

**COPING TRAINING PROGRAMME AN  
ALTERNATIVE STRATEGY FOR LOWERING  
DEPRESSION LEVEL IN PERSONS LIVING WITH  
HIV/AIDS IN NAKURU NORTH DISTRICT,  
KENYA- A LITERATURE REVIEW**

**BY**

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▪ This is from an experimental study which assessed the effectiveness of a coping training programme in Lowering the level of depression among persons living with HIV/AIDS (PLWHA) in Nakuru north District Kenya.

▪ A sample of 60 PLWHA assigned into an experimental (N=30) and control group (N=30).

▪ Coping training that focused on specific AIDS information, coping with disease strategies, dealing with depression and information on self-esteem was administered to the experimental group.

- The study concluded that coping training enhanced management of stress and hence lowered depression insignificantly.
- This could be a sign that a prolonged training can have significant effect in the management of depression among the PLWHA. The training should take a longer time than one month.

■ The principal psychological symptoms associated with HIV are *anxiety, depression, and prolonged adjustment reaction* .People diagnosed with HIV experience shock, fear, and anger and later get into depression.

■ Studies show that people who are infected with HIV are more likely than the general population to develop depression.

■ Research studies in Psychoneuroimmunology (PNI) have found that Psychological stressors such as anxiety, loneliness, helplessness, hopelessness, distress, rage, anger, **depression**, tension, tiredness, negativity and interpersonal problems all have an adverse effect on the immune system.

■ Subjects who manifested these negative emotions showed a decline in killer T cell activity, as well as a lower CD4 cell count.

## ■ Different forms of depression

■ **Major depression** – In Major depression an episode can occur only once in a person's lifetime, but more often, a person has several episodes.

■ **Persistent depressive disorder** - depressed mood that lasts for at least 2 years. A person diagnosed with persistent depressive disorder may have episodes of major depression along with periods of less severe symptoms, but symptoms must last for 2 years.

■ Some forms of depression are slightly different, or they may develop under unique circumstances. They include:

● **Psychotic depression**, which occurs when a person has severe depression plus some form of psychosis, such as delusions, or hallucinations.

● **Postpartum depression**, that many women experience after giving birth, when hormonal and physical changes and the new responsibility of caring for a newborn can be overwhelming.

■ **Seasonal affective disorder (SAD)**, which is characterized by the onset of depression during the winter months, when there is less natural sunlight. Antidepressant medication and psychotherapy can reduce SAD symptoms, either alone or in combination with light therapy .

■ **Bipolar disorder**, also called manic-depressive illness, is not as common as major depression or persistent depressive disorder. Bipolar disorder is characterized by cycling mood changes—from extreme highs (e.g., mania) to extreme lows (e.g., depression).

## ▪ **Treatment of Depression**

▪ The most common treatments are medication and psychotherapy.

### ▪ **Medication**

▪ **Antidepressants** primarily work on brain chemicals called neurotransmitters, especially serotonin and norepinephrine. Other antidepressants work on the neurotransmitter dopamine.

### ▪ **Antidepressants and their side effects**

• Some of the newest and most popular antidepressants are called selective serotonin reuptake inhibitors (SSRIs). Serotonin and norepinephrine reuptake inhibitors (SNRIs) are similar to SSRIs.

• One popular antidepressant that works on dopamine is bupropion (Wellbutrin). Bupropion tends to have similar side effects as SSRIs and SNRIs, but it is less likely to cause sexual side effects. However, it can increase a person's risk for seizures.



## ▪ **Tricyclics**

Tricyclics are powerful, but they are not used as much today because their potential side effects are more serious. Tricyclics may be especially dangerous if taken in overdose.

## ▪ **MAOIs (Monoamine oxidase inhibitors )**

Monoamine oxidase inhibitors (MAOIs), can be especially effective in cases of "a typical" depression.

▪ MAOIs can also react with SSRIs to produce a serious condition called "serotonin syndrome.

## **Instrumentation**

The Wakefield Self-Report Screening test for depression (WSRSD) and an Interview Schedule developed by the researcher were administered during the study.

## **Procedure**

The instruments were administered in a group format. The depression scale was administered to both the experimental and control groups at pre-test. The experimental group was given coping training while the control group did not receive any form of training. A post-test was administered to both the groups at the end of the training.

## **Results and discussion**

**The** null hypothesis which sought to establish whether there was a difference in the level of depression between PLWHA who underwent coping training programme compared to those who did not was tested using a t-test.

. The results of the differences in the level of depression between the PLWHA who underwent the coping training programme and those who did not are presented in tables 1 and table 2

**Table 1**  
***T-test Result on the Level of Depression***

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Group	N	Mean	SD	t-cal	df	<i>p</i>
Experimental	30	0.98	1.02	1.38	58	0.277
Control	30	1.36	1.09			

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*Significant level at 0.05*

**Table2**  
**The Pre-test Results on the Level of Depression**

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Group	N	Mean	SD	t-cal	df	<i>p</i>
Experimental	30	1.62	1.21	0.05	58	0.509
Control	30	1.60	1.18			

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*Significant level at 0.05*

## Results

- The t-test on the level of depression failed to reveal a statistically significant difference ( $p > 0.05$ ) between the mean of PLWHA who underwent the coping training programme and those who did not. In this study  $0.277 > .05$  and therefore the null hypothesis was not rejected.
- These findings do not support previous research that have shown that exposure to coping strategies reduces feelings of depression .
- Never the less, the mean score for the experimental group was lower than that of the control group. The low score in the level of depression implied that the experimental group had a lowered level of depression compared to the control group at post- test. The mean of the experimental group at post-test was lowered by 0.64 whereas that of the controlled group was lowered by 0.24.

## **Conclusion and recommendation**

- Although no statistically significant differences reported between the level of depression between subjects who underwent coping training and those who did not, it was established that coping training can lower the level of depression for persons living with HIV/AIDS if it is well coordinated and run for a longer period of time.
- This method of managing depression is safer with no side effects. The study recommended incorporation of coping training as part of the activities that should be given a lot of emphasis in the support groups of PLWHA.
- The coping training programme can be used as an alternative strategy for lowering Depression level in persons Living with HIV/AIDS

**END OF THE PRESENTATION**

**THANK YOU**