

Dr Ellen Dwyer
Croydon University Hospital



Mental health diagnoses in HIV infected young people: a HIV in Young People Network audit

Dr Ellen Dwyer ¹

Dr Caroline Foster ²

Dr Katia Prime ³

¹ Croydon University Hospital, ² Imperial College Healthcare NHS Trust, ³ St George's Healthcare NHS Trust

Aims



- To assess prevalence of formal psychiatric diagnoses in young people vertically infected with HIV.
- To assess prevalence of behaviours indicating psychological distress in those without a formal psychiatric diagnosis.

Background



- The 2012 HYPnet mortality audit ⁽¹⁾: 11 deaths in HIV infected young people 2003-11. 2 suicides, remaining 9 all with formal psychiatric diagnoses.
- Limited prevalence data – no UK data ^(2,3)
- Psychiatric diagnoses known to negatively impact HIV outcome ⁽⁴⁾.
- Potential underdiagnosis of psychiatric disorders in this population

1. Mortality amongst HIV-infected young people following transition to adult care: an HIV Young Persons Network (HYPNet) audit. R Fish, A Judd, E Jungmann, C Foster (presented at BHIVA 2012).

2. Prevalence and change in psychiatric disorders amongst perinatally HIV-infected and HIV-exposed youths. Mellins et al: AIDS Care 2012; 24(8):953-62

3. Psychiatric morbidity in HIV-infected children. Rao et al: AIDS Care 2007 Jul;19(6):828-33.

4. Role of depression, stress, and trauma in HIV disease progression. Leserman J. et al: Psychosom Med 2008 Jun;70(5):539-45

Method



Retrospective case note review of:

- Patients vertically infected with HIV.
- Seen in either adult or transition clinic at participating HYPnet centres.
- Data anonymised and centrally analysed.
- Feedback given regarding access to psychological support services and potential improvements.

Patient Categories



All patients



Formal
Psychiatric
Diagnosis

No Formal Psychiatric
Diagnosis but
behaviours indicating
Psychological Distress

No Formal
Psychiatric diagnosis
and No
Psychological
distress

Results



- 8 centres
- Data re 237/248 eligible patients (96%)
- 141 female (60%); 96 male (40%)
- Median age 20 years (range 16-27 years)
- Median age at HIV diagnosis 6 years
- 80 % BA, 6% BB , 5% WB, 9% other

Disease Markers



Data for 186/237 individuals (78%)

Median CD4 = 500 (28%)

CD4 < 200 = 32/186 individuals (17%)

77/186 detectable VL (41%)

Mean VL 12,812

26 VL >10,000; 6 VL >100,000

Patient Categories



Total number (n = 237)
Median CD4 500



Formal
Psychiatric
Diagnosis
(N = 51, 22%)

Median CD4 414

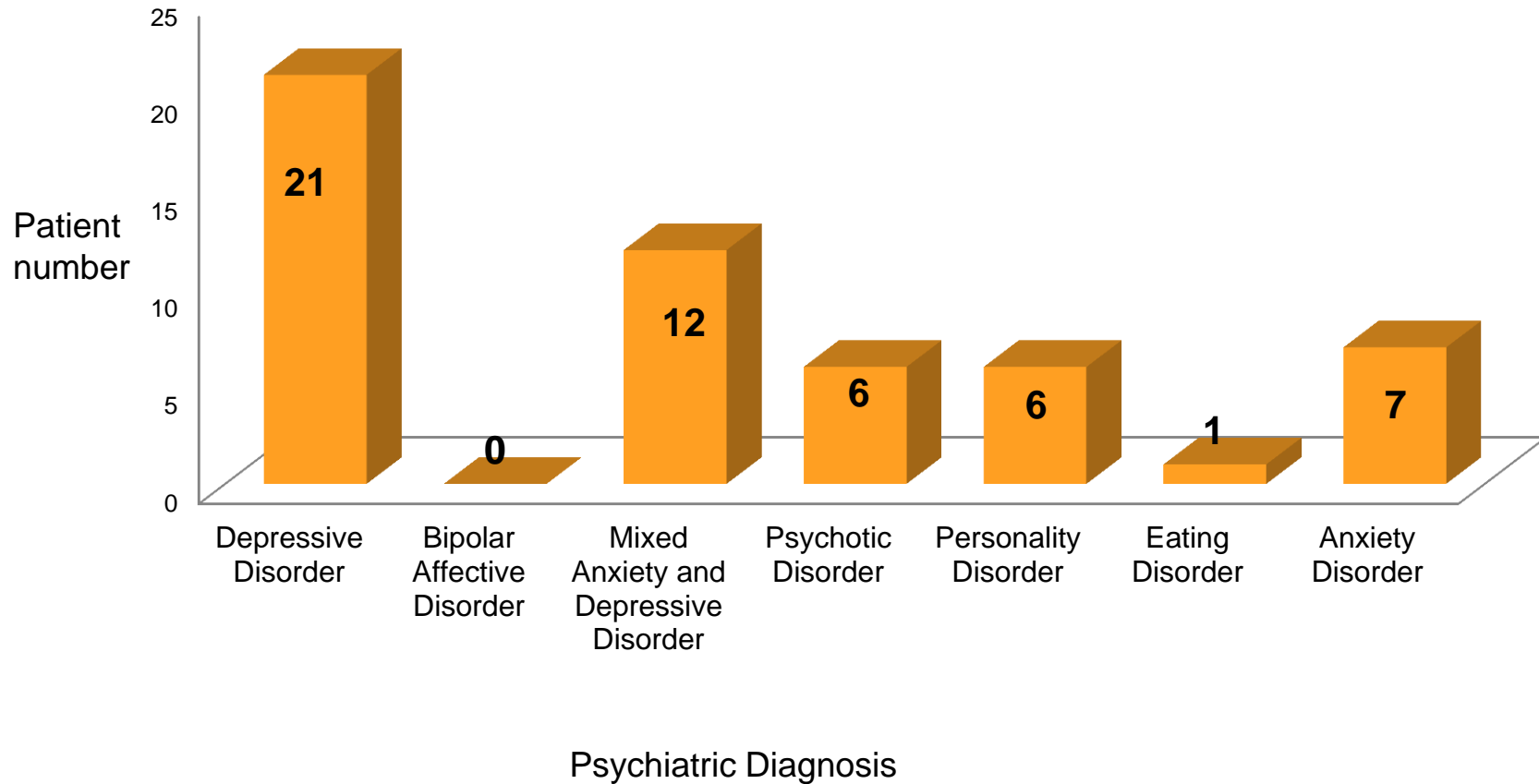
No Formal Psychiatric
Diagnosis but
behaviours indicating
Psychological Distress
(N = 60, 25%)

Median CD4 349

No Formal
Psychiatric diagnosis
and No
Psychological
distress
(N = 126, 53%)

Median CD4 577

Prevalence of Psychiatric Diagnoses



51 patients (22%) in total with formal psychiatric diagnosis.

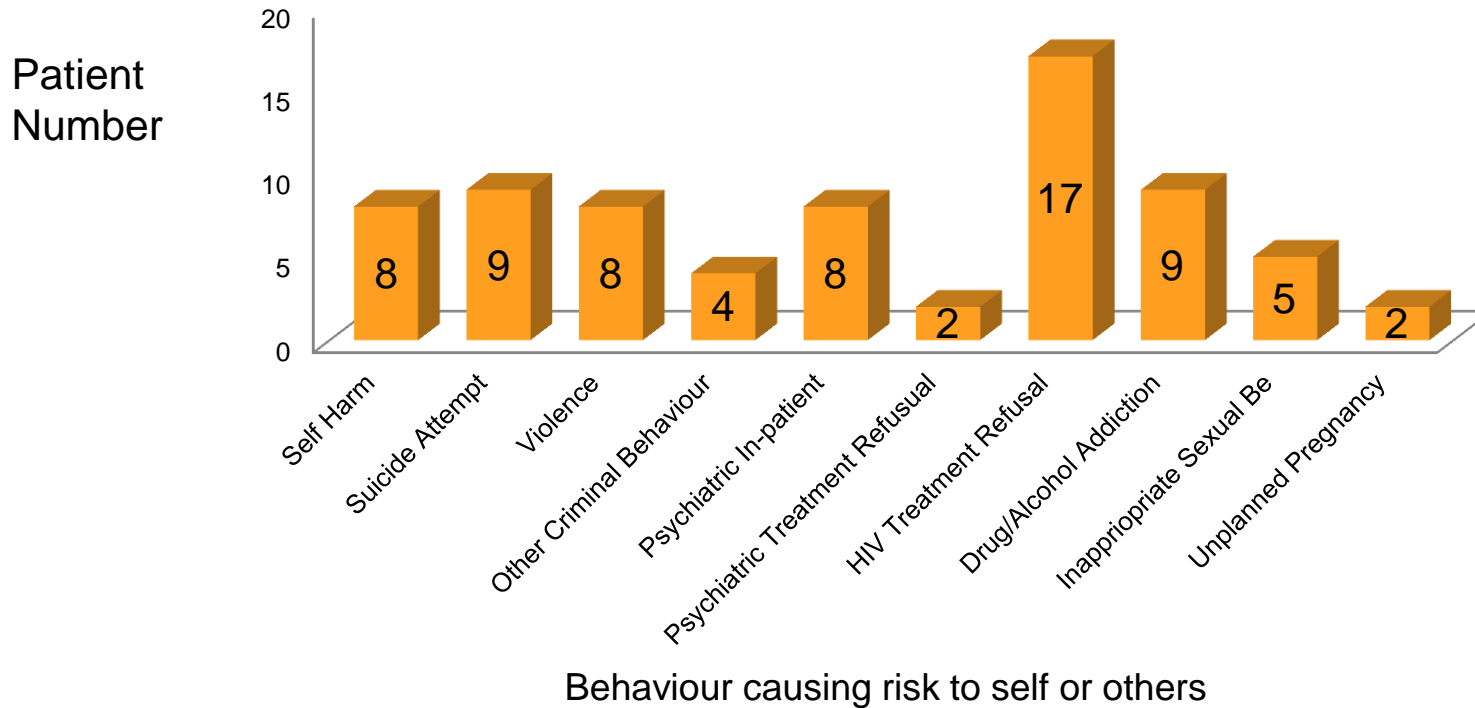
Patients with formal psychiatric diagnoses (N=51)



- Median age = 21
- Median CD4 414 (29%)
($p < 0.002$ compared to CD4 of population without psychological issues*).
- Median age of Psychiatric diagnosis = 18
- 26 (51%) with documented ongoing psychiatric diagnosis
- 8 /51 (16%) had required in-patient psychiatric care.

*Calculated via Mann Whitney U test

Risk Behaviors in patients with Formal Psychiatric Diagnoses (N = 51)



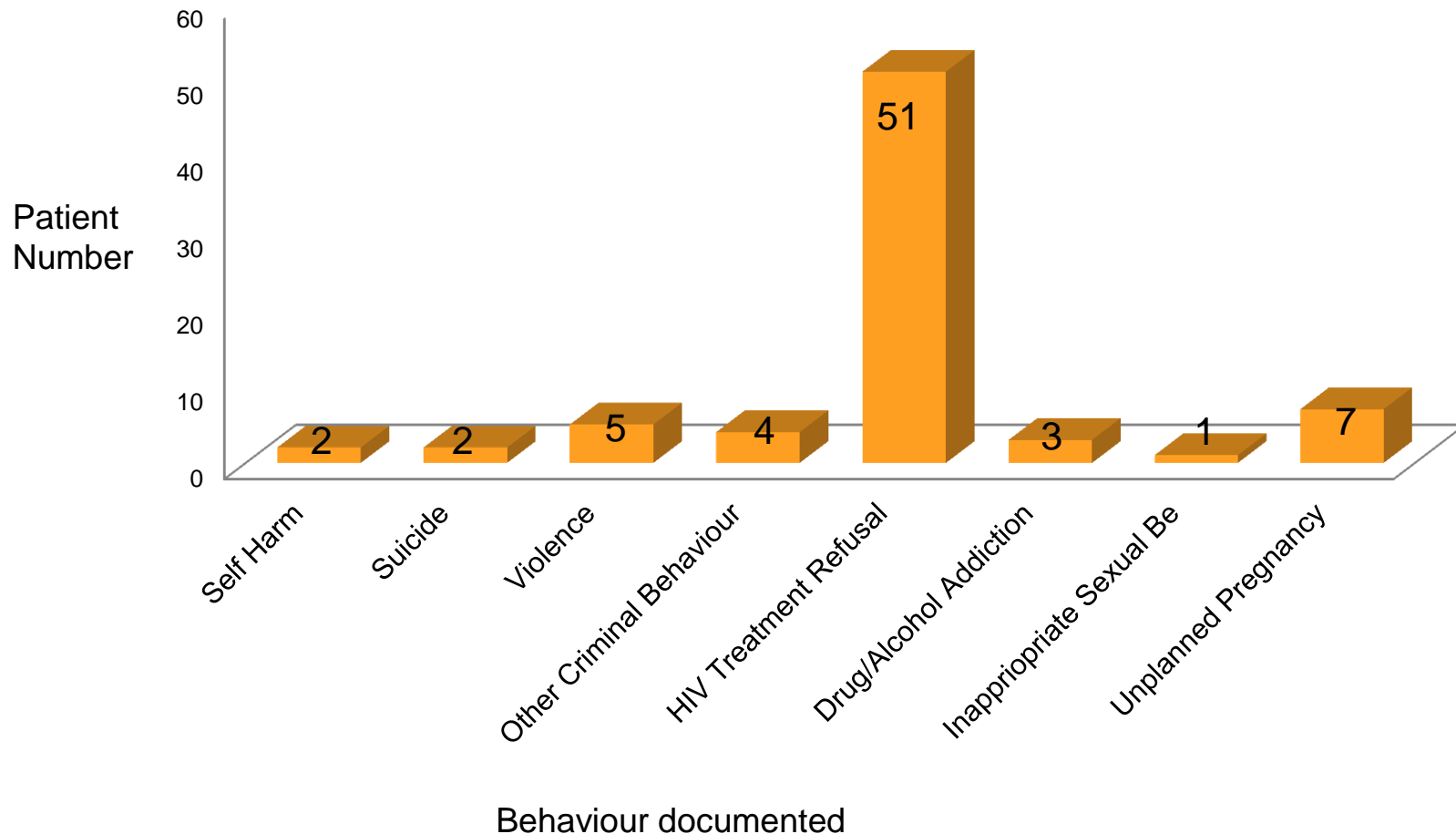
Prevalence of those with no formal psychiatric diagnosis, but behaviors indicating psychological distress



- 60/186 (32 %) of patients
- Median age = 20.5 years
- Median CD4 349.5 (21%).
CD4 <200 = 13 (28 %)
($p < 0.0004$ compared to CD4 of population without psychological issues*)
- 28/46 (60.8%) with detectable VL.

*Calculated via Mann Whitney U test

Prevalence of behaviors indicating psychological distress in those without a formal psychiatric diagnosis (N = 60)



Support facilities available in clinics



	Psychology	Counsellor	Other
1	Full time	Full time	
2	By referral – not same day	Nil	
3	Available x2/wk – not same day	Nil	Voluntary
4	Part time – not same day	Nil	Peer Mentor
5	Available – not same day	Nil	Voluntary
6	Every clinic	Nil	
7	Every clinic	Nil	Liason Psychiatry / Voluntary agencies
8	Full time	Access possible	Voluntary

All Clinics had good access to Physicians, Health Advisors, Clinical Nurse Specialists and Multidisciplinary team meetings

Feedback from clinics re support services



- Poor interaction / communication between psychiatry and HIV services
- Difficult to access community mental health services: “out of area” / self referral / GP referral
- Limited availability of psychology services
- Issues of patient’s experiencing stigma re. HIV within psychiatric services

Recommendations




- Early psychology assessment & intervention pre transition in paediatric services
- Psychology on same day as young persons clinic.
- Direct referral pathways to community mental health services.
- Voluntary agencies and Peer Support.
- Clear communication and co-ordination of care between physical and mental health teams.

In Summary

- 22% of individuals had formal psychiatric diagnosis – similar to general population ⁽⁵⁾
- However 1/3 of patients without formal diagnosis with psychological distress.
- 111/237 (46.8 %) requiring emotional and psychological support.
- Statistically lower CD4 counts in those with formal psychiatric diagnoses and especially psychological distress.
- Over half of psychiatric diagnoses emerging at time of transition.
- Vigilance for emergence of psychiatric disorders in paediatric and transition services and awareness of available psychological services and referral pathways.

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