Dr Iain Reeves
Homerton University Hospital, London
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Homerton University Hospital, London

<table>
<thead>
<tr>
<th>Speaker Name</th>
<th>Statement</th>
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<tbody>
<tr>
<td>Dr Iain Reeves:</td>
<td>Dr Reeves has acted as a speaker at company-sponsored events for Gilead, BMS and Janssen-Cilag. He has also received personal grants for attending conferences from the same companies.</td>
</tr>
</tbody>
</table>

| Date | April 2012 |
Management of HIV+ patients with mental health problems

Iain Reeves
Homerton Hospital
Why mental health?

• Mental health problems are common and under-diagnosed

• Prevalence in HIV+ considerably higher
  – Stigma, social isolation, populations at risk

• People with diagnosed mental illness have higher rates of HIV
  – Reported 4-29% prevalence in serious mental illness

• Depression, Stress and Trauma associated with:
  – More rapid CD4 decline
  – Increased AIDS related mortality

*Leserman 2008
Cournos and McKinnon 1997*
## Adherence and use of SSRIs

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Depressed. No SSRIs</th>
<th>Depressed + SSRIs + good adherence to SSRIs</th>
<th>Comparison between depressed groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence to HAART ≥ 90% (adjusted odds)</td>
<td>0.81 (0.70 - 0.91, p = 0.03)</td>
<td>1.13 (0.86 – 1.49, p = 0.39)</td>
<td>p = 0.01</td>
</tr>
<tr>
<td>Adjusted odds of VL &lt;500 after 12 months</td>
<td>0.77 (0.62 – 0.95, p = 0.02)</td>
<td>0.95 (0.71 – 1.28, p = 0.76)</td>
<td>p = 0.05</td>
</tr>
<tr>
<td>Change in CD4 count at 12 months (adjusted)</td>
<td>- 19 (-45 to +8, p = 0.17)</td>
<td>+19 (-4 to +43, p = 0.10)</td>
<td>p = 0.01</td>
</tr>
</tbody>
</table>

Adapted from Horberg et al, 2008
Symptoms and behaviour

• Cross-sectional UK study (Harding et al 2010)
  – Greater psychological symptoms significantly associated with
    • Poorer adherence
    • UAI in previous 3 months with partner not known HIV+

• Change in risk behaviour in MSM needs to
  – address motivation and skills

Johnson et al, Cochrane Library, 2008
Suicide – Swiss HIV Cohort Study

Keiser et al 2010
Anti-retroviral therapy
## Drug-drug interactions

<table>
<thead>
<tr>
<th></th>
<th>Citalopram</th>
<th>Amtriptyline</th>
<th>Olanzapine</th>
<th>Lithium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boosted PI</td>
<td>May affect citalopram levels</td>
<td>? arrhythmia</td>
<td>?</td>
<td>Cases of decreased Li levels with ATV</td>
</tr>
<tr>
<td>Efavirenz</td>
<td>May affect citalopram levels</td>
<td>ok*</td>
<td>?</td>
<td>ok*</td>
</tr>
<tr>
<td>Raltegravir</td>
<td>ok*</td>
<td>ok*</td>
<td>ok*</td>
<td>ok*</td>
</tr>
<tr>
<td>Rilpivrine</td>
<td>ok*</td>
<td>ok*</td>
<td>ok*</td>
<td>ok*</td>
</tr>
</tbody>
</table>

* = predicted effect

NB St John’s Wort
Overlapping side-effects and toxicity

• CNS effects!
• GI side effects
• Weight gain
• Metabolic effects – increased glucose and dyslipidaemia
Drugs which may prolong QT\textsubscript{c} interval

- Efavirenz
- Boosted Protease Inhibitors
- Methadone
- Citalopram
- Tricyclic anti-depressants
- Antipsychotics: older > newer atypicals
Cases
Bipolar disorder
Severe depression
Schizoaffective disorder

CD4
Viral Load
ATAZANAVIR
RITONAVIR
TRUVADA

127699 127699
Depression

CD4

Viral Load

NNRTI resistance
No mental illness
Management issues
Screening

• Use validated tool
• Do it in the first 3 months after diagnosis
• Do it annually
• Have access to further assessment
• Be able to implement stepped care model
The “stepped care model”

- **Level 1**
  - Understand and be able to respond to obvious distress.
  - Be supportive.

- **Level 2**
  - Screen and assess risk of harm.
  - Brief interventions.

- **Level 3**
  - Assessment of psychological problems and delivery of interventions according to specific theoretical model.
  - Identify psychiatric problems.

- **Level 4**
  - Specialist interventions for serious mental illness.
Homerton pilot - CDQ

- Interview lasting 20-30 minutes, no specialist mental health training needed
- 23/36 (64%) screen positive
- 17/23 (74%) attended for further assessment and all confirmed

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major depressive disorder</td>
<td>36%</td>
</tr>
<tr>
<td>Generalized anxiety disorder</td>
<td>31%</td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>14%</td>
</tr>
<tr>
<td>PTSD</td>
<td>28%</td>
</tr>
<tr>
<td>Alcohol misuse</td>
<td>22%</td>
</tr>
<tr>
<td>Drug misuse</td>
<td>25%</td>
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</table>

Zetler 2011
NICE and depression

- During the last month, have you often been bothered by feeling down, depressed or hopeless?

- During the last month, have you often been bothered by having little interest or pleasure in doing things?

- If yes to one →
  - ...feelings of worthlessness?
  - ... poor concentration?
  - ... thoughts of death?
Other recommendations

• Recognise importance of HIV appropriate services
  – Stigma, disclosure, risk, prognosis
• Clear care pathways
  – Engage with primary care
• Deal with different boundaries
  – Or develop chronic illness care pathways!
• Advocacy
Summary

• Mental health problems are important – you have to look for them to manage them

• Managing mental health problems requires an integrated approach
  – The person
  – The pharmacology
  – Competent staff
  – The health system

• We have to make it happen