAD is the most common anxiety disorder, and people with the disorder are not always able to identify the cause of their anxiety.

Panic disorder: Brief or sudden attacks of intense terror and apprehension characterize panic disorder. These attacks can lead to shaking, confusion, dizziness, nausea, and breathing difficulties.

Panic attacks tend to occur and escalate rapidly, peaking after 10 minutes. However, a panic attack might last for hours.

Panic disorders usually occur after frightening experiences or prolonged stress but may also occur without a trigger. An individual experiencing a panic attack may misinterpret it as a life-threatening illness, and may make drastic changes in behavior to avoid future attacks.

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Phobias

Specific phobia: This is an irrational fear and avoidance of a particular object or situation. Phobias are not like other anxiety disorders, as they relate to a specific cause.

A person with a phobia might acknowledge a fear as illogical or extreme but remain unable to control feelings anxiety around the trigger. Triggers for a phobia range from situations and animals to everyday objects.

Agoraphobia: This is a fear and avoidance of places, events, or situations from which it may be difficult to escape or in which help would not be available if a person becomes trapped. People often misunderstand this condition as a phobia of open spaces and the outdoors, but it is not so simple. A person with agoraphobia may have a fear of leaving home or using elevators and public transport.

Selective mutism: This is a form of anxiety that some children experience, in which they are not able to speak in certain places or contexts, such as school, even though they may have excellent verbal communication skills around familiar people. It may be an extreme form of social phobia.

Social anxiety disorder, or social phobia: This is a fear of negative judgment from others in social situations or of public embarrassment. Social anxiety disorder includes a range of feelings, such as stage fright, a fear of intimacy, and anxiety around humiliation and rejection.

This disorder can cause people to avoid public situations and human contact to the point that everyday living is rendered extremely difficult.

Separation anxiety disorder: High levels of anxiety after separation from a person or place that provides feelings of security or safety characterize separation anxiety disorder. Separation might sometimes result in panic symptoms.

Causes

The causes of anxiety disorders are complicated. Many might occur at once, some may lead to others, and some might not lead to an anxiety disorder unless another is present.

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Possible causes include:

- environmental stressors, such as difficulties at work, relationship problems, or family issues
- genetics, as people who have family members with an anxiety disorder are more likely to experience one themselves
- medical factors, such as the symptoms of a different disease, the effects of a medication, or the stress of an intensive surgery or prolonged recovery
- brain chemistry, as psychologists define many anxiety disorders as misalignments of hormones and electrical signals in the brain
- withdrawal from an illicit substance, the effects of which might intensify the impact of other possible causes

Treatment

Treatments will consist of a combination of psychotherapy, behavioral therapy, and medication.

Alcohol dependence, depression, or other conditions can sometimes have such a strong effect on mental well-being that treating an anxiety disorder must wait until any underlying conditions are brought under control.

Self-treatment

Yoga can reduce the effects of an anxiety disorder.

There are several exercises and actions to help a person cope with milder, more focused, or shorter-term anxiety disorders, including:

- **Stress management:** Learning to manage stress can help limit potential triggers. Organize any upcoming pressures and deadlines, compile lists to make daunting tasks more manageable, and commit to taking time off from study or work.

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- **Relaxation techniques:** Simple activities can help soothe the mental and physical signs of anxiety. These techniques include meditation, deep breathing exercises, long baths, resting in the dark, and yoga.
- **Exercises to replace negative thoughts with positive ones:** Make a list of the negative thoughts that might be cycling as a result of anxiety, and write down another list next to it containing positive, believable thoughts to replace them. Creating a mental image of successfully facing and conquering a specific fear can also provide benefits if anxiety symptoms relate to a specific cause, such as in a phobia.
- **Support network:** Talk with familiar people who are supportive, such as a family member or friend. Support group services may also be available in the local area and online.
- **Exercise:** Physical exertion can improve self-image and release chemicals in the brain that trigger positive feelings.

Counseling

A standard way of treating anxiety is psychological counseling. This can include cognitive-behavioral therapy (CBT), psychotherapy, or a combination of therapies.

CBT

This type of psychotherapy aims to recognize and change harmful thought patterns that form the foundation of anxious and troublesome feelings. In the process, practitioners of CBT hope to limit distorted thinking and change the way people react to objects or situations that trigger anxiety.

For example, a psychotherapist providing CBT for panic disorder will try to reinforce the fact that panic attacks are not really heart attacks. Exposure to fears and triggers can be a part of CBT. This encourages people to confront their fears and helps reduce sensitivity to their usual triggers of anxiety.

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Medications

A person can support anxiety management with several types of medication.

Medicines that might control some of the physical and mental symptoms include antidepressants, benzodiazepines, tricyclics, and beta-blockers.

Benzodiazepines

A doctor may prescribe these for certain people with anxiety, but they can be highly addictive. These drugs tend to have few side effects except for drowsiness and possible dependence. Diazepam, or Valium, is an example of a commonly prescribed benzodiazepine.

FDA Warnings

Benzodiazepines carry a black box warning. This is the most serious warning from the Food and Drug Administration (FDA). A black box warning alerts doctors and patients about drug effects that may be dangerous.

Taking benzodiazepines with opioid drugs increases your risk for severe sleepiness, respiratory depression, coma, and even death. Alprazolam shouldn't be taken with an opioid unless there are no other available treatment options.

Using benzodiazepines, even as prescribed, can lead to physical dependence and withdrawal if you stop taking the drug suddenly. Withdrawal can be life threatening.

Taking benzodiazepines can also lead to misuse and addiction. Misuse of [drug name] increases your risk of overdose and death.

Only take benzodiazepines as your doctor prescribes. Talk with your healthcare provider if you have any concerns about safely taking this drug.

Antidepressants

These commonly help with anxiety, even though they also target depression. People often use serotonin reuptake inhibitors (SSRI), which have fewer side effects than older antidepressants but are likely to cause jitters, nausea, and sexual dysfunction when treatment begins.

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Other antidepressants include fluoxetine, or Prozac, and citalopram, or Celexa.

Tricyclics

This is a class of drugs older than SSRIs that provide benefits for most anxiety disorders other than OCD. These drugs might cause side effects, including dizziness, drowsiness, dry mouth, and weight gain. Imipramine and clomipramine are two examples of tricyclics.

Additional drugs a person might use to treat anxiety include:

- monoamine oxidase inhibitors (MAOIs)
- beta-blockers
- buspirone

Seek medical advice if the adverse effects of any prescribed medications become severe.

Prevention

There are ways to reduce the risk of anxiety disorders. Remember that anxious feelings are a natural factor of daily life, and experiencing those does not always indicate the presence of a mental health disorder.

Take the following steps to help moderate anxious emotions:

- Reduce intake of caffeine, tea, cola, and chocolate.
- Before using over-the-counter (OTC) or herbal remedies, check with a doctor or pharmacist for any chemicals that may make anxiety symptoms worse.
- Maintain a healthy diet.
- Keep a regular sleep pattern.
- Avoid alcohol, cannabis, and other recreational drugs.

Anxiety itself is not a medical condition but a natural emotion that is vital for survival when an individual finds themselves facing danger.

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An anxiety disorder develops when this reaction becomes exaggerated or out-of-proportion to the trigger that causes it. There are several types of anxiety disorder, including panic disorder, phobias, and social anxiety.

Treatment involves a combination of different types of therapy, medication, and counseling, alongside self-help measures.

An active lifestyle with a balanced diet can help keep anxious emotions within healthy limits.

Definition

Depression is a mood disorder that involves a persistent feeling of sadness and loss of interest. It is different from the mood fluctuations that people regularly experience as a part of life.

Major life events, such as bereavement or the loss of a job, can lead to depression. However, doctors only consider feelings of grief to be part of depression if they persist.

Depression is an ongoing problem, not a passing one. It consists of episodes during which the symptoms last for at least 2 weeks. Depression can last for several weeks, months, or years.

Signs and symptoms

The symptoms of depression can include:

- a depressed mood
- reduced interest or pleasure in activities once enjoyed
- a loss of sexual desire
- changes in appetite
- unintentional weight loss or gain
- sleeping too much or too little
- agitation, restlessness, and pacing up and down

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- slowed movement and speech
- fatigue or loss of energy
- feelings of worthlessness or guilt
- difficulty thinking, concentrating, or making decisions
- recurrent thoughts of death or suicide, or an attempt at suicide

IN FEMALES

Depression is nearly twice as common among women as men, according to the Centers for Disease Control and Prevention (CDC).

Below are some symptoms of depression that tend to appear more often in females:

- irritability
- anxiety
- mood swings
- fatigue
- ruminating (dwelling on negative thoughts)

Also, some types of depression are unique to females, such as:

- postpartum depression
- premenstrual dysphoric disorder

In males

Males with depression are more likely than females to drink alcohol in excess, display anger, and engage in risk-taking as a result of the disorder.

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Other symptoms of depression in males may include:

- avoiding families and social situations
- working without a break
- having difficulty keeping up with work and family responsibilities
- displaying abusive or controlling behavior in relationships

In college students

Time at college can stressful, and a person may be dealing with other lifestyles, cultures, and experiences for the first time.

Symptoms of depression in college students may include:

- difficulty concentrating on schoolwork
- insomnia
- sleeping too much
- a decrease or increase in appetite
- avoiding social situations and activities that they used to enjoy

In teens

Physical changes, peer pressure, and other factors can contribute to depression in teenagers.

They may experience some of the following symptoms:

- withdrawing from friends and family
- difficulty concentrating on schoolwork
- feeling guilty, helpless, or worthless

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- restlessness, such as an inability to sit still

In children

In children, symptoms can make schoolwork and social activities challenging. They may experience symptoms such as:

- crying
- low energy
- clinginess
- defiant behavior
- vocal outbursts

Younger children may have difficulty expressing how they feel in words. This can make it harder for them to explain their feelings of sadness.

Causes

The medical community does not fully understand the causes of depression. There are many possible causes, and sometimes, various factors combine to trigger symptoms.

Factors that are likely to play a role include:

- genetic features
- changes in the brain's neurotransmitter levels
- environmental factors
- psychological and social factors
- additional conditions, such as bipolar disorder

Treatment

Depression is treatable, and managing symptoms usually involves three components:

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Support: This can range from discussing practical solutions and possible causes to educating family members.

Psychotherapy: Also known as talking therapy, some options include one-to-one counseling and cognitive behavioral therapy (CBT).

Drug treatment: A doctor may prescribe antidepressants.

Medication

Antidepressants can help treat moderate-to-severe depression.

- Several classes of antidepressants are available:
- selective serotonin reuptake inhibitors (SSRIs)
- monoamine oxidase inhibitors (MAOIs)
- tricyclic antidepressants
- atypical antidepressants
- selective serotonin and norepinephrine reuptake inhibitors (SNRIs)

A person should only take these medications as their doctor prescribes. Some drugs can take a while to have an impact. By stopping the drug, a person may not experience the benefits that it could offer.

Some people stop taking medication after symptoms improve, but this can lead to a relapse.

Raise any concerns about antidepressants with a doctor, including any intention to stop taking the medication.

Medication side effects

SSRIs and SNRIs can have side effects. A person may experience:

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- nausea
- constipation
- diarrhea
- low blood sugar
- weight loss
- a rash
- sexual dysfunction

The warnings should indicate that, among other risks, these medications may increase suicidal thoughts or actions in some children, teenagers, and young adults within the first few months of treatment.

Food and diet

Eating a lot of sugary or processed foods can lead to various physical health problems.

The study also found that eating more of the following foods helped reduce depression symptoms:

- fruit
- vegetables
- fish
- olive oil

Psychotherapy

Psychological, or talking, therapies for depression include CBT, interpersonal psychotherapy, and problem-solving treatment, among others.

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For some forms of depression, psychotherapy is usually the first-line treatment, while some people respond better to a combination of psychotherapy and medications.

CBT and interpersonal psychotherapy are the two main types of psychotherapy for depression. A person may have CBT in individual sessions with a therapist, in groups, over the telephone.

Interpersonal therapy aims to help people identify:

- emotional problems that affect relationships and communication
- how these issues also affect their mood
- how all of this may be changed

Exercise

Aerobic exercise raises endorphin levels and stimulates the neurotransmitter norepinephrine, which is linked with mood. This may help relieve mild depression.

Brain stimulation therapies

Brain stimulation therapies are another treatment option. For example, repetitive transcranial magnetic stimulation sends magnetic pulses to the brain, and this may help treat major depression.

If depression does not respond to drug treatment, the person may benefit from electroconvulsive therapy, or ECT. This may be effective if psychosis occurs with depression.

Types of depression

There are several forms of depression. Below are some of the most common types.

Major depression

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A person with major depression experiences a constant state of sadness. They may lose interest in activities that they used to enjoy.

Treatment usually involves medication and psychotherapy

Persistent depressive disorder

Also known as dysthymia, persistent depressive disorder causes symptoms that last for at least 2 years.

A person with this disorder may have episodes of major depression as well as milder symptoms.

Bipolar disorder

Depression is a common symptom of bipolar disorder, and research shows that people with this disorder may have symptoms around half of the time. This can make bipolar disorder hard to distinguish from depression.

Psychotic depression

Some people experience psychosis with depression.

Psychosis can involve delusions, such as false beliefs and a detachment from reality. It can also involve hallucinations — sensing things that do not exist.

Postpartum depression

After giving birth, many women experience what some people call the “baby blues.” When hormone levels readjust after childbirth, changes in mood can result.

Postpartum depression, or postnatal depression, is more severe.

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There is no single cause for this type of depression, and it can persist for months or years. Anyone who experiences ongoing depression after delivery should seek medical attention.

Major depressive disorder with seasonal pattern

Previously called seasonal affective disorder, or SAD, this type of depression is related to the reduction in daylight during the fall and winter.

People who live in countries with long or severe winters seem to be affected more by this condition.

Diagnosis

If a person suspects that they have symptoms of depression, they should seek professional help from a doctor or mental health specialist.

A qualified health professional can rule out various causes, ensure an accurate diagnosis, and provide safe and effective treatment.

They will ask questions about symptoms, such as how long they have been present. A doctor may also conduct an examination to check for physical causes and order a blood test to rule out other health conditions.

What is the difference between situational and clinical depression? Find out here.

Suicide prevention

If you know someone at immediate risk of self-harm, suicide, or hurting another person:

- Ask the tough question: “Are you considering suicide?”
- Listen to the person without judgment.
- Call the local emergency number.
- Stay with the person until professional help arrives.
- Try to remove any weapons, medications, or other potentially harmful objects.
-

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Is depression genetic?

A person with a parent or sibling who has depression is two-to-three times more likely than the general public to develop the condition.

However, many people with depression have no family history of it.

Is it a disability?

Depression is the leading cause of disability around the world, according to the WHO.

If a person's depression prevents them from working, they may qualify for social security disability insurance benefits.

The person must have worked long enough and recently enough to qualify for disability benefits.

Is it curable?

While there is no cure for depression, there are effective treatments that help with recovery. The earlier treatment starts, the more successful it may be.

Many people with depression recover after following a treatment plan. Even with effective treatment, however, a relapse may occur.

To prevent relapse, people who take medication for depression should continue with treatment even after symptoms improve or go away for as long as their doctor advises.

Triggers

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Triggers are emotional, psychological, or physical events or circumstances that can cause depression symptoms to appear or return.

These are some of the most common triggers:

- Stressful life events, such as loss, family conflicts, and changes in relationships.
- Incomplete recovery after having stopped treatment too soon
- Medical conditions, such as obesity, heart disease, and diabetes.

Risk factors

Risk factors include:

- experiencing certain life events, such as bereavement, work issues, changes in relationships, financial problems, and medical concerns
- experiencing acute stress
- having a lack of successful coping strategies
- having a close relative with depression
- using some prescription drugs, such as corticosteroids, some beta-blockers, and interferon
- using recreational drugs, such as alcohol or amphetamines
- having sustained a head injury
- having had a previous episode of major depression
- having a chronic condition, such as diabetes, chronic obstructive pulmonary disease (COPD), or cardiovascular disease
- living with persistent pain

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