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## Treating Mental Illness to HIV Success

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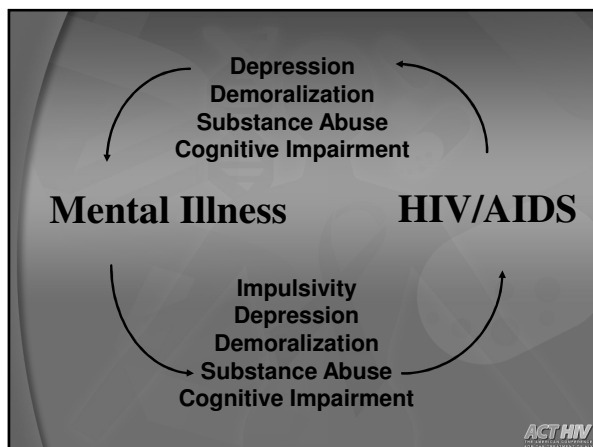
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### Learning Objectives

At the conclusion of this presentation, participants should be able to:

- Diagnose depression in patients with HIV infection in order to develop an appropriate treatment plan.
- Outline a strategy for approaching patients with personality disorders and HIV infection to address issues of adherence and behavior in the clinic

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### Psychiatric Disorders In New Medical Intakes

- Overall Axis I (non—substance-abuse) 54%
  - Major depression 20%
  - Adjustment disorder 18%
- Substance abuse 74%
- Cognitive impairment 18%
- Personality disorder 26%\*

Lyketsos CG, Hanson A, Fishman M, McHugh PR, Treisman GJ. *Int J Psychiatry Med* 1994;24:103-13.  
\*Unpublished observation

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### Phenomenology of Major Depression

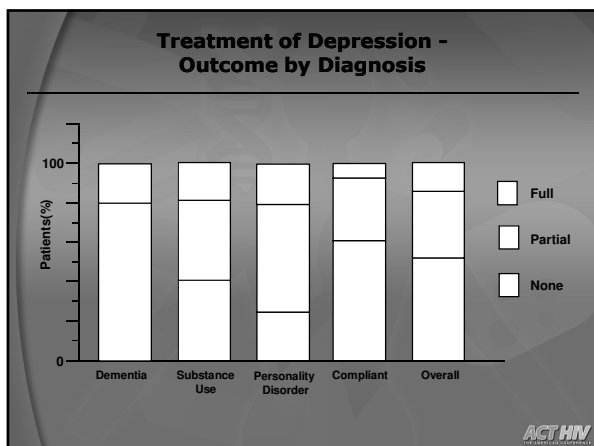
- Diminished Mood and Hedonic Responsiveness
- Decreased Vital Sense
- Decreased Self-Attitude

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### Antidepressants

- Tricyclic antidepressants
  - Imipramine
  - Desipramine
  - Amitriptyline
  - Nortriptyline
  - Protriptyline
  - Doxepin
- MAO Inhibitors
  - Tranylcypromine
  - Phenelzine
  - Isocarboxazid
- Bupropion SR and XL
- SSRI antidepressants
  - Fluoxetine
  - Sertraline
  - Paroxetine
  - Fluvoxamine
  - Citalopram
  - Escitalopram
- SNRI antidepressants
  - Venlafaxine XR
  - Duloxetine
- NASSA antidepressants
  - Mirtazapine

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### AIDS Dementia

- Features consistent with other subcortical (basal ganglia) dementias
  - Dementia
    - Typically cognitive slowing, impaired processor
  - Depression
    - May be overt sadness, but look for behavioral changes signaling neurovegetative symptoms
  - Dyskinesia
    - Slowing of fine motor movements, stumbling

### AIDS Dementia - 1999

- Seen in patients with a CD<sub>4</sub> nadir less than 200 (most patients develop some symptoms in late stages)
- HAART is the mainstay of treatment
  - Probably should contain one CNS-penetrating agent (e.g., ZDV) and one protease inhibitor\*
- Antipsychotic agents are useful in controlling behaviors and sleep, but treat depression with antidepressants

\*Tozzi V, et al. AIDS 1993; 7: 683-692.  
Gendelman HE, et al. J Infect Dis 1998; 178: 1000-1007

### AIDS Mania

- Lyketsos *et al*, 1997
  - 8% incidence of late-onset mania in AIDS patients over 17 months
  - Patients are less likely to have a pre-existing diagnosis or family history and more likely to have dementia or cognitive impairment
  - Patients tend to have more symptoms overall, but less euphoria and more irritability
  - Patients tend to have a more chronic in course
  - Patients respond well to antipsychotic medication as monotherapy

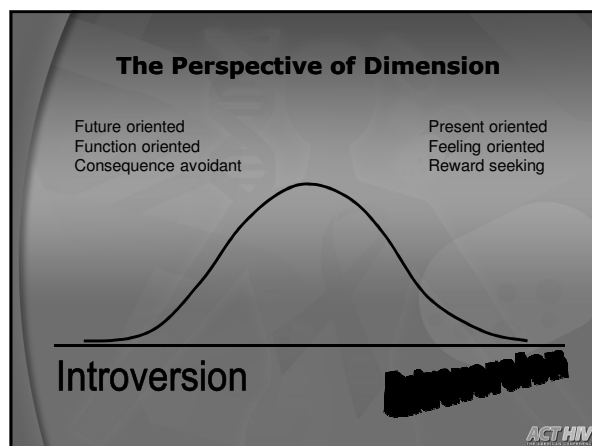
Lyketsos CG, Schwartz J, Fishman M, Treisman G. J Neuropsychiatry Clin Neurosci 1997; 2: 277-279.

### CNS Penetration of Antiretrovirals: Scoring System (CHARTER Study)

- HIV+ subjects in CHARTER study (n=833)
  - Paired plasma and CSF samples
- Penetration-Effectiveness (P-E) score determined by:
  - Pharmacokinetics
  - Pharmacodynamics
  - Drug characteristics
- Higher P-E score correlated with lower CSF VL ( $P < 0.0001$ )
  - P-E score  $< 1.5$  nearly doubled odds of having detectable VL in CSF

	ARV P-E Score		
	1	0.5	0
NRTIs	ABC ZDV	FTC 3TC d4T	ddI TDF ddC
NNRTIs	DLV NVP	EFV	
Pis	APV/RTV IDV/RTV LPV/r	APV ATV ATV/RTV IDV	NFV RTV SQV SQV/RTV TPV/RTV

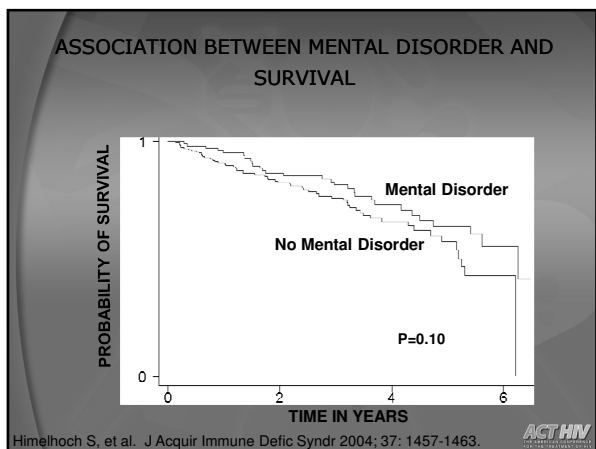
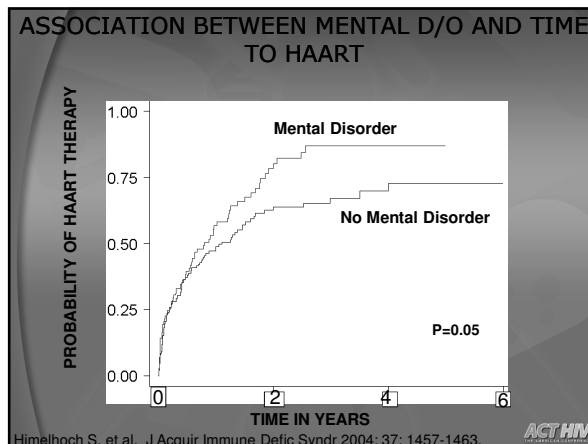
Letendre S, et al. Arch Neurol 2008; 65: 65-70.



### The Perspective of Dimension

- Treatment plans
  - Clarify Treatment Goals
    - Longevity, Function, Quality of Life over Comfort
  - Make a Clear Treatment Contract
    - Exchange interventions for behavioral changes
  - Anticipate Misunderstandings Driven by Feelings
    - Stability of responses and limits provides structure

Treisman GJ, Angelino AF. *The Psychiatry of AIDS* JHPress, 2004.

“The struggle itself toward the heights is enough to fill a man’s heart. One must imagine Sisyphus happy.”

Albert Camus

