ACTHIV 2018: A State-of-the-Science Conference for Frontline Health Professionals
HIV & Mental Health: Focus on Depression & Anxiety

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Learning Objectives

Upon completion of this presentation, learners should be better able to:

1. Identify how HIV & trauma impact depression and anxiety
2. Review the rationale for utilizing trauma informed care for HIV+ patients presenting with depression & anxiety symptoms
3. Develop strategies for incorporating skills with pills into a comprehensive treatment plan
4. Appraise the value of providing co-located, integrated medical and behavioral health services

Discussion of off-label uses are noted with each medication.
Faculty and Planning Committee Disclosures
Please consult your program book.

• Dr. Wallenius: Speaker’s Bureau: Gilead Sciences

Off-Label Disclosure
The following off-label/investigational uses will be discussed in this presentation:

• Discussion of off-label uses is noted in Slides 46 & 47
Case Discussion: “Anita Patel” & “Dr. Rush”

- 40yo Indian ♀ newly diagnosed HIV+ presents to you to establish care
- Married computer professional with two young children ages 5 & 7 years
- Recently relocated to Asheville, NC “to get a fresh start”
- Survived an assault 1.5 years ago in Washington, DC
- Initial STI screening negative
- Engaged in counseling short term & “put [the assault] behind me”
- Did not pursue recommended follow-up STI testing
- Local PCP with whom she establishes care conducts Universal Screening
- Diagnosed HIV+
Case Discussion: “Anita Patel”

- Completed Partner Notification with State Disease Intervention Specialist
- Referred to WNCCHS for HIV Primary Care
- At Nurse Intake, reports she is having great difficulty “reliving the trauma”
- PHQ-9: 18
- Concerns include: sadness, decreased sleep, erratic eating, apathy, decreased motivation, isolating from community, unable to participate in kids’ school activities, terrible nightmares, scared & jumpy, difficulty focusing and finishing tasks, feels numb, palpitations, hyperventilating (especially when leaves home), abdominal pain, neck/shoulder pain, frequent headaches, passive suicidal ideation, night sweats and fatigue
- It’s 10:30 and your Medical Assistant reminds you that you’re only 15 min behind schedule, the two patients scheduled after Mrs. Patel are ready to be checked in, and you have to leave for the airport no later than 11:45....
Audience Response Survey

What is Anita’s diagnosis:
1. Depression
2. Generalized Anxiety
3. Bipolar Disorder
4. All of the above
5. None of the above
6. Not enough information
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https://api.cvent.com/polling/v1/api/polls/sp4i9o62

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Oh my gosh, she looks just like Nivee, what the heck am I gonna tell her?
Is this how it’s going to be?
Gosh, I’m gonna get bogged down in this depression…. I need to get to the HIV
I feel awful.....
Oh no, she’s looking scared….gonna ask for a benzo now....
He doesn’t get me....
...she’s probably hurting....heading towards pain meds? Ouch!
I don’t think I want to come back....
I don’t think I want to come back....
Audience Response Survey

How would you describe their engagement:

1. Anita Patel is in *Freeze* mode
2. Dr. Rush is in *Flight* mode
3. This is a perfectly normal interaction
4. I can relate to this
5. 1, 2 & 4
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Southern Appalachia

- Self-sufficient
- Independent
- Hard-working
- Strong family ties
- Little education
- Few skills
- Large families
- Few vocational options
- Distrust of outsiders
WNC Healthcare Landscape

• Heart of Appalachia’s Opioid Epidemic
  – Four Counties - CDC risk for HIV/HCV Outbreak

• No Medicaid Expansion
  – Inconsistent insurance coverage month to month

• Mental Health System with insufficient access
  – Overburdened ERs & Jails

• Changing Health Care Landscape
  – Increasing numbers of un- & underinsured patients
  – Increasing competition for insured patients
Audience Response Survey

In your service area, what is the most common barrier to your HIV+ patients receiving comprehensive care:

1. Lack of substance abuse services
2. Lack of mental health services
3. Unstable housing
4. Lack of insurance
5. Lack of access to medications
6. Lack of transportation
7. Other
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https:// api.cvent.com/polling/v1/api/polls/spplcogz

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Western NC Community Health Services

Of more than 15,000 patients served
- 94% <200% Federal Poverty Level
- 53% Uninsured
- 21% Depression
- 16% Anxiety

Of more than 700 HIV+ patients served (v. Bunc Co)
- 64% Caucasian v 79%
- 27% African American v 13%
- 8% Hispanic v 6%

- >150 HIV/Hep C Co-Infected

58% (31/53) of patients not engaging in care have a MH/SUD diagnosis
HIV & Depression

- Most common psychiatric condition
  - 57% of HIV+
  - 70% of HIV/HCV co-infected
- Prevalence is 2-3x general population
- Often remains underdiagnosed & undertreated
  - 50% w/out an appropriate diagnosis in Problem List
  - 33% not receiving needed mental health services

HIV & Anxiety

- 72% of HIV+ pts experience symptoms of anxiety (M:F 1:2)
- Up to 40% of HIV+ pts have a diagnosable anxiety disorder
- >50% of HIV+ pts with anxiety disorders have comorbid depression
- Up to 54% of HIV+ pts meet criteria for PTSD
- Up to 40% identify their HIV diagnosis as the traumatic stressor

Untreated Anxiety/Depression Impacts HIV Outcomes?

- HIV Underdiagnosed in patients with Mental Illness
- Mood Disorders Underdiagnosed in HIV+ patients
- Avoidance of medical and dental services
- Postponing medical and dental services until things get very bad
- Misuse of medical treatment services – ex. Over use of ER services and misuse of pain medication
- Delayed ARV initiation & decreased adherence
- Increased engagement in high risk sex & SA
- Slowed virologic suppression & treatment response
- Increased morbidity & mortality
- Suicide rate in AIDS pts 7x higher than in general population

Integration.samhsa.gov
WNCCHS’ Responses: #1 SKILLS

- Integrated Health Care Teams
- Skills before Pills
- Therapeutic prescribing relies on rational diagnosing
- Avoid cosmetic/symptomatic prescribing
- Train Staff & Patients in Behavioral Based Modalities
Trauma Informed Services
Why is Trauma Informed Care Important in a Medical Setting?

- Traumatic experiences have direct impact on our patient’s health and on how patients engage in health care.
- When a patient discloses current or past trauma, we need to know how to respond.
- Knowing about the impact of trauma can improve patient outcomes & help us better manage risk.
- As many as 95% of those living with HIV report at least one severe traumatic stressor and up to 54% meet criteria for post traumatic stress disorder (PTSD).

Integration.samhsa.gov

The Effects of Traumatic Stressors and HIV-Related Trauma Symptoms on Health and Health Related Quality of Life: Vienna R. Nightingale, Tamara G. Sher, Melissa Mattson, Sarah Thilges, and Nathan B. Hansen
Additionally...

• People who have experienced traumatic life events are often **Very Sensitive** to situations that remind them of the people, places or things involved in their traumatic event.

• These reminders, also known as **Triggers**, may cause a person to relive the trauma and view our setting/organization as a source of distress rather then a place of healing and wellness.

www.integration.samhsa.gov
Patients may be triggered by...

1. Invasive procedures
2. Removal of clothing
3. Physical touch
4. Personal questions that may be embarrassing/distressing
5. Gender of healthcare provider
6. Vulnerable physical position
7. Holiday decorations
8. Perfume of the Medical Assistant
9. The tone of your voice
TRAUMATIC EVENTS

Affects children and adults.

- Childhood abuse or neglect
- Witnessing acts of violence
- Grief and loss
- War and other forms of violence
- Physical, emotional or sexual abuse
- Accidents and natural disasters
- Intergenerational, Cultural and historical trauma
- Medical interventions
Trauma Increases the risk of neurological, biological, psychological and/or social difficulties such as:

• Changes in Brain Neurobiology;
• Social, Emotional and Cognitive Impairment;
• Adoption of Health Risk Behaviors as Coping Mechanisms (Eating Disorders, Smoking, Substance Abuse, Self-Harm, Sexual Promiscuity, Violence); and
• Severe and Persistent Behavioral Health, Physical Health and Social Problems, Early Death.

Estimated Risk for Developing PTSD From Experiencing the Following Events:

- Rape (49%)
- Severe Beating or Physical Assault (31.9%)
- Other Sexual Assault (23.7%)
- Serious Accident or Injury, For Example, Car or Train Accident (16.8%)
- Sudden or Unexpected Death of Family Member or Friend (14.3%)
- Child’s Life Threatening Illness (10.4%)
- Witness to Killing or Serious Injury (7.3%)
- Natural Disaster (3.8%)

www.Sidran.org
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Trauma is similar to a rock hitting the water’s surface. The impact first creates the largest wave, which is followed by ever expanding, but less intense, ripples...
Another very important ripple...
Biological Reactions to Trauma

- **Fight**
- **Flight**
- **Freeze**

This is particularly helpful to keep in mind when a person has experienced ACES in their childhood...their brain was developing while experiencing prolonged and possibly severe stress.

- **Prefrontal Lobe** – language
- **Amygdala** – emotional regulation
- **Hippocampus** – memory and experience assimilation
- **Medial Prefrontal Cortex** – regulates emotion and fear responses
Traumatized Patients appear...

- Guarded
- Are difficult to re-direct
- Reject support
- Are highly emotional reactive
- Have difficulty settling after emotional outbursts
- Hold on to grievances, seemingly
- Do not take responsibility for behaviors, often
- Make the same mistakes over and over again, like a pattern
- Perceive the world as threatening

Traumatized Patients...

- Perceive others as punitive, judgmental, humiliating and blaming
- Perceive control as external, not internalized
- Perceive others as unpredictable and untrustworthy
- **Defend Themselves Above All Else**
- Believe that admitting mistakes is worse than telling the truth
- Tend to de-personalize others
- Have difficulty developing empathy because their needs are so great and overwhelming

www.integration.samhsa.gov
We can help: Trauma Informed Care
Trauma Informed Care: 

The Four Rs

- **Realizes**: widespread impact of trauma and understands potential paths for recovery
- **Recognizes**: signs and symptoms of trauma in patients, families, staff, and others involved with the system
- **Responds**: by fully integrating knowledge about trauma into policies, procedures, and practices
- **Resists**: seeks to actively resist re-traumatization

The Four Cs

- **Calm**: Pay attention to how you are feeling. Breathe and calm yourself to help model and promote calmness for the patient
- **Contain**: Ask the level of detail of the trauma history that will allow patient to maintain emotional and physical safety; respect the time-frame for your interaction; and allow you to offer the patient further treatments.
- **Care**: Emphasize good self-care and compassion
- **Cope**: Emphasize skills to build upon strength, resiliency and hope.

SAMHSA's Concept Paper
Responses to reflect that you’re Trauma Informed

• “I am sorry that happened to you; no one has the right to hit another person/force another person to have sex.”
• “Growing up in an environment of violence is so difficult for a child – no one should have to face such upsetting and scary situations.”
• “We know that there is a direct relationship between these experiences and a person’s physical health; have you ever had a chance to explore these?”
• “You are safe here, we have staff who can help you.”
Tools you can teach patients how to soothe an activated limbic system....

• **Bilateral Stimulation**: With butterfly tapping upper arms alternatively or alternately tapping legs. Do it for a minimum of two minutes. Can be coached to patients for practice if they are already sharing an activating story and also by staff, to help prevent vicarious trauma by regulating the nervous system.

• **Heart Hug**: Right hand under left arm at the armpit, left hand on upper mid upper arm, add gentle downward pressure, do this for at least two minutes. Utilize the extended exhale breathe technique: Breathe in through the nose and blow out through pursed lips, extending the exhale. This gentle pressure on the Ventral Vagus Nerve stimulates the Parasympathetic bringing a feeling of Safety, Connection with Self and Containment.

Trauma Informed Care: Linda K. Harrison, LPCS, CCS, MAC, First at Blue Ridge, Black Mountain, NC, 2017
Mirror Neurons

Neuroscientists have discovered specialized cells in the brain, called mirror neurons, that spontaneously create brain-to-brain links between people. This means that our brain waves, chemistry and feelings can literally mirror the brain waves, chemistry and feelings of people who we are communicating with, reading stories about, watching on television, or those who we simply have in our thoughts. This is perfectly natural and has been happening all along. It allows us to instantly empathize with others and to know what they are feeling and experiencing.

How does this apply to healthcare staff?
If you are activated, the patients will mirror you. If you are calm, centered and grounded, they are more likely to pick the cues from you and respond in a similar manner!

www.soulconnection.net/mirror_neurons.html
Review: Skills set the stage for Pills

- Create a soothing physical environment in the healthcare setting
- Train all staff (not just direct providers) in the principles of trauma informed approaches
- Take time to get to know the patient and create a sense of safety and respectful relationship
- Adopt collaborative/person centered approaches
- Offer choices and options to maximize patient sense of control
WNCCHS’ Responses: #2 PILLS

- Accessible
- Affordable
- Sustainable
- Efficacious
- Tolerable
- Simple
- Evidence based
- Broadly applicable across the mood spectrum

WHO Model List of Essential Medicines

World Health Organization
19th List
(April 2015)
(Amended November 2015)
**WNCCCHS Formulary**

- **SSRIs**
  - Citalopram
  - Fluoxetine
  - Paroxetine
  - Sertraline
- **SNRIs**
  - Duloxetine*
- **TCAs**
  - Amitriptyline
  - Doxepin
  - Imipramine
  - Nortriptyline
- **Other**
  - Mirtazapine
  - Trazodone
- **Antianxiety**
  - Buspirone
  - Hydroxyzine
- **PTSD**
  - Prazosin
  - Topiramate
- **Attention Deficit**
  - Atomoxetine*
  - Methylphenidate
- **Antipsychotics**
  - Chlorpromazine
  - Clozapine*
  - Fluphenazine
  - Haloperidol
  - Olanzapine*
  - Risperidone
  - Risperidone consta*
  - Thioridazine
  - Thioxthixene
- **Mood Stabilizers**
  - Carbamazepine
  - Divalproex Sodium
  - Lamotrigine
  - Lithium
  - Valproic Acid
- **Extrapyramidal Sxs**
  - Benztropine
  - Trihexyphenidyl
- **Smoking Cessation**
  - Varenicline*

* available through Medication Assistance
## WNCCHS Formulary – Top 5 Meds

**SSRIs**  
- Citalopram  
- Fluoxetine  
- Paroxetine  
- Sertraline  

**SNRIs**  
- Duloxetine*  

**TCAs**  
- Amitriptyline  
- Doxepin  
- Imipramine  
- Nortriptyline  

**Other**  
- Mirtazapine  
- Trazodone  

**Antianxiety**  
- Buspirone  
- Hydroxyzine  

**PTSD**  
- Prazosin  
- Topiramate  

**Attention Deficit**  
- Atomoxetine*  
- Methylphenidate  

**Antipsychotics**  
- Chlorpromazine  
- Clozapine*  
- Fluphenazine  
- Haloperidol  
- Olanzapine*  
- Risperidone  
- Risperidone consta*  
- Thioridazine  
- Thioxthixene  

**Mood Stabilizers**  
- Carbamazepine  
- Divalproex Sodium  
- Lamotrigine  
- Lithium  
- Valproic Acid  

**Extrapyramidal Sxs**  
- Benztropine  
- Trihexyphenidyl  

**Smoking Cessation**  
- Varenicline*  

* available through Medication Assistance
WNCHS Top 5 Meds for Depression & Anxiety

• Citalopram (SSRI)
  – FDA: Depression
  – Off-Label: Anxiety, OCD

• Trazodone (other)
  – FDA: Depression with/without anxiety
  – Off-Label: Insomnia; Anxiety/Panic, SSRI-induced sexual dysfunction

• Amitriptyline (TriCyclic)
  – FDA: Depression
  – Off-Label: Anxiety/Panic, PTSD, Pain

• Lamotrigine (Mood Stabilizer)
  – FDA: Bipolar maintenance, Seizures
  – Off-label: Peripheral neuropathy

• Duloxetine (SNRI)
  – FDA: Depression, GAD, DM PN, FM, Chr MS Pain
  – Off-Label: PTSD, OCD, ADD/ADHD, Smoking cessation, Migraines/HAs

See Dr. Wallenius’ 2017 ACTHIV Presentation for details on prescribing & counseling
Top 5 Meds offer treatment for:

- Depression$^{1,2,3,5}$
- Anxiety$^5 (1,2,3)$
- PTSD $^{(3,5)}$
- OCD$^{(1,5)}$
- ADD/ADHD $^5$
- Bipolar$^4$
- Insomnia $^{(2,3)}$
- Smoking Cessation$^5$
- Peripheral neuropathy $^4$ DM$^5$
- Neuropathic pain $^4$
- Musculoskeletal pain $^5 (3)$
- Fibromyalgia $^5$
- Migraines/Headaches $^{(3,5)}$
- Irritable Bowel Syndrome $^3$
- SSRI-induced sexual dysfunction $^2$

**KEY:**

1. Citalopram (SSRI)
2. Trazodone (Other)
3. Amitriptyline (TriCyclic Antidepressant)
4. Lamotrigine (Mood Stabilizer)
5. Duloxetine (SNRI)

**Superscripts:**

Bold = FDA Approved

*Italicics* = Off Label
Case Discussion: “Anita Patel” & “Dr. N. Lightened”

• Remember:
• At Nurse Intake, reports she is having great difficulty “reliving the trauma”
• Concerns include: sadness, decreased sleep, erratic eating, apathy, decreased motivation, isolating from community, unable to participate in kids’ school activities, frequent time off from work, experiencing angry outbursts, palpitations, hyperventilating, especially when leaves home, abdominal pain, neck/shoulder pain, frequent headaches, passive suicidal ideation, night sweats and fatigue
• It’s 10:30 and your Medical Assistant reminds you that you’re only 15 min behind schedule, the two patients scheduled after Mrs. Patel are ready to be checked in, and you have to leave for the airport no later than 11:45....
Oh my gosh, she looks just like Nivee. I can do this...
Is this how it’s going to be?
I need to meet her where she’s at before I can get to the HIV…
I feel better.....
Oh good, she’s looking more relaxed…
He seems knowledgeable, safe, I think he gets me....
…I feel the power shifting to her….this is good….we’re engaging….
I think this is going to work....
Something(s) I’ll take home today:

1. I’ll incorporate a Trauma Informed Approach in my interactions with staff and patients
2. I’ll work to build more of a team approach to care
3. I’ll pay more attention to diagnosing Depression & Anxiety in HIV because of the many downstream benefits
4. I’ll incorporate more Skills before & with Pills in my interactions with staff and patients
5. I’ll think more about the sustainability of treatment plans I develop going forward in this changing health care landscape
6. Some of the above
7. All of the above
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Summary: Take Home Pearls

• Strategize integration of behavioral health into your practice
• Implement a Trauma Informed Approach at all levels in your clinic
• Consider implementing a Skills Before & With Pills approach to care
• Develop your organizations’ list of Top 5 Sustainable Medications for Depression & Anxiety