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The Syndemic of HIV and Mental Illness : Recognizing the Signs and Symptoms

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Objectives

- ✓Become familiar with the prevalence of mental illness among the adult HIV infected population
- ✓Learn about common mental health issues among HIV infected adults
- ✓Understand impact of mental illness on HIV care

The HIV of Today

- With improved treatments and longer survival times, maintenance and improvement of HIV + individual's functioning and well-being have become major goals of treatment

- If treatment is so effective, why are patients not reaching optimal health [1]?

- Individuals infected with HIV have many challenges including maintaining adherence to cART, disclosure of HIV status and coping with potential or perceived stigma
- For HIV infected individuals who also have mental health difficulties, these and other, challenges can be intensified
  - Co-existing of HIV and mental illness poses a significant public health problem and represents a difficult challenge for treatment [2]

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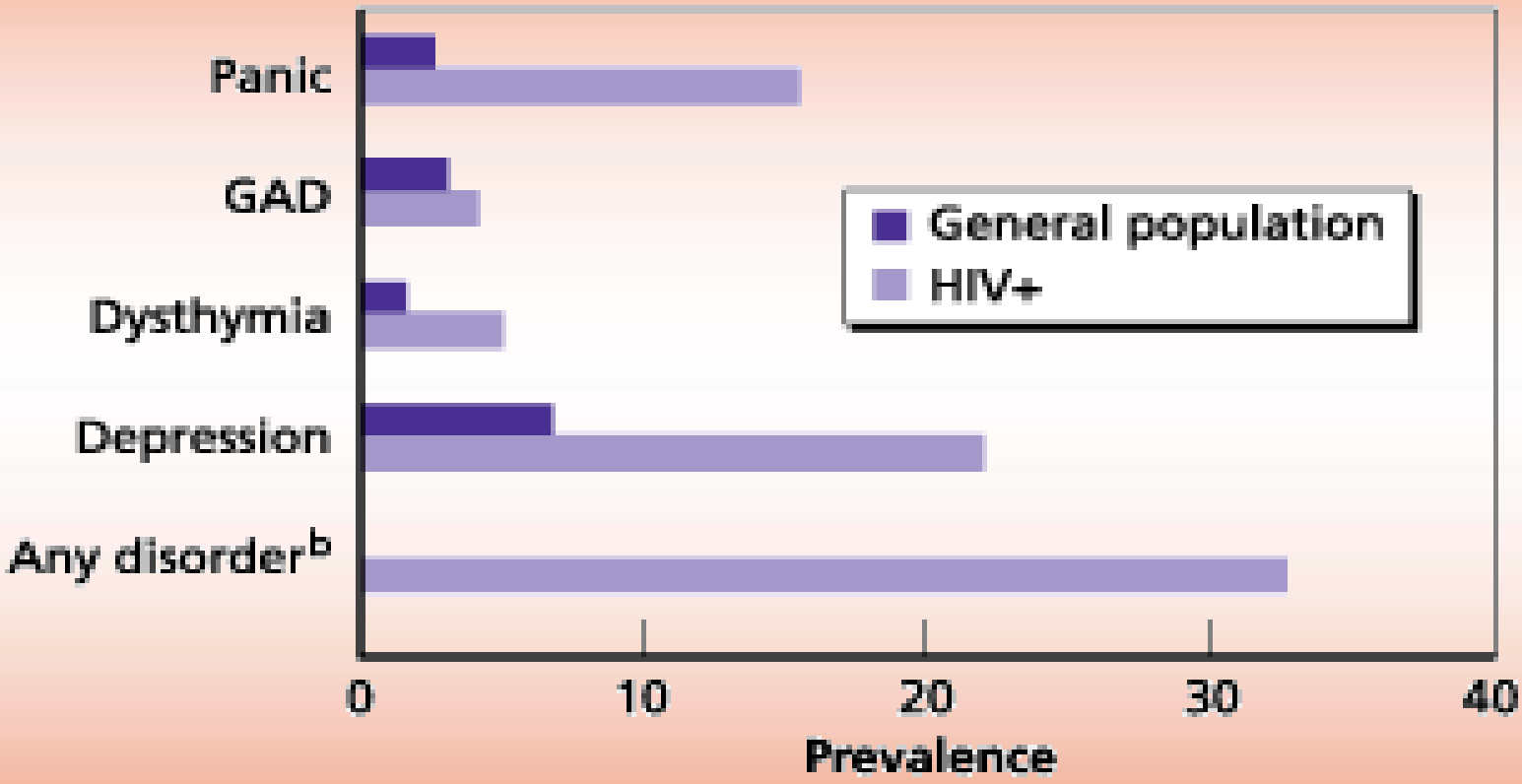


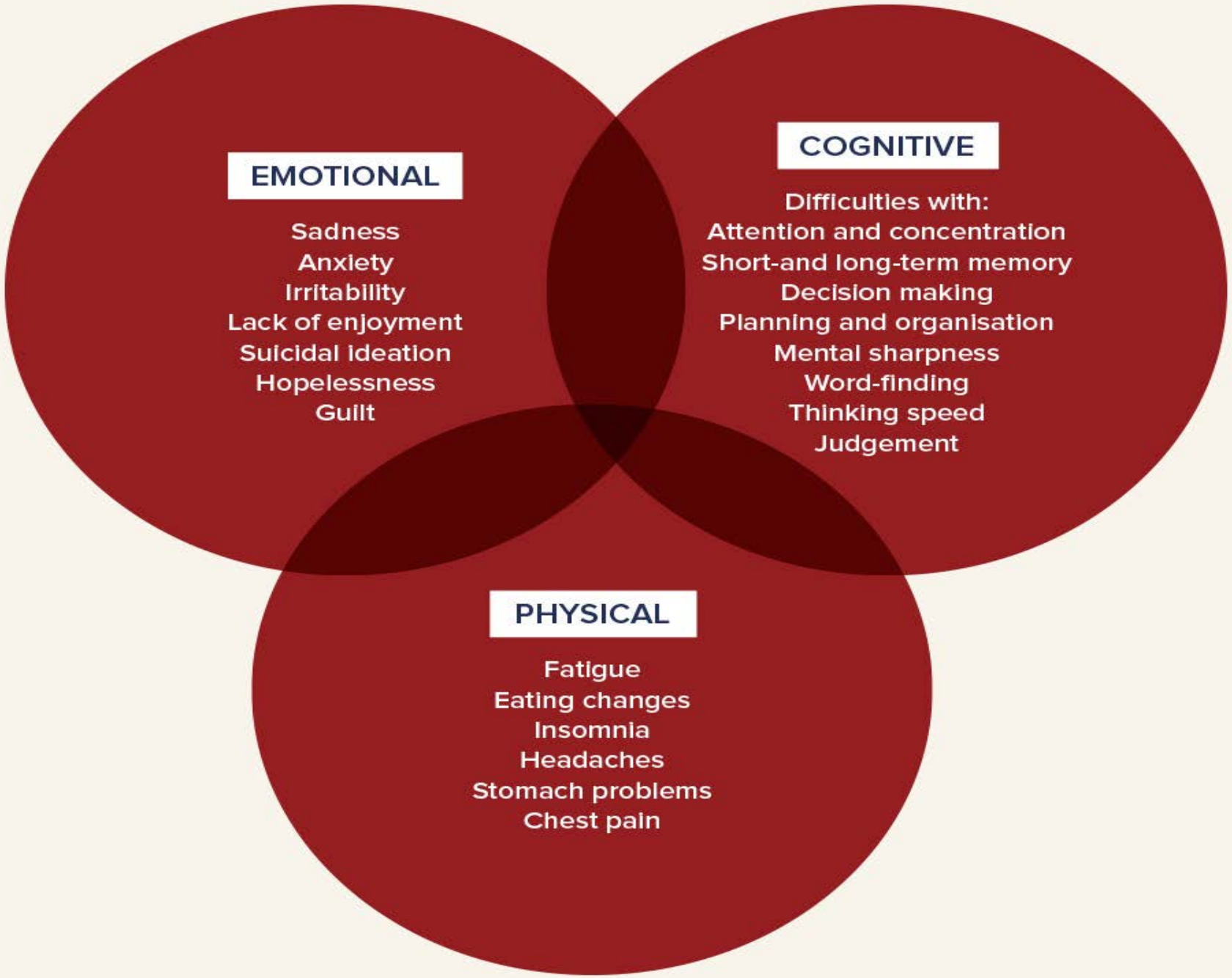
[a] Prevalence for the general population is based on a 2004 estimate using the most recent U.S. Census data, as reported in National Institute of Mental Health, *The Numbers Count: Mental Disorders in America*.

[b] "Any disorder" refers to any of the four disorders specified; no comparable data are available for the general population

- Mood disorders have a substantial negative impact on a person's health-related quality of life

  - For most domains of functioning and well-being, depression is more debilitating than most medical conditions [2,5]

  - The prevalence of depression in HIV-infected clinic populations has been estimated to range from 50-60% [10]

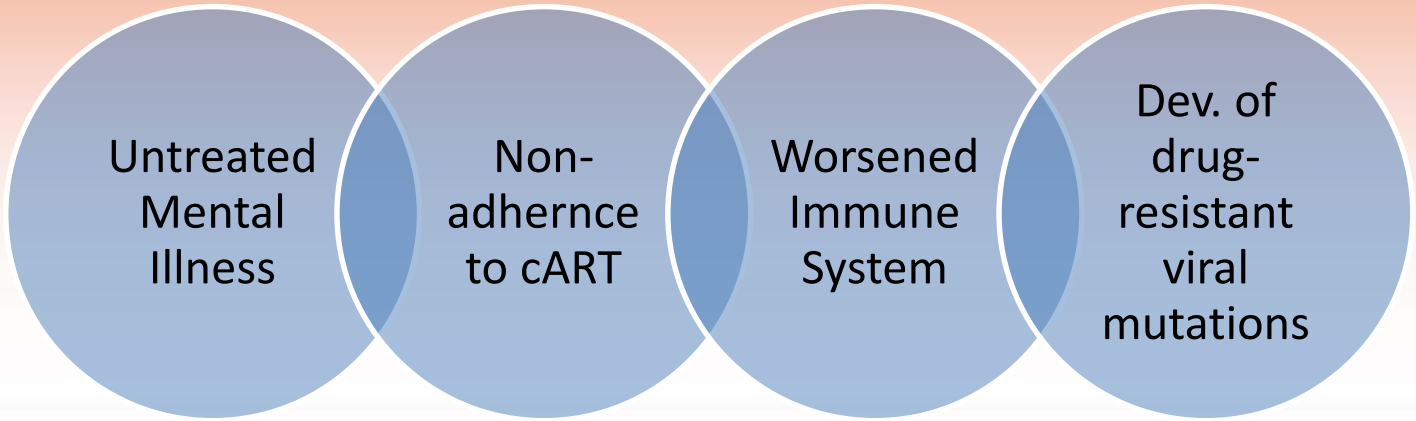

EMOTIONAL
Sadness
Anxiety
Irritability
Lack of enjoyment
Suicidal ideation
Hopelessness
Guilt
COGNITIVE
Difficulties with:
Attention and concentration
Short-and long-term memory
Decision making
Planning and organisation
Mental sharpness
Word-finding
Thinking speed
Judgement
PHYSICAL
Fatigue
Eating changes
Insomnia
Headaches
Stomach problems
Chest pain

- Many clinicians may be reluctant to ask direct questions about psychiatric symptoms
- Many patients may be reluctant to volunteer questions about psychiatric symptoms if not asked first
- Bell et al. (2010) study of adults surveyed regarding their attitudes toward depression found that 43 percent were hesitant to talk to their primary care physician about their depression symptoms
    - ❖ The most common reasons given for not wanting to talk to their doctor: not wanting to be put on medication, they didn't think talking about emotional issues were a part of their physician's job, privacy of their medical records, anxiety about who might have access to that information (such as their employer),f ear of being referred to a mental health professional , concern of being branded as a psychiatric patient with a mental disorder diagnosis… STIGMA

- To introduce the subject, clinicians might say,
  - ***"I think that in order to best treat you, its important to not only focus on your physical care, but your mental or emotional care as well so I'd like to ask you a few questions…"***
  - ***"I'm concerned about your emotional well-being as well as your physical health and I'd like to ask you a few questions…"***

- Many HIV-infected patients may not present to the clinic reporting symptoms
  - They may present with behavioral changes that may indicate the presence of an underlying depression
- Behavioral changes as possible indications of an underlying depressive disorder:

❑ A change in treatment adherence
❑ An inability to make life choices, including those related to medical care and adjustment to HIV disease
❑ A preoccupation with a particular problem, usually one that presents as minor
❑ A change in functioning, including an inability to perform activities of daily living, a return to substance use, or a self-imposed isolation
❑ Unexplained medical complaints, particularly pain or fatigue
❑ Interpersonal problems
❑ Presenting with difficult behaviors in the medical setting



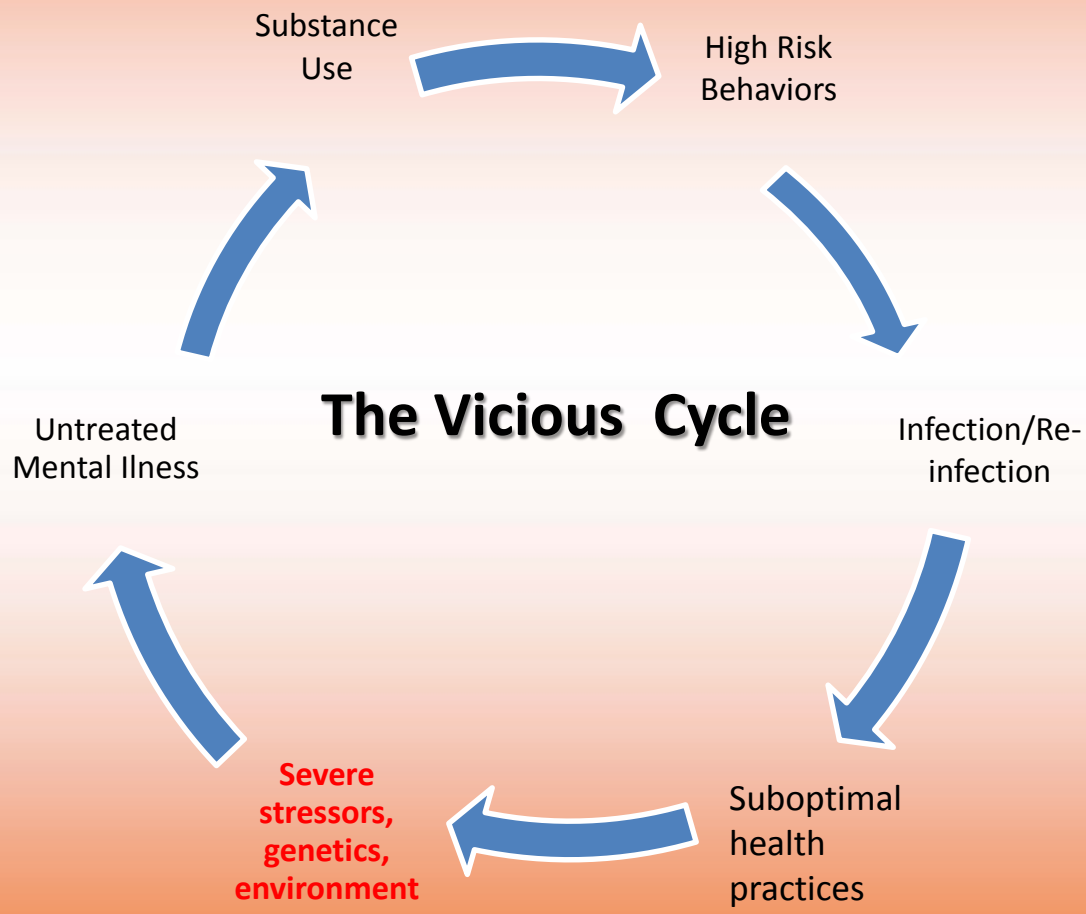
Depression → Stress → Weakened Immune System.....

Poll

Research shows that depression is present in among ___of HIV infected individuals.

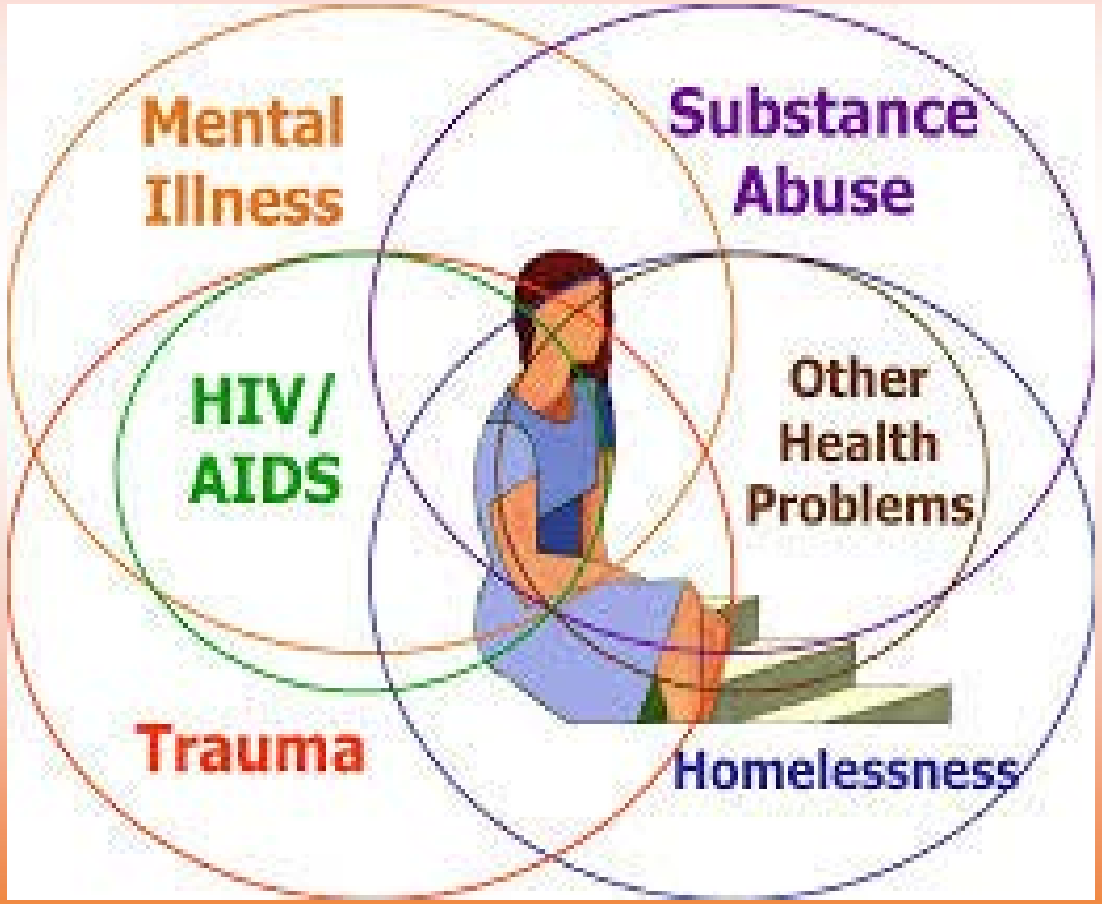
A. Less than 1%
B. 10-20%
C. 20-30%
D. More than 50%

Mental Illness and Health Outcomes



Psychosocial Factors

HIV is a very unique condition that significantly impacts AND is impacted by psychosocial factors



Crisis Points for HIV-Infected Persons [11]

- Learning of HIV-positive status
- Difficulty accessing health care services
- Introduction of medication (side effects, being “reminded”, being seen with bottle)
- Adherence to cART (“I have to take this forever…”)
- Disclosure of HIV status to family and friends
- Rejection post disclosure
- Loss of social support, resulting in isolation
- Perceived stigma/discrimination
- Conflict between work/school/healthcare schedule
- Occurrence of any physical illness
- Health changes due to HIV (Ex: Neurocognitive deficits secondary to HIV)
- Loss of employment or worries about health limitations impacting functioning
- Recognition of new symptoms/progression of disease (major decrease in CD4 cells, increase in viral load)
- Necessity of hospitalization (particularly the first hospitalization)
- Death of a significant other
- Major life changes (e.g., childbirth, pregnancy, loss of job, end of relationship, relocation)
- Necessity of making end-of-life and permanency planning decisions

Case Study #1

Mental Illness and Health Outcomes

- 23 y/o AA female
- Non adherent to cART and medical visits
- Presents to clinic with Pneumocystis pneumonia (PCP)
- Psychology is called for pill swallowing techniques because patient reports “I just cant take my meds, I hate those pills…”

Case Study #2

- 30 y/o Hispanic male
- Newly diagnosed
- Extensive psychiatric or substance history
- Non adherent to treatment
- “HIV is the least of my worries…”

Poll

Studies have shown a relationship between _____; specifically, that there is likely a relationship between such that HIV infection may progress more rapidly in individuals with these symptoms

A. Sleep, anxiety and cholesterol
B. Stress, depression and immune response
C. Depression, neuropathy and HIV

Treatment

- **Before we can know what to do, we need to know what the problem is AND its etiology**
  - Ex: Just knowing that the person has decreased interest in doing things…or adherence problems is not enough
  - Each healthcare provider has a specific, time consuming task…then whose responsibility is it?

- Integrated Care approach [13,14]
  - The "one-stop shopping" model of an integrated biopsychosocial approach to HIV care that incorporates concurrent treatment of HIV infection and mental illness [13,14]

Treatment

- Proper screening in medical clinics

  - ✓ Self Reports [7]

    - BDI-II
    - HIV Stigma Scale
    - Ways of Coping
    - SECope: Coping with HIV Treatment Side Effects,
    - Coping Self-Efficacy Scale
    - HIV Treatment Adherence Self-Efficacy Scale

  - ✓ Provider Assessments [7]

    - Patient Health Questionnaire (PHQ-9)
    - The MacArthur Foundation Initiative on Depression and Primary Care Depression Tool kit
    - **AUDIT** (Alcohol Use Disorders Identification Test)

Resources

- ❖ Become familiar with your local resources (Community clinics, academic centers)
  - ➢ **Behavioral Health Treatment Services Locator** [9]

- ❑ Psychotherapy
  - Individual and Group (could be particularly beneficial - social support, breakdown of stigma)
- ❑ Substance Program (Inpatient, outpatient, NA/AA)
- ❑ Psychiatric Treatment

References

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The AIDS Education and Training Center (AETC) Program is the training arm of the Ryan White HIV/AIDS Program. The AETC Program is a national network of leading HIV experts who provide locally based, tailored education, clinical consultation and technical assistance to healthcare professionals and healthcare organizations to integrate high quality, comprehensive care for those living with or affected by HIV.

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The U.S. Department of Health and Human Services (DHHS) has released updated versions of its antiretroviral treatment guidelines for adults and adolescents, and for children with HIV. The new adult guidelines include revised recommendations for first-line antiretroviral therapy (ART) as well as management of treatment-experienced patients. The revised pediatric guidelines include a discussion of very early treatment for HIV-infected infants.

References

HHS Panel on Antiretroviral Guidelines for Adults and Adolescents. *Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*. Updated April 8, 2015.

DHHS Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children. *Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection*. Updated March 5, 2015.

TRAINING OPPORTUNITIES

Preceptorships

An intensive clinical training program offered to healthcare providers in Florida who have an interest in learning more about the diagnosis and management of HIV/AIDS, opportunistic infections, and co-morbid conditions. Each preceptorship is structured to meet the unique needs of the individual participant based on his or her previous experience, geographic location, and time available. Experience 4 to 240 hours of clinical training at adult, pediatric, obstetric, and/or family practice clinics where care is provided to HIV-infected patients. All training provided is consistent with current guidelines from the Department of Health and Human Services or other nationally recognized guidelines when available.

Clinical Consultation

Individual and group clinical consultations are offered. Individual clinical case consultation is provided on the diagnosis, prevention, and treatment of HIV/AIDS and related conditions. These consultations take place by telephone, email or face-to-face meetings. Group clinical consultation with case-based discussions include information on pharmacology, clinical antiretroviral therapy updates, drug-drug interactions, and antiretroviral resistance.

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FOR MORE INFORMATION, PLEASE VISIT:

http://hivaidsinstitute.med.miami.edu/partners/se-aetc

National HIV/AIDS Clinicians' Consultation Center

UCSF – San Francisco General Hospital

Warmline 800.933.3413

National HIV/AIDS Telephone Consultation Service

Consultation on all aspects of HIV testing and clinical care

Monday - Friday
9 am – 8 pm EST
Voicemail 24 hours a day, 7 days a week

PEPline 888.448.4911

National Clinicians' Post-Exposure Prophylaxis Hotline

Recommendations on managing occupational exposures to HIV and hepatitis B & C

9 am - 2 am EST, 7 days a week

Perinatal HIV Hotline 888.448.8765

National Perinatal HIV Consultation & Referral Service

Advice on testing and care of HIV-infected pregnant women and their infants
Referral to HIV specialists and regional resources

24 hours a day, 7 days a week

HRSA AIDS ETC Program & Community Based Programs, HIV/AIDS Bureau
& Centers for Disease Control and Prevention (CDC)

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