HIV & Mental Health: Focus on Depression & Anxiety

Nivedita Roy, LPC, LCAS
Director of Behavioral Health Services
Western NC Community Health Services, Inc.
Asheville, NC

S. Todd Wallenius, MD
Medical Director
Western NC Community Health Services, Inc.
Asheville, NC
Learning Objectives

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

1. Describe interconnections between HIV, depression, anxiety & trauma
2. Outline strategies for incorporating skills before & with pills into comprehensive treatment plans
3. Explain the rationale for adopting a trauma-responsive whole-person team-based approach to caring for People Living with HIV/AIDS (PLWHA)
4. Summarize the benefits 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 or the Conference App.

Off-Label Disclosure

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

- Discussion of off-label uses is noted in Slides 25 & 26
HIV & Mental Health: Focus on Depression & Anxiety

- Epidemiology
- Screening
- Management
- Team based care
- Case Presentation
- Vicarious trauma
- Self-care
- Summary

HIV & Depression

- Most common psychiatric condition in PLWHA: 57% (70% HCV co-infected)
- Prevalence is 2-3x general population
- Underdiagnosed and un- & undertreated
  - 50% w/out an appropriate diagnosis in Problem List
  - 33% not receiving needed mental health services
- Depression in HIV can be life threatening: Suicide risk 3-5x
- Depression Screening Tools include the PHQ-2 & PHQ-9
- Treatment of depression is associated with improved health outcomes including increased ARV adherence

HIV & Anxiety/Post Traumatic Stress Disorder (PTSD)

- Among PLWHA:
  - 72% experience symptoms of anxiety (M:F 1:2)
  - Up to 40% have a diagnosable anxiety disorder & >50% have comorbid depression
  - Up to 54% of PLWHA meet criteria for PTSD vs 6-9% US Gen’l Population
  - Up to 40% identify their HIV diagnosis as the traumatic stressor

- Trauma exposure increases risk for PTSD, substance misuse
- Co-occurrence reduces self-care practices & increases HIV risk behavior
- More rapid HIV disease progression, poorer survival, greater utilization & cost in services, and lower treatment adherence

Integrated Behavioral Health Services

- Patient centered with integrated or co-located services
- Diverse teams of clinical and nonclinical providers
- A site culture that promotes a stigma-reducing environment
- Availability of comprehensive medical, behavioral health, and psychosocial services
- Effective communication strategies
- Focus on quality

References:


Western NC Community Health Services

Of 15,835 unduplicated patients served
- 94% ≤200% Federal Poverty Level
- 60% Uninsured
- 23% Depression
- 19% Anxiety

Of 780 PLWHA served (v. Bun Co)
- 84% Caucasian v 79%
- 27% African American v 13%
- 8% Hispanic v 6%
- 33% Depression
- 24% Anxiety

WNCCHS' Responses: #1 SKILLS
- Program (not Provider) Driven
- Integrated Health Care Teams
- Skills before & with Pills
- Train Staff & Patients in Behavioral Based Modalities
- Judicious use of consulting psychiatrist for clinically complex patients
- Therapeutic prescribing relies on rational diagnosing
- Avoid cosmetic/symptomatic prescribing
### Why Provide Trauma Responsive Care

- 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 PLWHA report at least one severe traumatic stressor** and up to 54% meet criteria for post traumatic stress disorder (PTSD).

### Trauma Manifestations in Health Care Settings

- People who have experienced traumatic life events often are **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 the health care setting & organization as a source of distress rather than a place of healing and wellness.

<table>
<thead>
<tr>
<th>Triggers</th>
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<tbody>
<tr>
<td>1. Invasive procedures</td>
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<td>2. Removal of clothing</td>
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<td>3. Physical touch</td>
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<tr>
<td>4. Personal questions that may be embarrassing/distressing</td>
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<td>5. Gender of healthcare provider</td>
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<td>6. Vulnerable physical position</td>
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<td>7. Holiday decorations</td>
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<td>8. Perfume</td>
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<td>9. One’s tone of voice</td>
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**ACTHIV 2019: A State-of-the-Science Conference for Frontline Health Professionals**

[www.integration.samhsa.gov](http://www.integration.samhsa.gov)
Impact of Trauma

• Trauma Changes Brain Neurobiology
  - Prefrontal Lobe – language
  - Amygdala – emotional regulation
  - Hippocampus – memory and experience assimilation
  - Medial Prefrontal Cortex – regulates emotion and fear responses

• Biological Reactions: Fight Flight Freeze
• Adoption of Health Risk Behaviors as Coping Mechanisms (Eating Disorders, Smoking, Substance Abuse, Self-Harm, Sexual Promiscuity, Violence)

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

From SAMHSA's Concept Paper

Trauma Informed Care: 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.

From 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.”

Teach patients tools to soothe an activated limbic system

1. Bilateral Stimulation: alternately tap arms or legs for 2+ minutes
2. Heart Hug: apply gentle pressure on the vagus nerve for 2+ minutes paired with deep breathing
   – stimulates the parasympathetic system
   – promotes feelings of safety, connection with self & containment
Mirror Neurons

- Specialized cells in the brain that spontaneously create brain-to-brain links between people
- Our brain waves, chemistry and feelings can literally mirror the brain waves, chemistry and feelings of people who we are communicating with.
- Allow us to instantly empathize with others and to know what they are feeling and experiencing.
- 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!

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

www.soulconnection.net/mirror_neurons.html
Audience Response Survey
Which of the following do you consider most important when selecting a psychotropic medication regimen:
1. Patient preference
2. Efficacious
3. Simplicity
4. Affordability
5. Evidence based
6. Sustainability
7. Tolerability
8. Accessibility

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
50th List
(April 2015)
### WNCCHS 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

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

- **Extrapyramidal Sxs**
  - Benztropine
  - Trihexyphenidyl

- **SA/MAT**
  - Buprenorphine/naloxone*
  - Varenicline*

* available through Medication Assistance

### WNCCHS Formulary – Top 5 Meds

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## WNCCHS 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/HA

See Dr. Wallenius’ 2017 ACTHIV Presentation for details on prescribing & counseling.

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## WNCCHS Top 5 Meds offer treatment for:

- **Depression**
  - BOLD: Citalopram (SSRI)
  - Italics: Trazodone (Other)
  - (1,2,3,5)

- **Anxiety**
  - BOLD: Citalopram (SSRI)
  - Italics: Trazodone (Other)
  - (1,2,3)

- **PTSD**
  - BOLD: Lamotrigine (Mood Stabilizer)
  - Italics: Duloxetine (SNRI)
  - (4,5)

- **OCD**
  - BOLD: Lamotrigine (Mood Stabilizer)
  - Italics: Duloxetine (SNRI)
  - (4,5)

- **ADD/ADHD**
  - BOLD: Lamotrigine (Mood Stabilizer)
  - Italics: Duloxetine (SNRI)
  - (5)

- **Insomnia**
  - BOLD: Lamotrigine (Mood Stabilizer)
  - Italics: Duloxetine (SNRI)
  - (5)

- **Smoking Cessation**
  - BOLD: Lamotrigine (Mood Stabilizer)
  - Italics: Duloxetine (SNRI)
  - (5)

**KEY:**
- **BOLD** = FDA Approved
- **Italics** = Off Label

**Superscripts:**
- (1) Citalopram (SSRI)
- (2) Trazodone (Other)
- (3) Amitriptyline (TriCyclic Antidepressant)
- (4) Lamotrigine (Mood Stabilizer)
- (5) Duloxetine (SNRI)
Case Discussion: WNCCHS’ PLWHA Intake

All Team members speak from the same script using plain language

**RN Care Manager:** Focuses on retention in care, identifying barriers to care and addressing social determinants of health

**Behavioral Health Provider:** Provides brief psychoeducation on trauma & depression as possible contributing health concerns for HIV+ diagnosed patients & reviews screening tools completed by patient during check-in process

**Medical Provider:** Reviews HIV life cycle, medication options, readiness for treatment

**Pharmacist:** Dispenses Medication, Reinforces Adherence, Answers Questions
Primary Care Post Traumatic Stress Disorder-5 (PC PTSD-5)

Sometimes things happen to people that are unusually or especially frightening, horrible or traumatic. For example: a serious accident or fire, a physical or sexual assault or abuse, an earthquake or flood, a war, seeing someone be killed or seriously injured, having a loved one die through suicide or homicide.

Have you ever experienced this type of event? If Yes, in the past month have you:

1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?
2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?
3. Been constantly on guard, watchful, or easily startled?
4. Felt numb or detached from people, activities, or your surroundings?
5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

Patient Health Questionnaire-9

Over the last 2 weeks, how often have you been bothered by any of the following problems? (0 = not at all; 1 = several days; 2 = more than one half the days; 3 = nearly every day):

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 others have noticed, or the opposite
9. Thoughts that you would be better off dead or hurting yourself in some way
Case Discussion: WNCCHS’ PLWHA Intake

- PC PTSD: Score of 3-5 considered a positive screen for PTSD follow-up
- PHQ-9: Score of 15+ considered positive for Moderate to Severe Depression
- Positive Scores are followed up by appropriate Behavioral Health & Psychotropic Medication interventions
- Patients learn that co-occurring medical and behavioral health conditions are equally important for treatment planning
- Treatment compliance improves when the whole person is attended to by all team members simultaneously
- Team Based Collaborative Care also ensures cohesiveness and support of providers in working with patients with these complex needs
- We’re in this together for the patient & for the providers!

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
Case Presentation: “WJ”

Meet & Greet 12/07/2018
51yo white MSM
RN Care Manager identifies
• Housing insecurity – elderly aunt kicked out middle of winter; moved into homeless shelter
• Transportation insecurity - lives 2 hrs away in rural town
• Food insecurity
• Uninsured
• Unemployed

Case Presentation: “WJ”

Medical Director identifies
• Diagnosed HIV+ 2007
• Out of HIV Care & off HAART since 2017
• Reported Chronic Diseases: Crohn’s Disease, Bipolar, Depression, Anxiety, Hypertension, Anemia, Obesity, GERD
• Hospitalized every other month 2017-2018 for exacerbations of Crohn’s Disease; s/p partial colectomy
• Reported medications at Hospital D/C 2 wks ago: Bictegravir/emtricitabine/tenofovir alafenamide, sulfamethoxazole/trimethoprim DS, Lamotrigine, Sulfasalazine, Pantoprazole
• Unable to recall last CD4 & Viral Load
Case Presentation: “WJ”

Behavioral Health Director identifies

- Isolation with minimal support system— aunt unaware of HIV status; divorced; alienated from two children
- Readily identifies with ACES, adult traumatic experiences
- Admits history of methamphetamine use; in remission since 2013
- Screening Tests reveal PHQ-9=9 & PC PTSD=5
- Denies previous diagnosis of PTSD or receipt of Trauma related services
- Surprised & grateful to finally acknowledge trauma as an ongoing behavioral health concern
- Receptive & motivated to engage in Trauma Responsive care

Baseline Lab Results: CD4 68 & Viral Load 180

Follow-up Team Care

- Medications accessed via HIV Drug Assistance Program
- Consistently engaging in Integrated Behavioral Health Care, expressing appreciation & relief for
  - Helping him understand the connection between physiologic and mental health symptoms of stress and trauma
  - Creating the opportunity to address his underlying undiagnosed & untreated PTSD
- Also receiving RN Care Management Services
- Has not required hospitalization since initiating care at WNCCHS
- Engaging with other Health Care Team Members
  - Disability Specialist assisted with Disability Application; approved 03/07/2019
  - Dental Team for cleaning, extractions and reconstruction

Truly whole person care
Special Considerations for You the Helper

Vicarious Trauma (VT)
- Process of change that happens because
  - you care about other people who have been hurt
  - feel committed or responsible to help them
- Over time VT can lead to changes in your psychological, physical and spiritual well-being
- As a humanitarian worker VT will almost certainly impact you, your family, your organization & the people you are working to help

L Pearlman & L McKay, Understanding and Addressing Vicarious Trauma, Headington Institute, 2008
Coping with Vicarious Trauma (VT)

- Identify strategies to proactively manage VT & prevent burnout
- Invest in activities that help you escape, rest & play
- Transforming VT requires identifying ways to nurture a sense of meaning & hope.
- What gives your life and work meaning, and what instills or renews hope?

L Pearlman & L McKay, Understanding and Addressing Vicarious Trauma, Headington Institute, 2008

Summary

- The prevalence of depression, anxiety, and posttraumatic stress disorder is significantly higher in PLWH
- Higher HIV acquisition & transmission risks are associated with certain mental disorders & co-existing substance use disorders often mediate this link.
- Mental disorders have been associated with decreased treatment access & adherence, and predict worse HIV disease outcomes.
- Practical screening tools for use in the primary care setting should be brief, easily scored, free, evidence-based, and accessible to a range of providers without requiring specific training.
- Integrating behavioral health care into health care teams improves the HIV treatment cascade & health outcomes.
**Audience Response Question**

*Which of the following will you implement first:*

1. Strategize integration of behavioral health services into your practice
2. Implement a Trauma Responsive Approach at all levels in your clinic
3. Design a Skills Before & With Pills approach to care
4. Develop your organizations’ list of Top 5 Sustainable Medications for Depression, Anxiety & PTSD
5. Build awareness of vicarious trauma
6. Replenish your well