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Case report

Psychiatric disorder associated with fear of AIDS

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The condition known as the acquired immune deficiency syndrome (AIDS) was initially described at the Center for Disease Control, Atlanta, USA,[1, 2] and the first case of AIDS in the United Kingdom was reported in 1981.[3] At the time of writing, only one established case has been reported in Northern Ireland.[4] In the absence of effective prevention and treatment, it seems certain that there will be an increased prevalence of the disease for the foreseeable future.

Despite a rational approach by the medical profession, fear of AIDS has spread through the affected societies with an 'AIDS panic' syndrome described by Schwartz in risk groups.[5] This is described as 'demanding AIDS testing at the first appearance of some cutaneous lesion or persistent cough' and is said to be more common in individuals with obsessional or paranoid personality traits. Case reports have been appearing in the literature in recent months of psychiatric symptoms associated with a fear of AIDS.[6, 7] Miller et al. describe two cases,[6] one with depressive features, the other with anxiety symptoms, and they suggest that such symptoms, arising from a fear of AIDS, might be referred to as a 'Pseudo-AIDS Syndrome'. Here I describe a recent case of psychiatric illness where the patient's concern about AIDS is a prominent feature of the disorder.

CASE HISTORY

A 26-year-old married man presented with a five-week history of persistently depressed mood accompanied by marked feelings of guilt and suicidal thoughts. There were also symptoms of anorexia, weight loss, fatigue, early morning wakening and loss of interest in his usual activities. His symptoms appeared to have been precipitated by an uncharacteristic episode of infidelity while he was in England at a sports event. He knew the girl shared a flat with a homosexual male and, beginning to fear he had contracted AIDS, made several visits to the venereology clinic, on each occasion seeking reassurance. By the time he presented at the psychiatric clinic, his belief that he had AIDS was of delusional intensity. His anorexia, weight loss and fatigue were confirmation to him that he had the disease. He was treated with psychotherapy and a tricyclic anti-depressant, and over a period of three to four months his symptoms, including the delusion, gradually resolved.

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DISCUSSION

The case reported is that of a typical depressive psychosis and fulfils the diagnostic criteria for major depressive illness according to the DSM-111,[8] (as does the case described by Miller et al[6]). Delusions of ill health, according to Fish's *Clinical psychopathology,*[9] 'are a characteristic feature of depressive illness' and 'depressives with hypochondriacal delusions believe they have some incurable disease such as cancer, TB, syphilis'. Since depressive illness characterised by over-valued or delusional ideas of syphilis or cancer are not referred to as 'pseudo-syphilis' or 'pseudo-cancer', it seems unnecessary to introduce the term 'pseudo-AIDS' into the nosology at this time. Furthermore, some of the symptoms of the AIDS-related complex[10] are similar to the somatic components of depression and anxiety, and the diagnosis of the physical disorder, where it actually exists, might well be prejudiced.

In conclusion, the term 'pseudo-AIDS' should not be used to describe a psychiatric disorder in which the patient either fears AIDS or believes he has AIDS, since the term has little validity as a diagnostic entity. This has important implications for the future, as patients with psychiatric disorders may be more likely to present with symptoms concerning AIDS. The primary psychiatric disorder, of which the symptom is a feature, should be treated on its own merits following a comprehensive psychiatric examination.

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