The Influence of Mental Health on Antiretroviral Treatment Outcomes

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Outline

• Definitions
• Prevalence
• Mental health and HIV outcomes
• Mental health treatment
• Knowledge gaps
• Implications for HIV clinicians

Mental Health

“The condition of being sound mentally or emotionally, that is characterized by the absence of mental disorder”

Merriam-Webster Medical Dictionary
Mental Disorders

- Substance abuse
- Mood disorders (depression)
- Anxiety disorders (PTSD)
- Severe and persistent mental illness
- Personality disorders

Mental Disorders and HIV

- Substance abuse
- Mood disorders (depression)
- Anxiety disorders (PTSD; traumatic experiences)
- Severe and persistent mental illness
- Personality disorders
Traumatic Experiences

- Traumatic events include:
  - Sexual abuse and physical abuse
  - Childhood emotional neglect and physical neglect
  - Household dysfunction
  - Being sent to reform school or prison
  - Death of a spouse, partner, or child
  - Witnessing violence
    - Domestic violence
    - War

Prevalence of Mental Disorders in HIV+ or At Risk Individuals

<table>
<thead>
<tr>
<th>Source</th>
<th>Population</th>
<th>Disorder</th>
<th>Prevalence</th>
</tr>
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<tbody>
<tr>
<td>HCSUS[1,2]</td>
<td>US national sample, HIV+ in care, n=2,864</td>
<td>Major depression</td>
<td>22%</td>
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Mental Illness and HIV Outcomes

Mental illness and HIV treatment response


Mental Illness and HIV Mortality

765 HIV+ women at 4 urban medical centers; 5-7 years of follow-up, HIV Epidemiologic Research Study (HERS). Ickovics et al. JAMA 2001;285:1466-74.
Prevalence of Lifetime Traumas

- Physical abuse
- Sexual abuse
- Childhood: Parent alcohol or drug abuse
- Childhood: Domestic violence in home
- Childhood: Physical neglect
- Childhood: Emotional neglect
- Murder of family member
- Childhood: Parent mental illness or suicide
- Death in immediate family
- Death of spouse
- Life-threatening illness
- Childhood: Foster care
- Childhood: Parent imprisoned
- Death of child

611 HIV patients, 8 sites, US Southeast, Coping with HIV/AIDS in the Southeast (CHASE) Study.

Trauma and Antiretroviral Adherence

AOR = 1.11 (1.01, 1.22) per additional trauma, adjusted for depression, alcohol, drug use, SES

**Trauma and Mortality**

![Bar chart showing the relationship between trauma and mortality. The chart indicates that per additional trauma, the risk of death increases.


**Psychiatric Treatment for HIV Patients**

- Demonstrated efficacy of talk therapy, antidepressant treatment, and substance abuse treatment in HIV patients\(^1\)\(^-\)\(^5\)
- Professional medical associations recommend treatment of mental disorders in HIV patients\(^6\)
- Consider dosing changes and potential drug-drug interactions between ARVs and psychiatric medications\(^6\)

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Does Psychiatric Treatment Improve Antiretroviral Adherence?

• Walkup et al., Yun et al.
  – NJ Medicaid beneficiaries (n=406) and patients in Denver public HIV treatment system (n=1713)
  – Antidepressant prescription refills associated with antiretroviral prescription refills

• Dalessandro et al.
  – 17 patients with depression; on HAART >12 months
  – HAART adherence improved for 9 patients started on antidepressants but did not change for 8 patients not started on antidepressants


Does Psychiatric Treatment Improve Survival?

• Himelhoch et al.
  – Academic HIV clinic with integrated psychiatric treatment
  – Patients with a treated psychiatric disorder (n=100) had higher survival than patients with no documented psychiatric disorder (n=215)

Interventions to Address Trauma History

RCTs of interventions for HIV-positive people with histories of childhood sexual abuse, compared to attention-matched controls:

- Coping skills training\(^1\)
  - Reduction in sexual risk behaviors
- CBT-based psychoeducational intervention\(^2\)
  - Reduction in sexual risk behaviors
  - No difference in medication adherence


Knowledge Gaps

- Trauma
- Mental Illness
- Poor Adherence
- Treatment Failure
- HIV-Related Mortality
- Higher Risk Behaviors

Psychiatric treatment

Lack of experimental evidence
Knowledge Gaps

- Trauma
- Mental Illness
  - Entry into care
  - Appointment attendance
- Poor Adherence
  - Treatment Failure
  - HIV-Related Mortality

What is the role of the HIV clinic in screening for and treating psychiatric disorders?

- Universal routine mental health screening
- Address barriers or integrate treatment

- Referral
- Treatment
- Mental illness missed
Summary

• Mental disorders are highly prevalent
  – Very treatable
  – Important impact on adherence, outcomes
  – Point of HIV care may be only opportunity for intervention
• Treatment: Integration or referral?
  – Integration: Resources and expertise
  – Referral: Barriers to follow-through
• “But I’m not a psychiatrist”
  – Non-psychiatry mid-level providers can reliably screen for mental illness
  – And can reliably implement guideline-concordant antidepressant treatment with supervision