BHIVA British HIV Association

2024 Spring Conference

Mon 29th April – Wed 1st May
Birmingham, UK

Psychotic disorders in young adults with perinatally acquired HIV: clinical and psychosocial characteristics of a UK cohort

Indira Mallik[a], Krupa Ravi[b], Graham Frize[c], Sara Ayres[c], Sarah Fidler[c,d], and Caroline Foster[c]

[a]Barts Health NHS Trust, London, U.K.; [b]NHS Lothian, Edinburgh, UK; [c]900 Clinic, Imperial College Healthcare NHS Trust, London, UK, [d]Imperial College London and Imperial College NIHR BRC, UK.

Conflict of Interest

In relation to this presentation, I declare that I have no conflict of interest

Speakers are required by the Federation of the Royal Colleges of Physicians to disclose conflicts of interest at the beginning of their presentation, with sufficient time for the information to be read by the audience. They should disclose financial relationships with manufacturers of any commercial product and/or providers of commercial services used on or produced for patients relating to the 36 months prior to the event. These include speaker fees, research grants, fees for other educational activities such as training of health professionals and consultation fees. Where a speaker owns shares or stocks directly in a company producing products or services for healthcare this should also be declared.

Background

Psychosis encompasses a number of symptoms associated with significant alternations to a person's perception, thoughts, mood, and behaviour.

Age of first onset is usually 15- 30 years

In the general population 0.5 -1.5% of UK 16–34-year-olds have experienced psychosis.

Psychosis can be organic or non-organic. Risk factors for non-organic psychosis may be biological, or environmental and socioeconomic.

Methods

Retrospective case note review of young adults with perinatally acquired HIV at a dedicated clinic in London (n=184) up to June 2022.

Results

19/184 (10.6%) had experienced psychosis.

Median age at first episode of psychosis: 21 (range 14-29) years

11/19 (57.9%) had probable non-organic psychosis

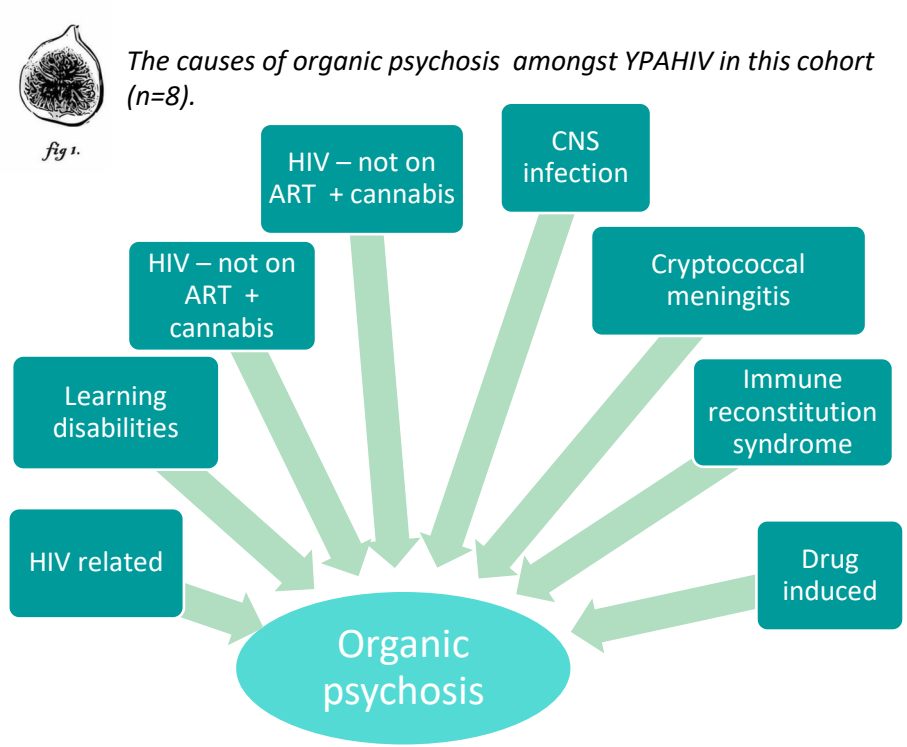


fig 1. *The causes of organic psychosis amongst YPAHIV in this cohort (n=8).*

16/19 (84.2%) required antipsychotic medication

All 19 required an in-patient stay

Demographics	YPaHIV with psychosis (n=19)	Whole clinic (n=184)
Median age	27 (IQR 23-29) years	27 (IQR 23-29) years
Male	52.6%	43.0%
Black	78.9%	85.0%
Born outside the UK	42.1%	55.8%

HIV related factors	Non-organic (n=11)	Organic (n=8)	All (n=19)
Viral load <200 c/ml at psychosis diagnosis	8/10 (80%)	2/7 (28.6%)	10/17 (58.8%)
Median CD4 count at psychosis (cells/µL)	685 (IQR 416-853) (n=10)	79 (IQR 36-650)	615 (IQR 63-779) (n=18)
Median nadir CD4 count (cells/µL)	333 (IQR 138-579)	47 (IQR 9-181)	169 (IQR 14-493) (n=18)
Past CDC-C diagnosis	4 (36.4%)	5 (62.5%)	9 (47.7%)
Learning disability impacting independent living	1 (9.1%)	3 (37.5%)	4 (21.1%)

Adverse life events	Non-organic (n=11)	Organic (n=8)	All (n=19)
Recreational drug use	2 (18.2%)	5 (62.5%)	7 (36.8%)
First degree relatives with a mental health diagnosis	5/7 (71.4%)	2/3 (66.7%)	7/10 (70%)
Experience of violence	6 (54.5%)	3 (37.5%)	9 (47.3%)
Homelessness/housing insecurity	4 (36.4%)	2 (25%)	7 (36.8%)
Parental death	5 (45.5%)	5 (62.5%)	10 (52.6%)
Looked after child	2/10 (20%)	4 (50%)	6 (31.6%)
Resident in 3 most deprived deciles of the Index of Multiple Deprivation (IMD)	6 (54.5%)	3 (37.5%)	9 (47.4%)

11 (57.9%) had ≥1 additional mental health diagnoses: depression/low mood (81.8%) anxiety (54.5%)

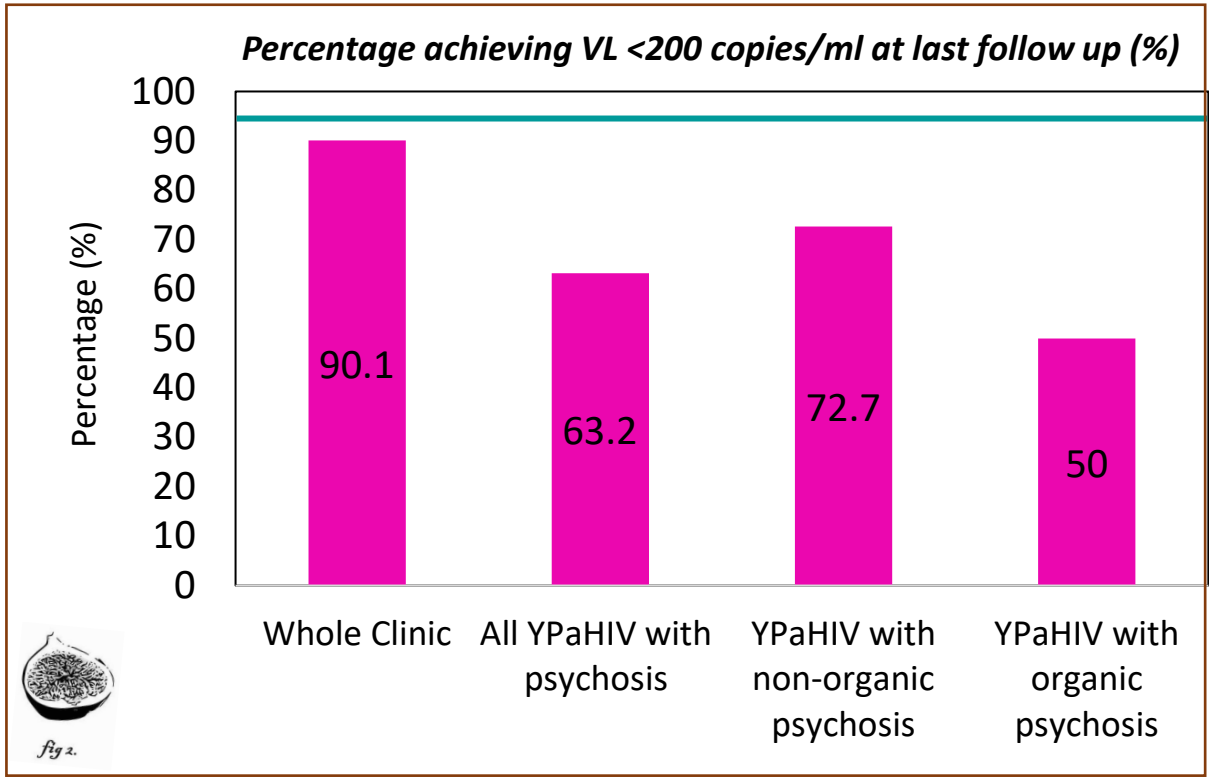
57.9% had recurrent episodes of psychosis

90.9% of those with non-organic psychosis required CMHT follow up of median length 31 (IQR 9-50) months.

71.4% of those with organic psychosis required CMHT follow up of median length 19 (IQR 0-43) months.

Median length of follow up since first episode psychosis was 60 (IQR 24.5-75) months

In those who experienced psychosis there was a negative impact on viral suppression:



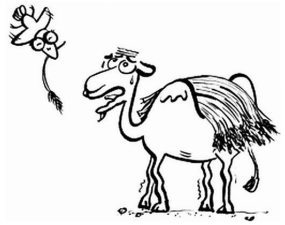
and on employment outcomes:

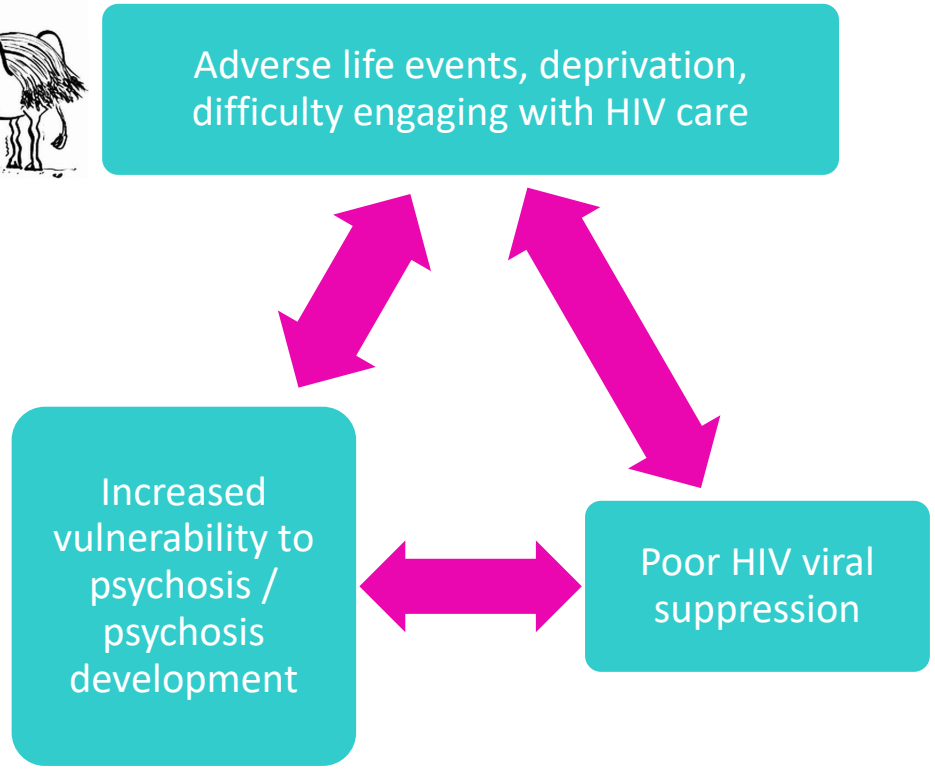
82.4% (16/19) were neither employed nor in full time education compared to 32% in the whole clinic

Conclusions

- 10.6% had experienced psychosis– **YPaHIV had 10 x greater prevalence of psychosis compared to the age matched general population.**
- There was a **high incidence of deprivation, adverse life events and vulnerability.**
- **More than half had recurrent episodes** of psychosis.
- **Ongoing impact on health + social care outcomes** (measured by VL suppression and rates of employment). Implications for the 3rd and the 4th 90.

There is a clear need for integration of mental health and social care services into HIV care





What's next?

- Multicentre data in the UK - we are working on this!
- What does this mean for the worldwide population of young people living with perinatally acquired HIV, the majority of whom live in resource poor settings?

Thank you

Acknowledgements: Patients at the 900 clinic, and the entire 900 team

indira.mallik1@nhs.net