

Editorial

Facilitating HIV Testing: Addressing Patient's Emotional Issues

Herschel Knapp*

Department of Veterans Affairs, V.A. West Los Angeles Healthcare Center, USA

***Corresponding author:** Herschel Knapp, Department of Veterans Affairs, V.A. West Los Angeles Healthcare Center, 11301 Wilshire Boulevard (111G), Building 500, Office 4681, Los Angeles, CA 90073 USA, Tel: 3104783711 x48568; Cell: 8188096955; Fax: 3102681928; Email: Herschel.Knapp@va.gov

Received: April 26, 2014; **Accepted:** April 28, 2014;

Published: April 30, 2014

From the clinician's perspective, an HIV test is considered a relative routine process rooted in good common sense healthcare – it's better to know. From there, it's simply a blood draw followed by a lab report, but for the patient, an HIV test can be fraught with substantial emotional weights that could confound the testing process, thereby potentially delaying detection and access to care.

Patient's fears regarding HIV testing can be thought of in terms of guilt and anxiety: Guilt comes from not living up to one's expectations of oneself. Specifically, knowing the importance of using protection in a sexual encounter, but not doing so, can induce a sense of guilt. Anxiety is the anticipation of a (future) loss (e.g., potential loss of health, social standing, self-concept, intimacy). Another aspect of anxiety is the nature of the HIV test itself; typically an HIV test involves a blood draw followed by waiting for lab results. According to the DSM 5, 10% of adults meet the diagnostic criteria for Specific Phobia, Blood-Injection-Injury Type; individuals with this phobia tend to opt-out when it comes to needle sticks, placing them at higher risk for the progression of undetected diseases. Once past the blood draw, patients may experience further anxiety during the days or weeks while waiting for test results.

What can be done to help hesitant patients opt for HIV testing? A friendly, genuinely nonjudgmental demeanor coupled with

privacy set the stage for more effectively engaging in such sensitive conversations. Empathetic education can address the guilt and anxiety that may be inhibiting HIV testing. Guilt can be reduced via normalizing, which realistically reframes a circumstance or action that's considered to be exceptional, as more commonplace (e.g., "Sometimes in a moment of passion, even the brightest people aren't thinking 100% clearly. This happens more often than you think – people just don't talk about this much). Strategic placement of patient educational materials (e.g., pamphlets, posters) affirmatively promoting HIV testing can also serve to normalize HIV testing. Anxiety can be addressed by providing assurance that regardless of the test outcome, the patient will continue to receive quality healthcare in a confidential and respectful manner. One can also educate the patient that in the event that the is positive, the medications available are more powerful than ever, and that early detection is the key to optimal disease management, resulting in substantially better outlook in terms of length of life and quality of life.

The modality of testing may also be a factor when it comes to HIV testing receptivity. Use of the HIV oral rapid test can reduce anxiety twofold: (1) The oral sample obviates the need for a needle stick, and (2) The short wait time reduces the anxious timeframe from days or weeks to only 20 minutes. Our research team has consistently found that patients prefer the blood-free, prompt results associated with (point-of-care) oral HIV testing for these reasons. We have successfully implemented nurse-based and paraprofessional-based HIV oral rapid testing in multiple domains including primary care clinic, emergency department, urgent care, substance use disorder clinic, homeless shelters and special events.

Awareness of patient's emotional perspective on HIV testing can help clinicians implement multimodal adaptations to effectively address the often unspoken emotional issues that can otherwise inhibit HIV testing.