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Research Article

The relationship between life expectancy and general health of the anxiety of death in AIDS patients in Tehran

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ABSTRACT

The present study examined the relationship between life expectancy & general health of the anxiety of death in AIDS patients in the city of Tehran. The population study include all of AIDS patients in Tehran city in balance of aged 18-45 years. The sample consisted of 100 subjects (10 males and 10 females) that recourse to the treatment and advice of Imam Khomeini Hospital Tehran of the period July to September 1391, and were selected by sampling, the research tools be included standardized questionnaires. The method is a correlation to statistical method, regression analysis and Pearson correlation test. The results showed that the anxiety of death is a significant correlation with general health and life expectancy. In other words, life expectancy and general health care associated with the anxiety of death.

Key words: the anxiety of death, life expectancy and general health, AIDS

INTRODUCTION

Despite increased funding, political commitment and progress in access to treatment, the epidemic is spreading: so that the world is overtaken in any part of the world is not safe about it. According to the 2010 report of the Joint United Nations Program on HIV, after thirty years of starting it, 33 million people are living yet with it, which ten million of them are received treatment. The new approaches in these countries has focused on medication and keeping of their life. Knowledge of being infected with this disease includes psychological stress, and many social problems, such as depression, anxiety and social isolation. Certainly, dealing with serious illness and the anxiety of death, this resulted in the death of the killer ideas. Since, nobody is not never experienced death and did not touch on it clearly, so all of the people are anguish about it, But everybody experience a certain degree of the anxiety of death. The anxiety of death as an unusual and great fear of death twin with the feeling of horror, when thinking about the process of death or what happen after that, Experiencing about the anxiety of death is natural, but other fears can undermines the efficient of adaptation if this fear is severe enough. And the other hand, the hopping of mechanisms important adjustment in chronic diseases, and as a complex multidimensional and potentially powerful factor is

defined in improving and the effectiveness of compatibility. Based on BERK and BENZIN, hope support the patients by physiological and emotional to put up with critical illness. Hope involves the imagination and attention of people to the future with the notion that results may be positive, so this causes them to try more. According to Sigmund Freud's the compliance with himself, its demands, and pressures of society, it means that person has a good mental health.

. Mental health means having the lowest level of common symptoms of psychiatric disorders (somatic, anxiety, insomnia, depression, and expressive non-functioning) can be defined. NAVIDI, (1385). Pollution the AIDS virus is the most important component of mental health and health system challenges over the past two decades. So that, AIDS epidemic has promoted public health throughout much the crisis is. Researchers have been reported the develop of brain pathology in 75 to 90 percent of autopsy on those persons who suffer from AIDS. At least 50% of patients with neurological complications-like the mental dysfunction have HIV, nearly 10 percent of patients such symptoms, early signs of the disease. The classic psychiatric are usually associated with HIV-related disorders such as depression and anxiety disorders and psychotic disorders. SAVAK AND SAVK, [3] translate pour AFKAR, Several studies have shown that about half

of the people with HIV are involved in a variety of psychiatric disorder, depression being the most common. Mental Health professionals should assess the disorders and how to treat the drugs or psychotherapy. At last, that all persons involved in mental health services to assist the community in dealing with this new plague. Yet, Not all aspects of the psychological and the effects that , this disease has on the lives of the patient has not been addressed adequately. And Despite the fact that HIV and AIDS lead to a lot of psychological damage, it have been a few studies on aspects of the mental health in this disease to survey. Consequently, given that the disease has a different valence than other diseases, and also because, this group of people usually enjoy from the social and cultural background, economic and family, and a variety of factors in the past and present, and their condition can lead to mental confusion, Thus , research on psychological variables such as life expectancy, overall health and the anxiety of death in these patients is essential in order to design comprehensive treatment plan can be good for prognosis and treatment. Seville Et al are examined the study on the heal the effects of expectancy in AIDS patients. They rate by using of the rating scale test as well as blood samples of AIDS patients and their health after promising therapeutic assessment and concluded that the increase leads to an increase in health expectancy in these patients. In a study, Hue Yin Mann et al have studied the effects of hope in depression treatment on 22 patients with the cancer of colon in South Korea, and the results obtained of the data analysis, showed that the increased in the hopes of the patient cancer can lead to reduce depression and anxiety.

Table1: Gender and education level of the respondents

variable	number	Percent
Female	10	10%
Male	90	90%
Illiterate	22	22%
Elementary	40	40%
Diploma	30	30%
B.s.	8	8%

According to the data of Table2, the age range of respondents varied between 20 and 42 years and the average age of the respondents in this study with the 47/37 year. As Can be seen the table below, the

Table 2: Age and level of statistical characteristic variables life expectancy, general health, and the anxiety of death

variable	Average	Standard deviation	Minimum	The maximum amount
age	37.040	10.75	20	42
The anxiety of death	7.029	0.33	0	14
Life Expectancy	68.03	10.43	37	96
General health	37.047	10.75	2	79

To Determine the predictor variable with the criterion variables, we use Pearson's correlation

Husain et al examined the relationship between attachment style and religious coping style with mental health on 120 patients with AIDS and the results were suggested, that in patients with AIDS the safe attachment variables and religious coping predicted the mental health more than is. GURBAN ALIPURE, M. et al [7] examined the effect of the anxiety of death and age on health-promoting behaviors and concluded that the anxiety of death is a decisive factor in many health-promoting behaviors among youth and corrosion year, And People who have hit the anxiety of death, than those who did not have death anxiety care more involved in health-promoting behaviors. METHOD

The research methods correlation. Statistical Suit have been included all levels of AIDS patients the age range 18-45 years in Tehran. The population consisted of 100 patients with AIDS that referred to the health care centers of the Tehran in four months to July until 2012 to October. Of these patients, 90 persons were men and 10 persons were female. Due to the difficulty in access to patients and HIV, the sampling persons are selected of specimens who available among them in medical centers with AIDS patients. This means, that the three questionnaires of the life expectancy, the anxiety of death, and general health was carried out the people that refer to treatment in care centers, and they were willing to cooperate in the investigation.

Results and Discussion

According to the table, most of the respondents were men, and the most frequent class elementary education to 40 and the lowest people for a bachelor's degree with a frequency of 8.

amount of three variables related to life expectancy, general health, the anxiety of death, and the greatest value of the variable is life expectancy.

coefficient due to the normal variables. To check Shapiro test of Normality, we have used Willkie.

Table 3: the Variables of Normality Test

variable	p-value	Result
General health	0.023	Normal
Life Expectancy	0.029	Normal
The anxiety of death	0.034	Normal

Table 4: The correlation coefficient of the variables

	The Description of questions	The correlation coefficient	p-value
1	The relationship between life expectancy and the anxiety of death in people with HIV	0.457-	0.001<
2	The relationship between general health and the anxiety of death in people with HIV	0.343-	0.001<

The results in Table 3 and 4 indicate the following results:

-Significant Hypothesis 1.001/0p <and less than 05/0, so hypothesis not rejected. The Significant relationships exist between life expectancy death anxiety. Due to the correlation coefficient are regarded 0.456- Life expectancy and the Anxiety of Death in conflict to each other. The Increasing of life expectancy, the anxiety of death is reduced.-

Significance level of hypothesis 2.001/0p <and less than 05/0, so hypothesis not rejected. This means that there is a significant relationship between general health and the anxiety of death. Due to the a correlation coefficient of 0.343-is considered general health and the anxiety of death in the opposite direction to each other. With Increasing The Public's health, the anxiety of death is reduced.

Table 5: A brief summary of analysis of the variance and the regression model relating to subscales general health and the anxiety of death.

Regression model	B	Beta	T	Sig
Constant	4084		5.75	0.001<
Physical Symptoms	0.024	0.033	0.211	0.033
Anxiety and insomnia	0.116	0.168	0.910	0.036
Action Insufficient Productivity	0.068	0.091	0.615	0.045
Depression	0.08	0.096	0.634	0.028

Table 6: Regression Prediction Statistical indicators on the anxiety of death

Regression model	SS	DF	MS	F	Sig	R	R2	R2adj
Regression	126.86	4	31.71	3.234	0.016	0.346	0.119	0.120
The remaining	931.72	95	9.80					
Total	1058.59	99						

As Tables 5 and6 show the result with respect to statistical analysis of variance and regression of predictor variables to the anxiety of death level, F (24/3F =and016/0P =).Obtained for the four variables that include physical symptoms, anxiety, insomnia, impaired function of productivity, depression, which has meaning about the anxiety of death. Based on the remaining predictors of variables are able to explain some of the changes related to death anxiety..Between the predictor variables of somatic symptoms, anxiety and insomnia, dyslexia sideways action, depression and death anxiety, there is a significant relationship (346/0 = R)and a total of12/0,which can explain the anxiety of death(119/0 = R2).The generation of the study in results are to the population, the main predictor variables were able to explain 12% of the variance in behavior is

negligence (120/0 = Raj). According to Table 5, the regression coefficients of predictor variables indicate that these four variables could predict such changes, and the anxiety of death this is explained by the arrival of all four variables. Physical Signs of weight with (0.024 = B)and(033/0 P <and 0.21 = t), anxiety and insomnia, weight with (116/0 = B)and(036/0 P <and 0.91 = t),insufficient productivity character weight with(0.068 = B)and(045/0 P <or 0.615 = t),depression, weight with(048/0 = B)and(028/0 P <or 0.634 = t)indicates that these variables can predicted significantly changes of the anxiety of death. The Generalization of these results to the study, the weight of these variables will be equal for in order somatic symptoms, anxiety and insomnia, impaired action productivity and depressive 033, 168/0, 0.091and0.96/0.

Table 7: Additionaltestrespondents'age

QUESTIONSOFFDESCRIPTION	Coefficient Solidarity	p-value
1 Determine The relationship between age and the anxiety of death in people with HIV	0.18-	0:07

Table7shows there sults of the above test, assuming a significance level of 1, 0.07 = p and more than 05/0, so a hypothesis rejected..Means that there

is no significant relationship between age and the anxiety of death.

Table 8: Additionaltestrespondents'genderand education level.

QUESTIONs DESCRIPTION		p-value
1	Determine the relationship between sex and the anxiety of dea thin people with HIV	0.04
2	Determine the relationship between the education level and the anxiety of dea thin patients with HIV	0.45

The details indicate that the results in Table 8:

-Significant Hypothesis 1, $0.04 = p$ and less than $05/0$, so hypothesis not rejected. This means that there is a significant relationship between sex and death anxiety.

-Significance level of hypothesis 2, $0.45 = p$ and more than $05/0$, so the hypothesis is rejected. This means that there is no significant relationship between education and the anxiety of death. The results of analysis of the data showed that there is a negative correlation between life expectancy & general health, with the anxiety of death. These results are in line with research Robyn and colleagues (1990), Dennis and Ahrlychmn(1991), White and Handle(1991) VACHAL and bits(1992), Handle(1996), Alberta and Strong(2002), Saffron And Colleagues (2004) MannbinHueet al(2012), Miller et al(2012) and Seville Et al(2012) is. The Testing Results showed that there is no relationship between age and education level with the anxiety of death and there is not relationship between the sexes and the anxiety of death. The Studies of Fyfe Et al(1988) show that high age caused the obsessive preoccupation with personal death and is reported the elderly are more afraid of death than the younger group (quoting Reed Meyer et al, 2004).The studies Of Glasser(1998) suggest that the relationship between age and the anxiety of dea this a curve relationship with a peak in mid-life. TURSUNBOYEV and Powell(2006) also showed that young people are more anguish than old people of the anxiety of death, that there sults are disagree with there sults of this study. Maybe Being incurable with AIDS the expectation of imminent death sa common factor for all age groups, HIV is able to explain these differences That consequently the lack of correlation between the education level of the anxiety of death can be seen from this research that aligns with MASUD ZADEH (1387) and BAZANGHA et al(1989).

The Results Showed that there is a relationship between the and the anxiety of death that, findings consistent with TORVSON Research and Powell (2006) and M.M., et al (1387).Here, explanation could be that women are more likely accepted the hurt feelings of death than men who are avoided, (MANSUR NEZHAD andKAJBAF1391) is justify the emotional expressiveness in women that associated with longevity. In fact, women are more emotionally unstable and vulnerable than men And Therefore they have a greater degree than men to respond to the issues that raised anxiety.

Conclusions and recommendations:

In this section, according to the results of the literature review, analysis and descriptive analysis can be presented the following recommendations:

Based on the research findings, it is recommended:-Then ext investigation, the researchers attempted to collect larger sample, because It's Possible to establish the characteristics of the subject more effectively to be studied and be generalized to the entire population.

- And also, AIDS patients related to religious and cultural variables, ethical and economic terms.

- In addition, the researcher suggests that psychiatrists and psychologists health care due to humanistic environment, so it is better to use of the humane and supportive approaches, And prevent clinician-centered therapies, in fact What the patient really need to the relationship, and interrelationship the type of support that include human values and interpretations.

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