Managing Comorbid Psychiatric Disorders and Chronic Pain in HIV-Infected Patients

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

- describe psychiatric comorbidities that affect pain management
- devise an approach to management of chronic pain in patients with psychiatric comorbidities
Faculty and Planning Committee Disclosures

Please consult your program book.

Off-Label Disclosure

There will be no off-label/investigational uses discussed in this presentation.
Mental Illness
- Depression
- Demoralization
- Substance Abuse
- Cognitive Impairment

AIDS
- Impulsivity
- Depression
- Demoralization
- Substance Abuse
- Cognitive Impairment
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%*

*Unpublished observation.
Psychiatric Comorbidities in Pain

- Anxiety Disorders  1 – 62.5%
- Depression  30 – 54%
- Somatoform D/Os  16 – 53%
- Substance Abuse/Dependence  2 – 34%

Psychiatric Comorbidities in Pain

- Personality Disorders 31 – 59%
  - Paranoid PD 2.8 – 33 %
  - Dependent PD 3 – 25 %
  - Borderline PD 1 – 15 %
  - Histrionic PD 4 – 30 %

Phenomenology of Major Depression

- Diminished Mood and Hedonic Responsiveness
- Decreased Vital Sense
- Decreased Self-Attitude
- Neurovegetative Signs
  - early morning awakening
  - appetite change
  - diminished libido
  - cognitive impairments
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
  - Trazodone

- **NASSA antidepressants**
  - Mirtazapine
Ralph Harrison, king of salespersons
Antidepressant Treatment

- Match side-effect profile to patient
- Ask about and treat side-effects
- Push to full doses/therapeutic levels
- Augment, augment, augment
- Cut bait when necessary, but keep fishing
“It is much more important to know what sort of patient has a disease than what sort of disease a patient has.”

Sir William Osler
The Perspective of Dimension
The Perspective of Dimension

Future oriented
Function oriented
Consequence avoidant

Present oriented
Feeling oriented
Reward seeking

Introversion

Extraversion
“No, Thursday’s out. How about never—is never good for you?”
The Perspective of Dimension

- Treatment issues
  - Extraverts are often enthusiastic and demanding at the outset of treatment
  - Later, they are easily distracted and often noncompliant with treatment plans, showing high-frequency vacillation between ambivalent feelings
  - At times, patients may appear almost psychotic, because their judgment is so clouded by their intense feelings
The glass is half empty.

The glass is half full!

Half full... No! Wait! Half empty! No, half... what was the question?

Hey! I ordered a cheeseburger!
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
“Oh, not bad. The light comes on, I press the bar, they write me a check. How about you?”
The Law of Effect

Behavior → Reward → Effect

Reward → Remove Negative → Behavior

Behavior → Punishment → Effect

Punishment → Remove Negative → Behavior
Motivated Behavior

environmental exposure → Behavior

Internal “drive” (craving) → Reward-Reinforcement

Behavior → environmental response

Satiation
The Perspective of Behavior

STEPS IN TREATMENT

1. STOP THE BEHAVIOR

2. IDENTIFY SUSTAINING FACTORS AND ELIMINATE THEM (EXTINGUISH)

N-1. REPEAT AS NECESSARY

N. IDENTIFY INITIATING FACTORS AND ADDRESS THEM (IF NECESSARY)
The Perspective of Behavior

- Sustaining factors of behaviors can be subdivided into two types
  - Mutable stimuli - those which can be changed or avoided
  - Immutable stimuli - those which cannot be avoided and for which responses must be directly extinguished
Classical Conditioning

Unconditioned Stimulus → Unconditioned Response

Unconditioned Stimulus + Conditioned Stimulus → Unconditioned Response

Conditioned Stimulus → Conditioned Response
Pain

Injury from overuse or posture

Disuse

Decreased mobility

Opiate use

Pain on exertion
Why not Narcotics, there not Bad
It hurts!
Motivated Behavior

- Environmental exposure
- Internal “drive” (craving)
- Life experience
- Temperament
- Disease
- Reward-Reinforcement
- Environmental response
- Behavior
- Satiation
Bobo remained free the rest of his life, although he did find it necessary to seek counseling.
“The struggle itself toward the heights is enough to fill a man’s heart. One must imagine Sisyphus happy.”

Albert Camus