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Efeito do suporte social na vida de adultos com HIV/AIDS

Effect of social support in the lives of adults with HIV/AIDS

Efecto del apoyo social en la vida de los adultos con VIH/SIDA

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ABSTRACT

Objective: examining the effect of social support in the lives of adults with the Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS). **Methods:** the integrative literature review was performed in six databases, between the months from August to October 2014. There were used the descriptors AIDS and social support, in Portuguese, English or Spanish, and the Boolean operator *and*. There were found 1561 articles and selected 33. **Results:** it was identified that the social support has a positive effect on mental health, adherence to antiretroviral therapy, health status, quality of life and maintaining of safe sex. **Conclusion:** it is considered that the establishment of deeper relationships between social support and other aspects of life of people with HIV/AIDS can be used to promote the health of these individuals, in order to decrease morbidity and improve survival of these patients.

Descriptors: HIV; acquired immunodeficiency syndrome; social support.

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RESUMO

Objetivo: analisar o efeito do suporte social na vida de pacientes adultos com Vírus da Imunodeficiência Humana (HIV)/Síndrome da Imunodeficiência Adquirida (AIDS). **Métodos:** a revisão integrativa da literatura foi realizada em seis bases de dados, entre os meses de agosto a outubro de 2014. Utilizaram-se os descritores AIDS e suporte social, nos idiomas português, inglês ou espanhol e o operador booleano *and*. Foram encontrados 1.561 artigos e selecionados 33. **Resultados:** identificou-se que o suporte social tem efeito positivo sobre a saúde mental, aderência à terapia antirretroviral, estado de saúde, qualidade de vida e manutenção do sexo seguro. **Conclusão:** considera-se que o estabelecimento de relações mais profundas entre o suporte social e outros aspectos da vida das pessoas com HIV/AIDS possam ser utilizados para a promoção da saúde desses indivíduos, com o intuito de diminuir a morbidade e aumentar a sobrevida desses pacientes.

Descritores: HIV; síndrome de imunodeficiência adquirida; apoio social.

RESUMEN

Objetivo: analizar el efecto del apoyo social en la vida de los pacientes adultos con Virus de la Inmunodeficiencia Humana (VIH)/Síndrome de Inmunodeficiencia Adquirida (SIDA). **Métodos:** la revisión integradora de la literatura se realizó en seis bases de datos, entre los meses de agosto y octubre de 2014. Se utilizaron los descriptores SIDA y apoyo social, en portugués, inglés o español y el operador booleano AND. Se encontraron 1.561 artículos y seleccionaron 33. **Resultados:** se encontró que el apoyo social tiene efecto positivo en la salud mental, la adherencia a la terapia antirretroviral, el estado de salud, la calidad de vida y el mantenimiento del sexo seguro. **Conclusión:** se considera que el establecimiento de relaciones más profundas entre apoyo social y otros aspectos de vida de las personas con VIH/SIDA se puede utilizar para promover la salud de estas personas, con el fin de reducir la morbilidad y aumentar la supervivencia de los pacientes.

Descriptores: SIDA; síndrome de inmunodeficiencia adquirida; apoyo social.

INTRODUCTION

Infection with Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) is a challenge to be faced by contemporary society, because of the close relationship with behaviors that are stigmatized. The spread of HIV/AIDS in developing countries and limited accessibility to Antiretroviral Therapy (ART), makes most people living with HIV/AIDS (PLWHA) suffer impact on their well-being.¹

In spite of ART having provided features of chronic HIV infection, increasing survival of PLWHA,²⁻³ contracting HIV may cause difficulties related to self-esteem, to cope with the disease, in addition to social isolation and poor psychological well-being. In this context, in addition to clinical and epidemiological variables commonly studied, other aspects are now considered important in the treatment of CF patients, such as social support.

The social support construct appeared prominently in the literature in psychology and related areas in the mid-70s.

In 1976, the pioneering work⁴⁻⁵ had great relevance to point out the influence of social interactions on the welfare and health of people. These studies sought to understand how the absence or precariousness of social support could increase vulnerability to disease, and how social support would protect individuals from damage to physical and mental health resulting from stress situations.⁵

Social support is defined as information that leads the subject to believe that he is carefully estimated and is part of a network of mutual obligations. It appears that social support can protect people in crisis in a variety of disease states. Furthermore, it can reduce the amount of needed drugs, accelerating the recovery of health and facilitate compliance with the drug therapy prescribed medication or not.⁴

In this perspective, HIV infection is one of the most serious problems of today's public health due to the absence of healing, as well as social and economic barriers that interfere with adherence to treatment regimen. Given the above, in order to contribute to nursing care and other health professionals, proposed to this integrative review, which aims to analyze the knowledge produced about the effect of social support in the lives of adults with HIV/AIDS.

METHODS

As a method of this study it was adopted the integrative literature review, which gathers and summarizes systematically the results of research about a particular topic, allowing the incorporation of evidence for clinical practice.⁶ The study was conducted according to the following steps: 1. Development of guiding question; 2. Search or sampling of articles in the literature; 3. Data collection; 4. Critical analysis of the included studies; 5. Discussion of results; 6. Presentation of the integrative review.⁷

To contemplate the integrative review, the guiding question sought to identify literature on the effect of social support in the lives of adults with HIV/AIDS. To this end, the articles were selected in six databases: Latin American and Caribbean Health Sciences (LILACS), Scientific Electronic Library Online (SciELO), Medical Literature Analysis and Retrieval System Online (MEDLINE), Cumulative Index to Nursing and Allied Health Literature (CINAHL), SCOPUS and COCHRANE. The survey items took place between August and October 2014.

The descriptors or keywords were used in Portuguese, English or Spanish, and extracted from Descriptors in Health Sciences (DeCS) of the Virtual Health Library and the Medical Subject Headings (MeSH) of the National Library of Medicine: AIDS and social support, associated with the Boolean AND operator. The inclusion criteria were: complete articles available electronically, in Portuguese, English or Spanish, regardless of the year of publication, involving the theme "effect of social support in the lives of adults with HIV/AIDS." Exclusion criteria consisted letters

to the editor, technical standards and books. Repeated items were considered only once.

After being selected, the articles were read and analyzed through an organized approach to consider the severity and characteristics of each study, observing the methodological aspects, the proposed intervention or care, results, conclusion and level of evidence.

Levels of evidence were determined as follows: I. The evidence comes from systematic review or meta-analysis of all relevant randomized controlled clinical trials or arising out of clinical guidelines based on systematic reviews of randomized controlled clinical trials; II. Evidence derived from at least one randomized controlled clinical trial clearly delineated; III. Evidence obtained from well-designed clinical

trials without randomization; IV. Evidence from cohort studies and well-designed case-control; V. Evidence from originating systematic review of descriptive and qualitative studies; VI. Evidence derived from a single descriptive or qualitative study; VII. Evidence from officials of opinion and/or expert committees' report.⁸

Table 1 shows the distribution of items found and selected according to the inclusion criteria. The large number of excluded items was due to failure to meet the guiding question of the study, and that repeated articles were excluded. The main topics of the excluded items involved the HIV/AIDS in pediatric and adolescent age groups, which represented not the subject of this study.

Table 1 distribution of the found and selected articles.

Articles/ Base	CINAHL	SCOPUS	COCHRANE	MEDLINE	SciELO	LILACS	Total
Found	320	97	729	271	96	48	1561
Excluded	308	87	726	266	95	46	1528
Selected	12	10	3	5	1	2	33

After reading the 33 articles selected, the results were organized into six thematic categories, which were defined according to the findings of the survey: 1. Social support and mental health; 2. Social support and adherence to ART; 3. Social support and health status; 4. Social support and quality of life; 5. Perceived social support; 6. Social Support and maintenance of safe sex.

Subsequently, the findings were discussed descriptively with foundation of the scientific literature on the theme. Regarding the ethical aspects of integrative review, the study was conducted in compliance with the writings of selected articles and copyrights, with no modification of the content found in favor of the research being proposed by the authors.

RESULTS

The characterization of the 33 articles showed that the year of publication ranged 1994-2013, being published in 15 European countries,⁹⁻²³ in the United States,^{1,24-37} two in Brazil³⁸⁻³⁹ and one in Argentina.⁴⁰ As the evidence levels,⁸ there was the following distribution: an article level II,³¹ an article level IV¹¹ articles level VI.^{1,9-10,12-30,32-40}

It was found that most of the findings were derived from cross-sectional and descriptive studies, occurring direct observation of a planned number of people with HIV/ AIDS in a lifetime opportunity, which prevents comparisons of long-term sample characteristics.

The following are described the six categories that were defined according to the findings of the articles, which looked at the effect of social support in the lives of adults with HIV/ AIDS. It was found that the category with more findings was

the social support and mental health, that is, according to the studies analyzed social support has a beneficial effect on the mental health of people with HIV/AIDS. See Table 1.

Table 1: social support and mental health of people living with HIV/AIDS (PLHIV).

Social support and mental health
The quality of social relations is important for the psychological adjustment to HIV, as female sex and low social support are significant predictors of depression and stress. ¹
Social support reduces depressive symptoms and anxiety among PLWHA who work full time. ²²
Poor social support is related to food insecurity and depression in PLHIV. ²⁷
Older men with HIV/AIDS are more likely to have less social support and more distress than the younger ones, so that social support decreases psychological discomfort and increases the welfare. ²⁹
The PVHA satisfied with their relationships and engaged securely with other people experience a positive psychological adjustment. ²⁸
The stigma associated with HIV has a negative impact on the PLHIV well-being, social and emotional support protects against depression. ¹⁷
Have one or more important people as part of the social network relates to a positive mental state, but without changing the physical part. ¹⁸
Even if the perceived social support for PLHIV is minimal, it is a significant predictor of better mental health. ¹⁵
Lack of social support and social isolation occur because of the stigma of HIV/AIDS, which in women is the moral threat in heterosexual communities, and men because of ties to homosexuals. The lack of social support and stigma are markers of chronic depression. ²⁶
Less social support is associated with higher levels of stress and anxiety in PVHA. ¹⁰

Social support was also related to increased adherence to ART in PLHIV, ie, people who had more social support more adequately adhered to ART. This has a direct influence on the health parameters, especially in lymphocyte count CD4 + and viral load reduction, providing health of people with HIV/AIDS. Data shown in Table 2.

Table 2: social support and adherence to HAART in people living with HIV/AIDS (PLHIV).

Social support and adherence to ART
Adherence to ART for PLHIV treated in day hospital was significantly higher among those with more social support. ³⁵
Social support, especially from the children and other family members, facilitates the accession of women to ART. The main barriers to adherence to ART are stigma and turbulent romantic relationships. ³²
Social support and positive coping increase the adherence to ART. ⁴⁰
Satisfaction with social support and coping were the best positive predictors of adherence to ART. ³³

The social support and health status category was the one with the second highest number of research findings. From this, it was found that the PLHIV having more social support have better health parameters with increased CD4 + T lymphocyte levels and reduction of the viral load, which significantly reduces the likelihood of developing opportunistic infections. Thus, people with HIV/AIDS can have a reduction in morbidity and mortality. Data presented in Table 3.

Table 3: social support and health status of people living with HIV/AIDS (PLHIV).

Social support and health status
PLHIV who are satisfied with the social support they receive report fewer symptoms related to HIV, suggesting that social support is a robust predictor of health outcomes in the long term, regardless of lifestyle and health, providing evidence that can reduce harmful health outcomes. ³¹
Social support is required for proper driving of chronic disease, as in the case of HIV/AIDS. ²⁴
More stress and less social support can accelerate the progression of HIV infection/AIDS. ²⁵
Among men who have sex with men and who are asymptomatic HIV-positive, the count of lymphocytes T CD4 + was higher than among those who did not have satisfactory social support and a broad social network. ¹¹
Among men who have sex with men and bisexuals with HIV, the count of lymphocytes T CD4 + lower was found more frequently among men with low social support score and reduced social participation, suggesting that psychosocial factors affect the individual's immune system. ⁹
PLHIV receiving more social support have lower viral load. ¹³
In PLHIV, social support deficit is associated with sleep problems. ¹²
Satisfactory social support relates to increased self-efficacy, to high levels of education and income, in addition to increased CD4 + T lymphocytes count in PLHIV. ²⁰

Social support was also associated with improvements in quality of life PLHIV, which can increase the survival of these individuals. See Table 4.

Table 4: social support and quality of life, perceived social support and maintaining safe sex among people with HIV/AIDS (PLHIV).

Social support and quality of life
1. The unsatisfactory social support relates to the appearance of symptoms of HIV infection and decreased quality of life. ³⁴
2. Inadequate social support influences negatively on quality of life of people with HIV/AIDS. ^{19,23}
3. Social support and emotional coping focused on emotion are significant predictors in the analysis concerning the dimensions of quality of life. ³⁸
Perceived social support
1. The members of the family are the most involved in social support for PLHIV. ^{16,36-37,39}
Social support and maintenance of safe sex
1. The positive social support or satisfactory is related to the fact that people with HIV/AIDS to avoid high-risk sexual behavior. ³⁰

The perception of social support on the part of PLHIV has also been studied by some research showing that family members are the most involved in providing social support, as well as patients feel more supported and protected when they have that support. See Table 4.

In addition, the appropriate social support was related to the maintenance of safe sex practices PLHIV mainly with the use of condoms and reducing the number of sexual partners. Thus avoids the sexual high-risk behaviors that may lead to re-infection with HIV when the partner is also seropositive for the virus as well as HIV transmission to HIV-negative people. See Table 4.

DISCUSSION

The literature shows that the immune system and the central nervous system represent the two major targets for HIV.⁴¹ Immunosuppression is mainly the result of infection of CD4 + T cells and loss of these, as well as a disorder in T cell activity survive. Macrophages and dendritic cells are also targets of HIV infection.⁴²⁻⁴³

The HIV/AIDS is a challenge for healthcare providers due to lack of resources, limited infrastructure and low socioeconomic status and educational level of most patients.⁴⁴⁻⁴⁵ Thus, we emphasize the importance of promoting health, which is understood as a process of empowerment of individuals and the community to work on improving the quality of life and health.⁴⁶

From the 70's, through pioneering work on social support,^{4,47} was appointed the influence of social interactions on the well-being and health. The authors of these studies sought to understand how the absence or precariousness of social support could increase vulnerability to disease, and

how social support would protect individuals from damage to physical and mental health caused by stress.

This integrative literature review found that social support is a way to promote the health of PLHIV, as it had a positive impact on various aspects such as mental health, adherence to ART, health status, quality of life, maintaining safe sex, as well as the importance of the individual know that is taken care of through the perceived social support.

Social support improves the mental health of people with HIV/AIDS because it interferes with the psychological adaptation to HIV in confronting the disease, reduces discomfort and increases welfare, providing positive psychological adjustments.^{1,15,17,18,28} Thus, these variables are important to avoid the stigma resulting from illness, stress, depression, anxiety and psychological distress.^{1,10,14,17,22,26-27}

Moreover, one study showed that poor social support is related to food insecurity and the development of depression.²¹ In this regard, the literature shows the relationship between depression and weight changes, such as malnutrition and obesity. So that many food problems can act as indicators for the timely diagnosis of depression and other central nervous system disorders.⁴⁸

Another issue to be raised is the fact that HIV/AIDS has become a chronic conduction disease with the advent of antiretroviral drugs, thereby reducing morbidity and mortality among these individuals, which meant people with HIV/AIDS ongoing activities and give their life projects.² However, it is a fact that stigma prevails, especially in living environments with others, and at work. Therefore, there is that PLHIV can be victims of discrimination in the workplace, noting that satisfactory social support can help reduce depressive and anxiety symptoms among people with HIV/AIDS who work full time.²²

Legally speaking, such responses can be immediately identified, for example with the introduction of laws that have protected the PLHIV to suffer discrimination and deprivation of their rights based on their HIV status, both in the full access to health, as in stay in educational settings, work, leisure, among others, which is the result of political pressure from the movement of people affected by AIDS.⁴⁹

Social support also influenced the adherence to ART, which is at present the only treatment for maintaining the health of PLHIV. Adherence to ART shown higher in patients with adequate social support, especially those who have support from family members.^{35,40} On the other hand, due to the stigma of the disease and troubled relationships negatively influence adherence to ART.³²⁻³³

It is considered adherence to ART as the greatest determinant of therapeutic success, as there is significant influence on the clinical and biological conditions of PLHIV. The membership fee required/expected when it comes to ART is 100%, meaning full compliance between the intake of medicines and medical prescription, and the patient needs to understand and agree to the recommended prescription.⁵⁰

From the foregoing, it is observed that social support also influences the health status of PLHIV. According to the studies analyzed, most people satisfied with social support they receive, have fewer symptoms of HIV infection, which can be reflected by an increase in lymphocyte count CD4 +,^{9,11} with the viral load reduction,¹³ increased self-efficacy in conducting the treatment²⁰ and the reduction of sleep-related problems.¹² These findings may be related to treatment adherence.

Justifying this, a study shows that adherence to ART and attendance at health follow-up visits are linked to the trust that PLHIV have in the health professionals, the space given to them in health services, to how the information is covered in other areas of society and the family support they have. Family support was considered important in that it constituted a support for the person with HIV/AIDS. Most patients off family, as users of illicit drugs, were marginalized by their families, had not set life goals, presenting more difficulties in adhering to treatment.⁵¹

Articles have also shown that social support improves the quality of life of people with HIV/AIDS, as patients now have help in various aspects of life. Research also claim that the decrease in quality of life of these patients occurs mainly due to discrimination and unfavorable socioeconomic conditions in which they live.⁵²⁻⁵³

In relation to perceived social support, family members were more involved in social support of people with HIV/AIDS.^{16,36-37,39} In the context of HIV, the family emerges as a care unit, because they can contribute to the physical and mental balance of its members. The effects on physical, mental and emotional health caused by viruses extend to family members and those who are part of their social and personal relationships, as uncertainty about the contagion can generate fear, insecurity and emotional imbalance.⁵⁴

Social support was also given to maintaining safe sex by the PLWHA.³⁰ Regarding safe sex among these patients, to prevent the spread of the virus through sex to have as alternatives to sexual abstinence or condom use male or female. The condom is the method of choice for people with HIV/AIDS, representing a resource that meets the triple function as it protects against pregnancy against other sexually transmitted infections and reinfection with HIV. However, explicit resistance to its use by men and women are common, being mentioned as variables that make it difficult for accession, the belief that condoms cause the reduction of pleasure during intercourse and can be related to the lack of confidence in the partner and infidelity.⁵⁵

CONCLUSION

It was observed that this integrative literature review satisfactory social support interfered positively in the mental health, adherence to ART, in health status, quality of life, in maintaining safe sex, and that people with HIV/AIDS

that had more social support were more psychologically supported to face the disease.

Most studies were cross-sectional, which precluded an analysis of the influence of social support for prolonged periods, as there was no monitoring of patients, a fact that raises the need for more research on the theme. However, it is worth mentioning the difficulty of conducting clinical trials involving social support, as this variable cannot be easily manipulated experimentally, since they refer to psychological aspects and from different segments of society such as family, friends, health professionals and other intersectoral actions.

In addition, major defects to be studied about the social support are related to mental health and quality of life, since the further aspects analyzed are influencing factors of these two variables, so that adherence to ART, health status, the maintenance of safe sex and the perception of social support are factors that can influence in any way on mental health and quality of life.

We underscore the importance of this review that confirms the importance of social support for the conduct of chronic diseases, as well as suggest new studies that seek to track the influence of long-term support in the lives of people with HIV/AIDS, despite the difficulties of studying these aspects, because one cannot easily mimic social support.

Moreover, the establishment of deeper relationships between social support and other aspects of life of people with HIV/AIDS can be used with salutary purposes by nurses and other members of the multidisciplinary team, aiming to promote the health of these individuals, in order to reduce morbidity and increase survival of these patients.

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