

($p < 0.05$), TC, TG, TNFR-2, sCD14 ($p < 0.05$) increased in DN and ART than HC. Cardiac output ($p < 0.001$) decreased, TNFR-1 ($p = \text{NS}$), TNFR-2 ($p < 0.001$), sCD14 ($p < 0.001$) higher in DN than ART. No significant difference in C-IMT between groups based on nadir CD4 counts. In naive patients, increased cardiac output ($p < 0.001$), decreased TNFR-1 ($p < 0.001$), TNFR-2 ($p < 0.001$) and sCD14 ($p < 0.001$) was seen in group 2 than group 1. We did not identify statistically significant difference in LP, cardiac output, TNFR-1, TNFR-2, sCD14 levels between groups 3–5. We identified significant correlation ($p < 0.05$) between low CD4 count and increase in C-IMT on ART patients.

Conclusion: From clinical perspective, no significant betterment in terms of decrease in inflammatory response, C-IMT and increase in cardiac output was identified during early initiation of ART. However, we found significant increase in inflammatory and MT markers in naive patients with nadir CD4 < 350 cells/ μL than those with higher nadir CD4 count.

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Anxiety levels of HIV-infected patients after learning their diagnosis: A preliminary study for the first time in Turkey



B. Kocazeybek^{1,*}, I. Balcioglu¹, O.F. Demirel¹, N. Yildiz¹, P. Yuksel¹, H. saglam², Z. Habip¹, E. Kocazeybek³, Y.H. Balcioglu⁴, M.M. Kirpinar¹

¹ Istanbul University Cerrahpasa Faculty of Medicine, Turkey, Turkey

² Istanbul University medical faculty of Cerrahpasa, Istanbul, Turkey

³ Republic of Turkey, Ministry of Health, bakirkoy community health center, Istanbul, Turkey

⁴ Bakirköy Mazhar Osman Mental Health and Neurological Diseases Education and Research Hospital, Istanbul, Turkey

Background: HIV infection is not well known in population, and knowledge of HIV contains many myths. Fear of unknown diagnosis may ease increasing of anxiety feelings. In this study we aimed to search spontaneous anxiety levels of HIV-infected patients when they learn the diagnosis.

Methods & Materials: The study was conducted by the departments of psychiatry and microbiology in Istanbul University, Cerrahpaşa Faculty of Medicine. Semi-structured data form and STAI –I and II scales was performed to the patients after explaining their replicated HIV (+) state.

Results: 39 male and 2 female were included in this study. Mean age of study group was 34,9. Graduation of the participants were sequentially, 58,5% (n:24) university, 14,6% (n:6) high school, and 26,8% (n:11) primary school. 82,9% of the group was actively working. Mean age of HIV (+) state was 30,1. Sexual transmission (70,7%, n: 29) was major infection resource of HIV. Partner disclosure rate of group was 46,3% (n: 19). Mean STAI-I state anxiety level was 56,1, and mean STAI-II trait anxiety score was 43,6.

Conclusion: Although the results of our preliminary study revealed high anxiety levels of patients after learning their HIV (+) state, after all of the cases were completed, we may come to a more

definite conclusion. According to our preliminary results, high anxiety levels of HIV-infected patients may be related with high stigma of society over HIV-infected people and lack of knowledge about the infection.

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Caregiver burden among adults caring for people living with HIV/AIDS (PLWHA) in South India



D. Madi*, V. Chandran, N. chowta, J. Ramapuram

Kasturba medical college, Mangalore, Manipal University, Mangalore, India

Background: Caregiver burden refers to the physical, emotional and financial hardships associated with caregiving for an ailing individual. Attending to the needs of people living with HIV/AIDS (PLWHA) can place a significant burden on family members. This may adversely affecting their quality of life (QOL). The main aim of our study was to assess the caregiver burden and QOL among family members of PLWHA in South India. We also tried to determine the impact of caregiver burden on QOL.

Methods & Materials: This cross sectional hospital based study was carried out at Kasturba Medical College(KMC) Mangalore. The study was conducted over a period of eighteen months starting from October 2013. A total of 360 caregivers voluntarily participated in our study. The data were collected by face-to-face interview. Caregiver burden was assessed using the Zarit Burden scale. WHOQOL-BREF Questionnaire was used to assess the QOL of caregivers. The collected data were entered and analyzed using SPSS version 16.0. The protocol was approved by the Institutional Ethics Committee.

Results: The mean age of caregivers was 36.09 ± 10.18 years. Most of the caregivers were females 279 (77.5%). Majority of caregivers 181 (51.1%) belonged to Middle/Lower Middle socioeconomic class (Kuppuswamy class III). In our study 36(10%) caregivers had very severe burden and 88(24.4%) had moderate to severe burden. Physical domain of QOL showed maximum score of 60.28 ± 13.08 , while a minimum score of 51.88 ± 14.20 was seen in social domain. With increase in caregiver burden the mean QOL scores decreased which was statistically significant.

Conclusion: Our study highlights the need to counsel the caregivers on to how to deal with PLWHA in the family. Family care plays a major role in the general well being of PLWHA. Majority of national HIV programmes all over the world focus mainly on PLWHA. National programmes should immediately address the mental health issues of caregivers thereby reducing caregiver burden. More studies on this topic have to be conducted in developing countries.

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