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## TÍTULO

HIV-AIDS AND FMOTIONAL DISORDERS

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## **RESUMO**

Introduction: AIDS is often associated with psychiatric disorders, depression being the most common of them. Depression is often concomitant clinical disease, and can be a complication of the disease (or treatment), its cause or coincidental case, in general, this is a highly complex and sometimes poorlyinterpreted and often neglected. Depression is the most common psychological disorders associated to the disease and, at the same time not detected and/or untreated. This phenomenon occurs with AIDS, often associated with psychiatric disorders, the most common of them depression. Literature Review: It is to live with seropositivity is living with numerous undesirable feelings, namely: fear and anxiety, sadness, dejection, boredom, apathy, low self-esteem, hopelessness, worry, despair, fear, anger, irritability, negation, nonconformity, emotional and spiritual pain, discouragement, loneliness, insecurity, shame, emotional hypersensitivity, emotional difficulties, the desire to repay betrayal, guilt, remorse, and repentance and obsessional problems, as the relentless search for new evidence treatment. It is estimated that depression affects 22-45% of people with HIV / AIDS, and social and psychological factors, such as difficulties in affective-sexual, marital conflict and social exclusion, have been suggested as possible causes of depression in the population seropositive to HIV. Conclusion: It is concluded that negative expectations about treatment can modulate the emotional state and negatively impact the quality of life of people living with HIV, and that an adequate level of social support can mitigate this negative impact. Anticipate and act on these aspects can be a useful strategy to prevent despair and emotional suffering associated with complications in the treatment of HIV-AIDS.