ABSTRACT
HIV infection and psychiatric disorders have a complex relationship. HIV infection could lead to psychiatric disorders, and psychiatric patients are more vulnerable to HIV infection. HIV is not only an illness which is associated with stigmatization and discrimination, but also has several risks attached including physical and sexual abuse. There is a scarcity of literature on HIV, mental illness and sexual assault although they are a common trio.

The author describes an HIV-positive woman with a psychiatric disorder. She suffered from AIDS and periodic psychotic episodes. On a day when she had such an episode she became a rape victim. The history, and physical and genital examination has been described. The need for further research in the area of HIV/AIDS and mental health has been discussed. Preventive strategies have been recommended for HIV-infected individuals in poor health resource settings.

INTRODUCTION
HIV/AIDS is a double-edged sword. On the one hand a mentally ill person is more vulnerable to HIV infection, and on the other hand, the HIV-infected person is more prone to mental disorders. Men and women who have a severe and persistent mental illness are vulnerable to infection with HIV (Carey et al., 1997). People who suffer from mental disorders are at increased risk of becoming infected with HIV. There have been studies which show that psychiatric disorders present an increased risk for those with an HIV infection (Hoff et al., 1997).

Phobias related to HIV and AIDS have been reported early in the history of HIV infection (Paulstich, 1987). Anxiety disorders may be manifest throughout the course of HIV infection, with a general trend for increased prevalence of these disorders as the illness progresses (Chandra et al., 2005). Researchers have reported a prevalence range of 2-38% depending upon the stage of illness (Perkins et al., 1994). Depression is the commonest psychiatric syndrome reported in studies among HIV-infected individuals. Major depression in the HIV-positive population is elevated to about twice the level of occurrence in the general population. Rates of depression have ranged from 5-25% or even higher (Chandra et al., 1998). The risk of suicide has been reported as 20 to 36 times higher than in the general population (Meel and Leenaars, 2005).

South Africa is a country with a rapidly escalating HIV/AIDS epidemic. There are also high levels of rape reported from various sources (Kim et al., 2003). Here, as elsewhere, statistics capturing the true magnitude of sexual violence are difficult to obtain, especially among the victims who are living with HIV/AIDS. Those released by the South African Police Service note that in 2001, 52,860 rapes and attempted rapes were reported (Kim et al., 2003). Only about 15% of women who were forced to have sex against their will reported the incident to the police (Department of Health, 1998).

There are several gaps in the understanding of HIV and mental health. The serious psychotic problems have scarcely been reported in the literature, and therefore the purpose of this case report is to highlight the problem of HIV-
related psychotic behaviour and its consequences.

CASE REPORT
On 18 December 2004, NL, a 29-year-old woman from Mthatha presented with a history of rape to the accident and emergency section of Nelson Mandela Academic Hospital. She was living with HIV/AIDS.

On the day in question the patient had developed a psychotic episode in town and damaged a vehicle parked there. The owner of the vehicle had become furious, grabbed her in the car, driven away and raped her. While her relatives were searching for her, information was received of her whereabouts. The owner of the vehicle had dropped her at her house and demanded a cash payment of R1200/- for repairs, which had been paid by a cousin.

NL reported that she was raped by the driver and the passenger. She had been assaulted by both of them. The rape and assault were reported to the police and they brought her to hospital accompanied by her sister. She was very traumatized, and not responding to verbal commands. On physical examination, there were multiple bruises on the face and body. There was a whitish discharge visible on genital examination but no blood. She was treated with antibiotics. Unfortunately she died two months after the incident.

DISCUSSION
This is first case report regarding HIV and psychiatric disorder in the region of Transkei. The Transkei was one of the former black homelands, now part of Eastern Cape Province. It is one of the poorest rural regions in South Africa. Mental health care services are not available in the majority of remote rural areas. HIV/AIDS is on the increase and there is poor support for these individuals. There is an increasing incidence of HIV infection among victims of sexual assault (Meel, 2003) and no studies have been carried out on the relationship between HIV infection and psychiatric disorders. However, there is a very high prevalence of HIV/AIDS and psychiatric disorders, including a moderate prevalence rate of alcohol use/misuse in this less affluent community (Sebit et al., 2003).

NL was a young woman living with HIV/AIDS. She was living with her sister who is also HIV-positive, and getting support from her. NL was a victim of rape as a result of her HIV illness. About 10% of victims are HIV-positive at the time of the incident (Meel, 2005). This may be because of their psychiatric manifestation, such as in LN’s case. They should have been put on antiretroviral treatment.

Psychiatric disorders are common in HIV patients, and previous work suggests that these patients experience delays in treatment with highly active antiretroviral therapy (HAART). HAART is beneficial to these patients as they are able to reap the survival benefit by remaining on it (Himelhoch et al., 2004). Therefore, the training of HIV clinicians needs to increase their expertise in the management of these co-morbid conditions and help develop systems of care that better address the special needs of this population (Friedland, 2002).

HIV/AIDS is one of the major issues to be faced by mental health care sectors over the next decade. Many mentally ill people already have, or will, become infected with HIV due to a range of factors including lack of information and poor risk prevention skills (Luckhurst, 1992). Others, like LN, without a previous history of mental illness, will develop mental health problems because of the effects of HIV on the central nervous system (Luckhurst, 1992). LN was suffering from a serious psychiatric disorder of self-harm. The caregiver is her sister, and she is unemployed, and also HIV-positive. She is faced with multiple problems. The rapist was unaware of LN’s disease status and may pay a heavy price with his own life.

In an African study on 194 subjects, of whom 101 (52.1%) knew about their sero-status, over two-thirds (71.3%) of the HIV-positive subjects suffered from psychiatric disorders, against those who were HIV-negative (44.3%). There was a higher prevalence rate of alcohol use/misuse (24.3%) among HIV-positive subjects. The commonest psychiatric
symptoms/signs were emotional withdrawal, depression, suspiciousness, apparent sadness, reduced sleep, psychotic disorders and suicidal thoughts especially among women (Ruiz et al., 2000; Sebit et al., 2003).

Preventive interventions are urgently needed for HIV-infected psychiatric patients. However, it is not clear that at what stage of HIV infection, these neuropsychiatric symptoms are more predominant. LN was HIV-infected but there were no visible signs of AIDS. It is important to note that psychiatrists collaborate very closely with HIV/AIDS clinicians in the management of HIV/AIDS and the psychological sequelae (Ruiz et al., 2000).

Integrating psychiatric and psychosocial interventions along with antiretroviral therapy should benefit both the mental and physical health of people living with HIV/AIDS in this region. Whether the mental health problem preceded HIV infection or vice versa needs to be assessed. Public health laws need to change so that those infected with HIV enjoy legal protection. Nurses in rural areas should be trained in dealing with HIV-infected people as a priority. Wider research is urgently needed to adequately assess HIV/AIDS-related psychiatric disorders.

REFERENCES
Website: http://hivinsite.ucsf.edu/InSite.