

## Features of schizophrenia with HIV co-morbidity, with or without antiretroviral therapy

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The goal of the State Strategy on Combating the Spread of HIV in the Russian Federation until 2030 is defined as "preventing the spread of HIV in Russia by achieving a steady decrease in the number of new HIV infections among the population and reducing mortality from diseases associated with HIV infection and AIDS".

There are various descriptions in the literature on the mechanisms of formation, diagnostic features and clinical manifestations of HIV-associated personality, neurocognitive, affective, psychotic disorders of an organic nature.

Mental disorders in combination with HIV infection are atypical because of the simultaneous development of symptoms of organic brain damage and affective pathology, personality disorders, exogenous psychotic conditions.

In schizophrenia, HIV infection is no exception due to the behavioural features of the patients. At the same time, endogenous and exogenous illnesses affect the clinical picture of each other in different ways.

Patients with schizophrenia and co-infection with HIV are characterized by severe behavioral disorders, anosognosia regarding infection, denial of the obvious fact even with obvious somatic or neurological complications.

Concomitant HIV infection makes a tangible contribution to the clinical and psychopathological structure of schizophrenia, at the expense of exogenous organic symptomatology, to a decrease in the frequency and intensity of affective, neurosis-like disorders, an increase in the frequency of hallucinatory and delusional symptoms, and an increase in the manifestation of personality psychopathological defects.

Psychopathological symptomatology varies with the use of antiretroviral therapy in HIV-infected patients with schizophrenia, compared with its absence for different reasons.