Case Studies in HIV and Mental Disorders

Francine Cournos, M.D.

Professor of Clinical Psychiatry (in Epidemiology), Columbia University

Principal Investigator, NY/NJ AETC

fc15@columbia.edu

March 22, 2013
Learning Objectives:

- Identify common psychiatric disorders and describe aspects of their management among HIV positive people attending medical settings.

There are no discussions of non-FDA-approved or investigational uses in this presentation.
Case 1: A 47-year-old man is on ART for AIDS; he is also on medication for schizophrenia and diabetes mellitus. He presents with worsening hallucinations. The first thing you should do is:

1. Ask him when he stopped his psychiatric medication.
2. Refer him to the on-site psychiatrist.
3. Check his blood sugar.
Case 1: A 47-year-old man with AIDS, schizophrenia and diabetes mellitus presents with worsening hallucinations.

- The correct answer is check his blood sugar. Everything else can wait.
- His glucose was 600.
- His worsening hallucinations cleared following reduction of his blood sugar.
Assessing Mental Status Changes in People with HIV Infection

Always look for underlying biological causes

1. Medications: HIV, psychiatric, other
2. Substances: Alcohol, drugs, herbal, other
3. Non-HIV medical problems
4. HIV-related illnesses:
   - CNS lesions, infections
   - Non-CNS medical problems

Psychiatric Syndromes

- HIV-associated Neurocognitive Disorders (HAND)

www.psych.org/aids
Mental Illnesses Often Precede HIV Infection in Key Populations

♦ People who inject drugs: High rates of alcohol/substance use disorders and depression

♦ Men who have sex with men (MSM): Elevated rates of alcohol/substance use disorders, depression and anxiety disorders

♦ Sex Workers: Elevated rates of addictive disorders, suicidal ideation and posttraumatic stress disorder

Expert opinion based on extensive literature review
Neuropsychiatric Problems Are Common among HIV+ People

- Mood disorders
- Anxiety disorders
- Alcohol/Substance use disorders
- Psychotic illnesses
- Somatic problems: insomnia, pain, fatigue, sexual dysfunction, distress about body habitus changes
- Neuropsychiatric disorders due to medical comorbidities (including HCV), medication side effects, the direct effect of HIV on the brain (HAND), etc.

www.psych.org/aids
Medical Care for People with Schizophrenia and Other Severe Disorders

Back to our case, patients with severe mental illness often receive discriminatory care in medical settings:

- Physical complaints are frequently discounted.

- Treatment is less aggressive for diagnosed problems (even for cardiac arrest!).

- Overt discrimination occurs for interventions that demand high patient collaboration or tolerance (e.g. transplant, HCV treatment).

- Independent of suicide, lifespan is shortened by 15 to 25 years.
Use of Antipsychotics and Mood Stabilizers in People with HIV Infection

- **Antipsychotics**: there are very few studies
  - Older neuroleptics – high rates of extrapyramidal side effects
  - Newer “atypical” antipsychotics – easier to use, but have metabolic complications
  - When medically ill, start low, go slow (with most psychotropics)

- **Mood stabilizers**: there are very few studies
  - Avoid carbamazepine – lowers ARV levels
  - Avoid lithium with HIV-associated nephropathy and GI absorption problems; need blood levels

[www.psych.org/aids](http://www.psych.org/aids)
Case 2: A 26-year-old woman you evaluate tests positive for HIV infection with a CD4 cell count of 234 and a viral load of 32,000. After conducting resistance testing, you explain the importance of beginning ARV treatment. The patient stares at you blankly but nods in agreement that she’s ready to start medication. You give her a prescription for a single pill regimen but she doesn’t come back for her first follow-up visit. You regret that you didn’t:

1. Spend more time explaining the importance of starting treatment right away.

2. Screen her for depression.

3. Refer her to the on-site social worker since her blank stare made you feel concerned that something was wrong.
Case 2: A 26-year-old woman with HIV infection who stared at you blankly but agreed to start ARV medication. She hasn’t returned for the first follow-up appointment and you regret you didn’t do more.

- The problem with explaining more about the importance of ARVs is that a patient with a blank stare is probably not absorbing what you’re saying. It turned out that the patient was severely depressed.

- Depression is a medical co-morbidity of HIV infection and practitioners should be able to screen for its presence without referring to other providers.

- Screening for depression will become the first mental health indicator of quality care under the ACA.
Untreated depression is associated with failure to access HIV care and treatment.

Untreated depression is associated with slower viral suppression on ART and failure to adhere to HIV care and treatment.

Untreated depression is associated with increased morbidity and mortality.

Taking antidepressants is associated with better biological outcomes, including increased CD4 cell counts and decreased viral load, but a causal relationship has not been established.

Severe (major) depression is a medical co-morbidity of HIV.

Expert opinion based on extensive literature review.
We can’t ignore mental illnesses and expect to provide effective HIV prevention and treatment.

The CDC Cascade: In the U.S., only 28% of HIV+ People Are Retained on Antiretrovirals and Achieve Viral Suppression

Cohen, et al, MMWR 2011; 60:1618
An IAPAC expert panel did a literature review of interventions to enhance entry into and retention in HIV care and antiretroviral treatment (ART).

325 studies met quality criteria to be included

Recommendations have been published: see Thompson et.al., 2012, Ann Intern Med, 156: 817-833
Monitor care and ART adherence
Use case management, outreach, maybe peer support
Use simplest possible ART regimen
Use adherence tools
Provide education, support, counseling
Address food insecurity, housing, transportation
Provide structured PMTCT programs
Treat substance use, depression, other mental illnesses
Use directly observed therapy with incarcerated people and those using substances
Develop youth focused approaches

Thompson et. al., 2012, Ann Intern Med, 156: 817-833
Easy to Use Screening Tools for Depression: PHQ-2 and PHQ-9

- Readily available online at no charge
- Already translated into multiple languages
- Well studied in general medical populations
- Easy to administer or self administer
- Can be used to screen and/or make a diagnosis
- Can be used to follow patient’s progress

References and more tools: www.hivguidelines.org
Screening for Depression: PRIME-MD PHQ2

Over the last two weeks how often have you been bothered by any of the following problems:

- Little interest or pleasure in doing things.
  - 0=Not at all
  - 1=Several days
  - 2=More than half the days
  - 3=Nearly every day

- Feeling down, depressed or hopeless
  - 0=Not at all
  - 1=Several days
  - 2=More than half the days
  - 3=Nearly every day

If the score is 3 or more, move to the PHQ9.

References and more tools: www.hivguidelines.org
Diagnostic Instrument for Depression: PHQ9 – Items Rated from 0-3

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless
3. Trouble falling or staying asleep, or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down
7. Trouble concentrating on things, such as reading the newspaper or watching television
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual
9. Thoughts that you would be better off dead or of hurting yourself in some way
Psychotherapy for Depression

- Effective psychotherapies (e.g. CBT, IPT) are available to treat mild-moderate depression (and many other mental illnesses).

- These therapies are often not available in settings where HIV care takes place; problems include cost of training, poor reimbursement for therapy, poor dissemination of research-based approaches, lack of priority.
Antidepressants: Limited studies; SSRIs Are the Most Studied

- In general, SSRIs are well tolerated, safe, and have lower rates of drug discontinuation in studies with HIV-infected patients – all have equal efficacy.

- SSRIs have proven efficacy in clinical trials with HIV+ depressed patients.

- Drug interactions need to be considered with fluoxetine and paroxetine.

- Avoid paroxetine in pregnancy (category D).

www.psych.org/aids
Case 3: A 37-year-old HIV infected woman on ART has been undetectable for three years. She’s been treated for PTSD which began after her boyfriend was shot to death following a drug deal gone wrong. When she comes in today you look at her just completed blood test results and see that her viral load has spiked. You suspect she’s not taking her medication reliably and wonder if:

1. A new trauma has occurred in her life.

2. She read an article about the Affordable Care Act and is worried that she’ll have to switch providers.

3. She’s using drugs or alcohol.
PTSD and Adherence in HIV Care

♦ Studies are conflicting regarding whether PTSD by itself is associated with non-adherence to ARVs. Three studies found reduced adherence, two found no impact, and one study found increased adherence.

♦ PTSD is comorbid with many other mental illnesses, including depression and alcohol/substance use disorders which do interfere with adherence.

♦ Changes in health care providers are associated with non-adherence. This may be a particularly sensitive issue for people with trauma histories.
Screening Instrument for PTSD

In your life, have you ever had any experience that was so upsetting, frightening, or horrible that you:

- Have nightmares about it or think about it when you do not want to?
- Try hard not to think about it or go out of your way to avoid situations that remind you of it?
- Are constantly on guard, watchful, or easily startled?
- Feel numb or detached from others, activities, or your surroundings?

Answering yes to three or more of these questions suggests PTSD is present.

References and more tools: www.hivguidelines.org
Treatment of PTSD

- Antidepressants improve symptoms of PTSD (as well as depression and most other anxiety disorders).

- Evidence-based psychotherapies are available. For this and other mood and anxiety disorders, the combination of medication and psychotherapy often works best (allows for needed rehabilitation in addition to symptom reduction).

- PTSD is highly co-morbid with other mental disorders that may need treatment.

- If the patient has a co-morbid alcohol or substance use disorder, that will require its own separate treatment.

References and more tools: www.hivguidelines.org
Untreated substance use is associated with failure access and adhere to treatment and faster viral rebound on ART.

Many strategies exist to reduce risky behaviors, improve adherence, treat addiction and prolong life.

- Clean injection equipment
- Substitution treatment for opioid addiction (methadone and buprenorphine)
- A variety of other medications and psychotherapies for alcohol, stimulants, marijuana and other forms of substance misuse and addiction; don’t forget tobacco addiction
- Bear in mind that multiple addictions are common and each may need to be addressed
Screening for Hazardous Alcohol Use: Audit-C Questionnaire

- There are 3 questions:
  - How often do you have a drink containing alcohol?
  - How many standard drinks containing alcohol do you have on a typical day?
  - How often do you have six or more drinks on one occasion?

- Each item is rated on a five-point scale used to identify hazardous alcohol use.

- The Audit-C is easily accessed online at no charge.

References and more tools: www.hivguidelines.org
Screening for Substance Use: Cage-AID (CAGE Adapted to Include Drugs)

Target Population: Adults and Adolescents > 16

- Have you ever felt the need to *cut* down on your use of alcohol or drugs?
- Has anyone *annoyed* you by criticizing your use of alcohol or drugs?
- Have you ever felt *guilty* because of something you’ve done while drinking or using drugs?
- Have you ever taken a drink or used drugs to steady your nerves or get over a hangover (*eye-opener*)?

A total of ≥ 2 may be suggestive of a problem

References and more tools: www.hivguidelines.org
Case 3: A 37-year-old HIV infected woman on ART was undetectable for three years but then stopped reliably taking her medication.

- It turned out that your patient was drinking heavily, a problem that she’d had in the past.
- You feel lucky that you work in a program that offers alcohol addiction treatment.
- You tell your patient that because she is not a legal resident of the U.S. she won’t be assigned to a new provider as a result of the ACA.
- You find yourself worrying about what will happen to both you and her. You’re glad that you have a session with your therapist on Monday.