

## Bridging Palliative Care and HIV/AIDS: A Call for Integrated Approaches

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Human Immunodeficiency Virus (HIV) and acquired immunodeficiency syndrome (AIDS) remain significant global health challenges. Beyond the physical manifestations, individuals living with HIV/AIDS often grapple with psychological burdens, notably anxiety, which can adversely affect their quality of life (QoL) and physiological stress markers, such as cortisol levels. Palliative care, traditionally associated with end-of-life support, has evolved to address the multifaceted needs of chronic illness patients, including those with HIV/AIDS.<sup>1</sup> Human immunodeficiency virus (HIV) (5.7%), diabetes (4.5%), kidney diseases (2%), cirrhosis (1.7%), Alzheimer's disease (1.65%), cancer (34%), cardiovascular diseases (38.5%), and chronic respiratory diseases (10.3%) are the most common conditions among adults who need palliative care, according to the Global Atlas of Palliative Care.<sup>2</sup> In the world, 1.89 million individuals require palliative care due to pain, and around 2.7 million people have HIV.<sup>3</sup> This editorial explores the role of palliative care in enhancing QoL and modulating cortisol levels among HIV/AIDS patients experiencing anxiety.

Palliative care is holistic, and address physical, emotional, social, and spiritual needs. In the context of HIV/AIDS, palliative interventions have demonstrated efficacy in alleviating symptoms, reducing psychological distress, and improving overall well-being. A systematic review highlighted that home-based

palliative care and inpatient hospice services significantly improved patient outcomes in pain management, symptom control, anxiety reduction, and spiritual well-being.<sup>4</sup>

Psychosomatic medicine explores how psychological factors influence physical health. In HIV/AIDS, the interplay between mental health and physiological outcomes is particularly pronounced. Chronic stress, anxiety, and depression are prevalent among people living with HIV (PLWH), often exacerbated by stigma, discrimination, and the burden of managing a chronic illness.<sup>5</sup> The psychosomatic approach in HIV/AIDS care emphasizes the interconnection between mind and body, recognizing that psychological factors such as stress, anxiety, and depression can significantly influence immune function and disease progression. Integrating psychological support with medical treatment has been shown to improve adherence, quality of life, and clinical outcomes in HIV-positive individuals.<sup>6</sup> Psychosomatic support is a cornerstone of palliative care. Counseling sessions, support groups, and stress management techniques provide patients with coping mechanisms to navigate the emotional challenges of their diagnosis. Such interventions not only mitigate anxiety and depression, but also foster a sense of community and shared experience, crucial for individuals often facing stigma and isolation.<sup>7</sup>

Cortisol, a glucocorticoid hormone released in response to stress, plays a pivotal role in the

body's stress response. Chronic stress can lead to dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis, resulting in elevated basal cortisol levels.<sup>8</sup> Swann SA, et al found some evidence that individuals with HIV have higher rates of hypocortisolism, however, comparisons between those with and without HIV were not always consistent. Cortisol excess may be linked to depression and cognitive decline, whereas low cortisol may be linked to anxiety and metabolic disorders; further research is required to establish these associations.<sup>9</sup>

While direct studies on palliative care's impact on cortisol levels in HIV/AIDS patients are limited, evidence from stress management interventions provides insights.<sup>10</sup> The study by Maskoep et al.<sup>11</sup> found evidence that a palliative care approach to HIV/AIDS patients significantly improves quality of life. However, the mechanism through which changes in cortisol occur is still unclear.

We conclude that palliative care emerges as a vital component in the comprehensive management of HIV/AIDS, particularly for patients grappling with anxiety. By enhancing quality of life and potentially modulating stress-induced hormonal imbalances, palliative interventions offer a holistic approach that addresses both psychological and physiological aspects of the disease. Future research should focus on elucidating the mechanisms by which palliative care influences cortisol levels and exploring its long-term benefits on disease progression and patient well-being.

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