Dr Iain Reeves

Homerton University Hospital, London

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COMPETING INTEREST OF FINANCIAL VALUE ≥ £1,000:	
Speaker Name	**Statement**
Dr Iain Reeves:	Dr Reeves has acted as a speaker at company-sponsored events for Gilead, BMS and Jannsen-Cilag. He has also received personal grants for attending conferences from the same companies.
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

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

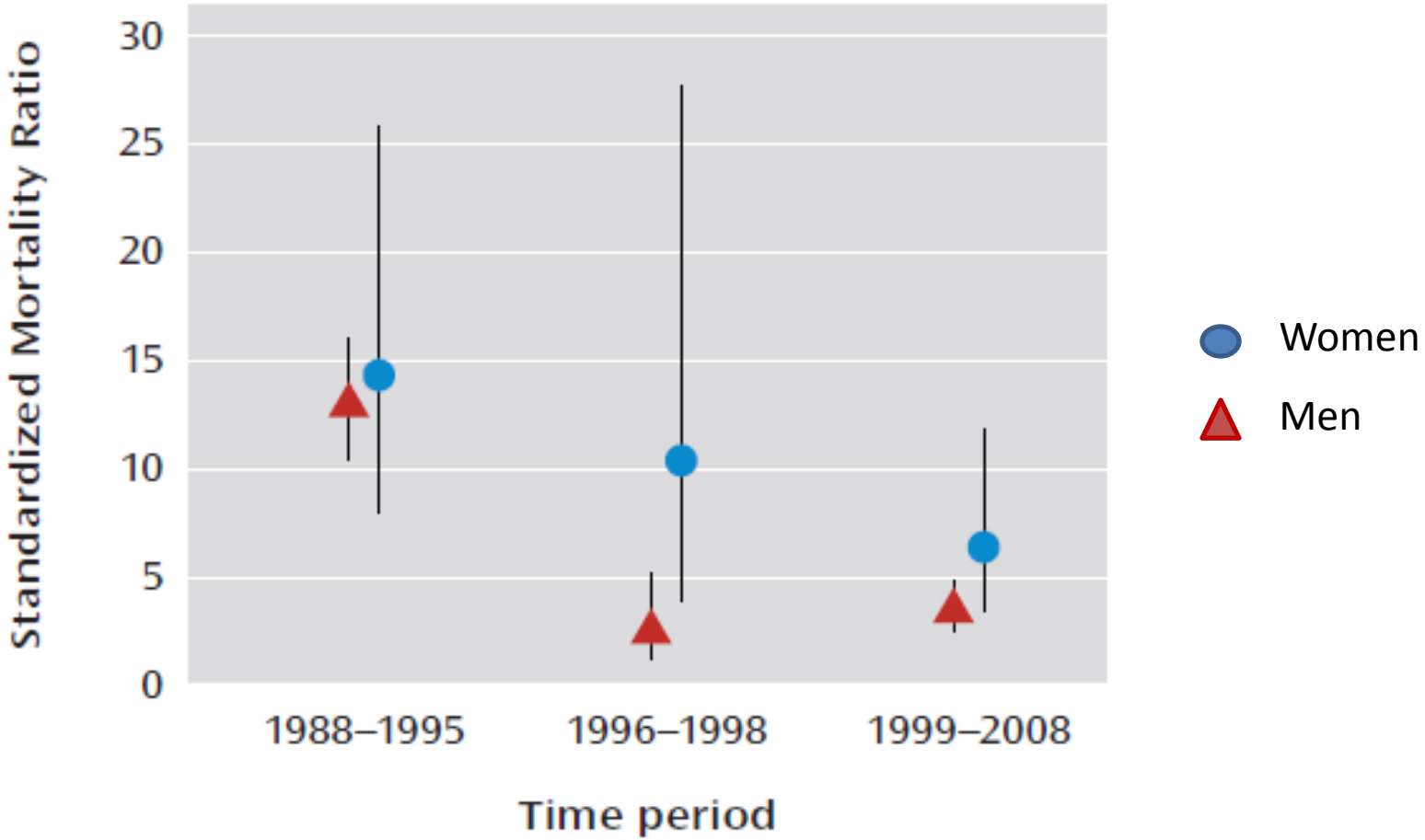
Adapted from Horberg et al, 2008

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

	Citalopram	Amtriptyline	Olanzapine	Lithium
Boosted PI	May affect citalopram levels	? ?arryhthmia	?	Cases of decreased Li levels with ATV
Efavirenz	May affect citalopram levels	ok*	?	ok*
Raltegravir	ok*	ok*	ok*	ok*
Rilpivrine	ok*	ok*	ok*	ok*

* = 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_c interval

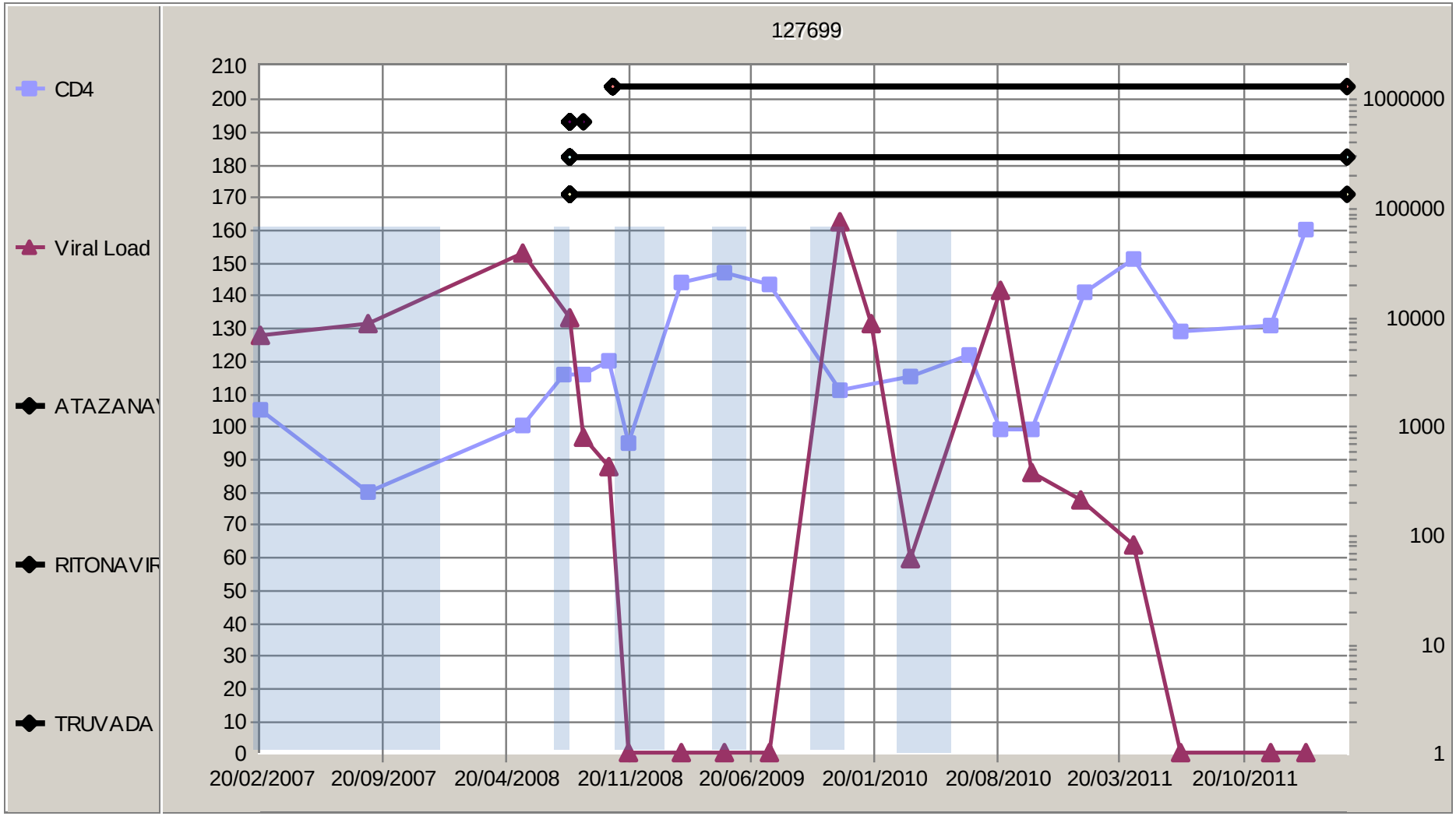
- Efavirenz
- Boosted Protease Inhibitors
- Methadone
- Citalopram
- Tricyclic anti-depressants
- Antipsychotics: older > newer atypicals

Cases

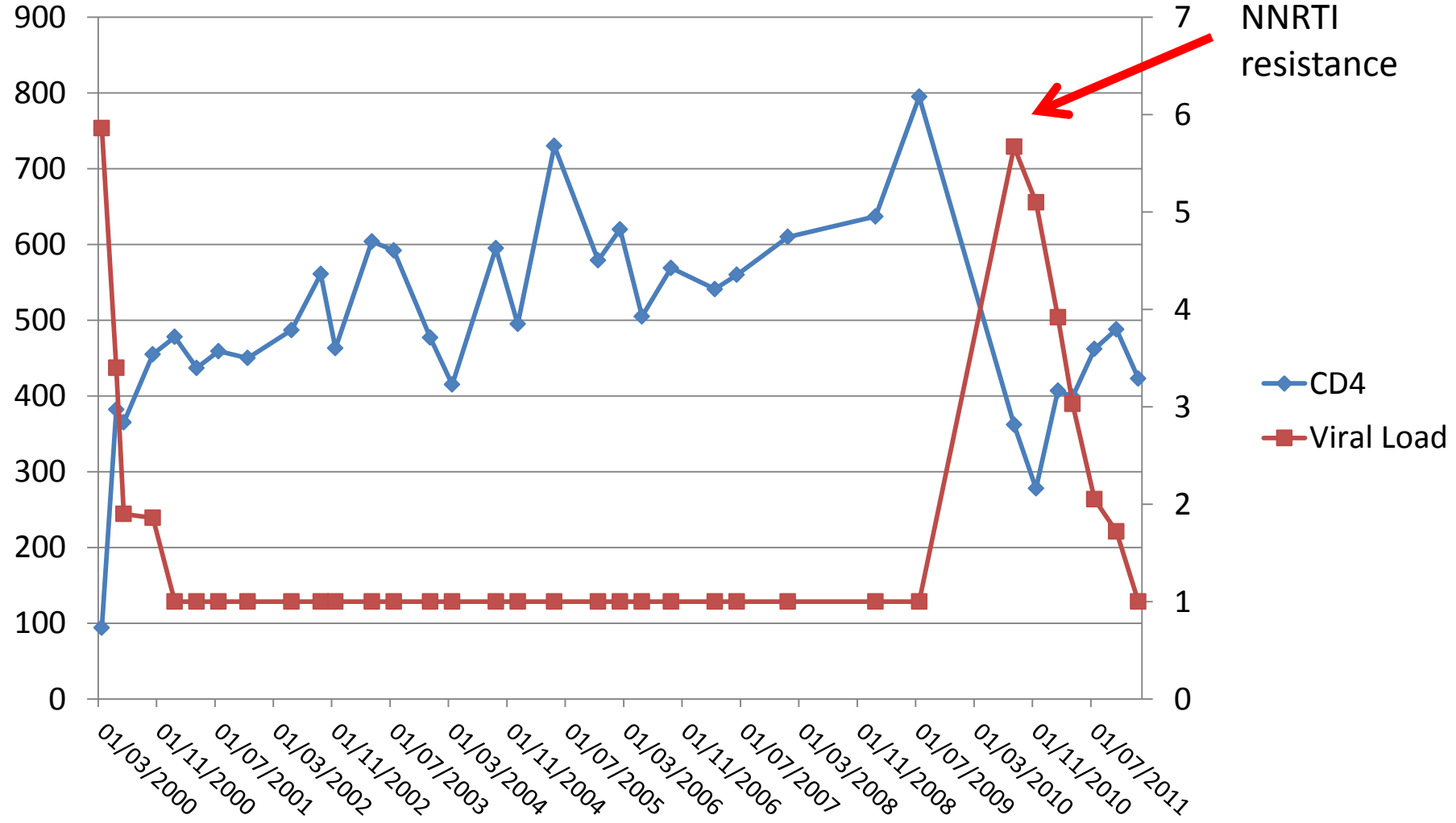
Bipolar disorder

Severe depression

Schizoaffective disorder



Depression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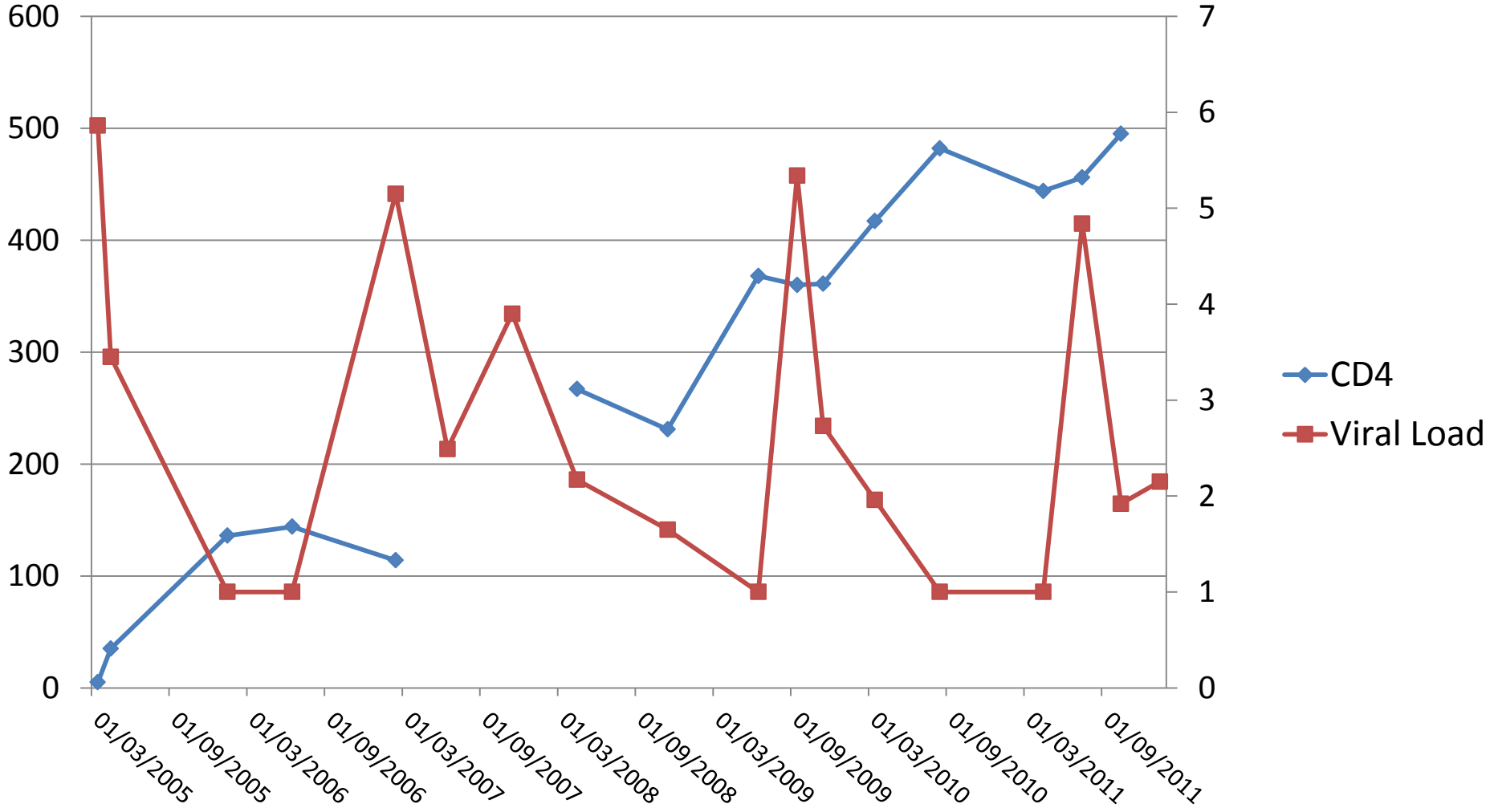
NNRTI resistance
CD4
Viral Load

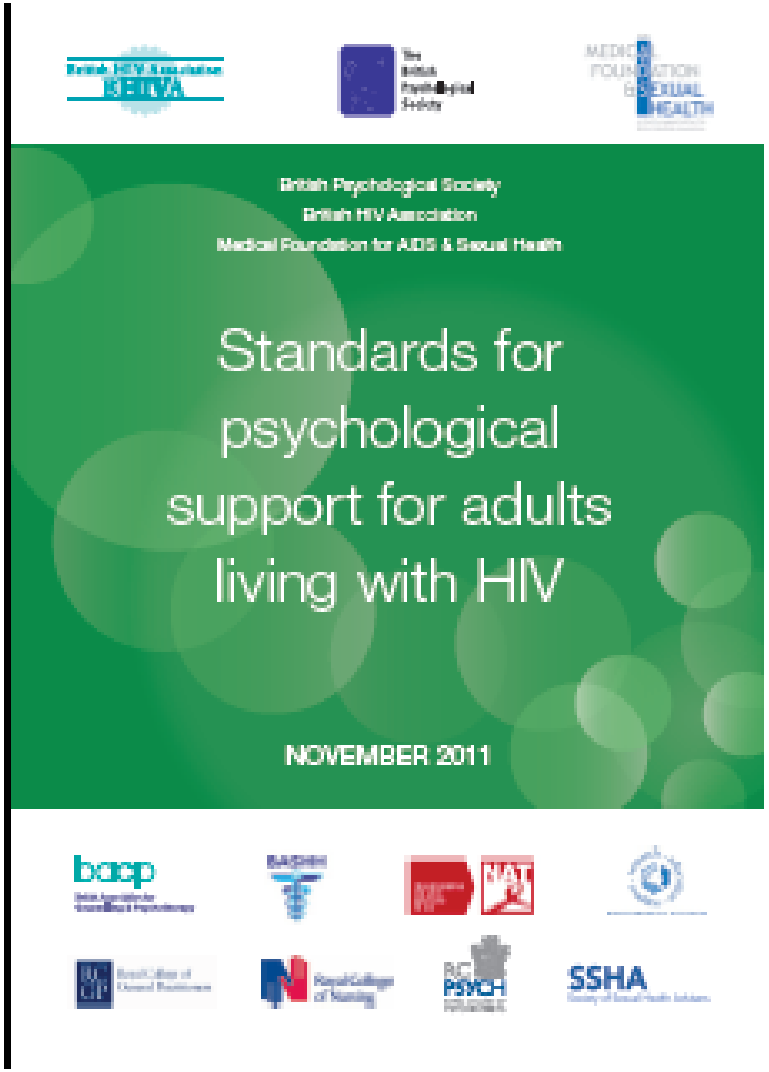
No mental illness



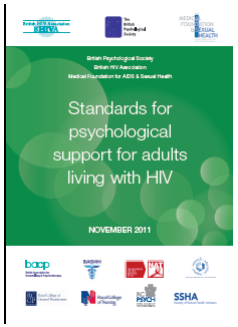
Management issues

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

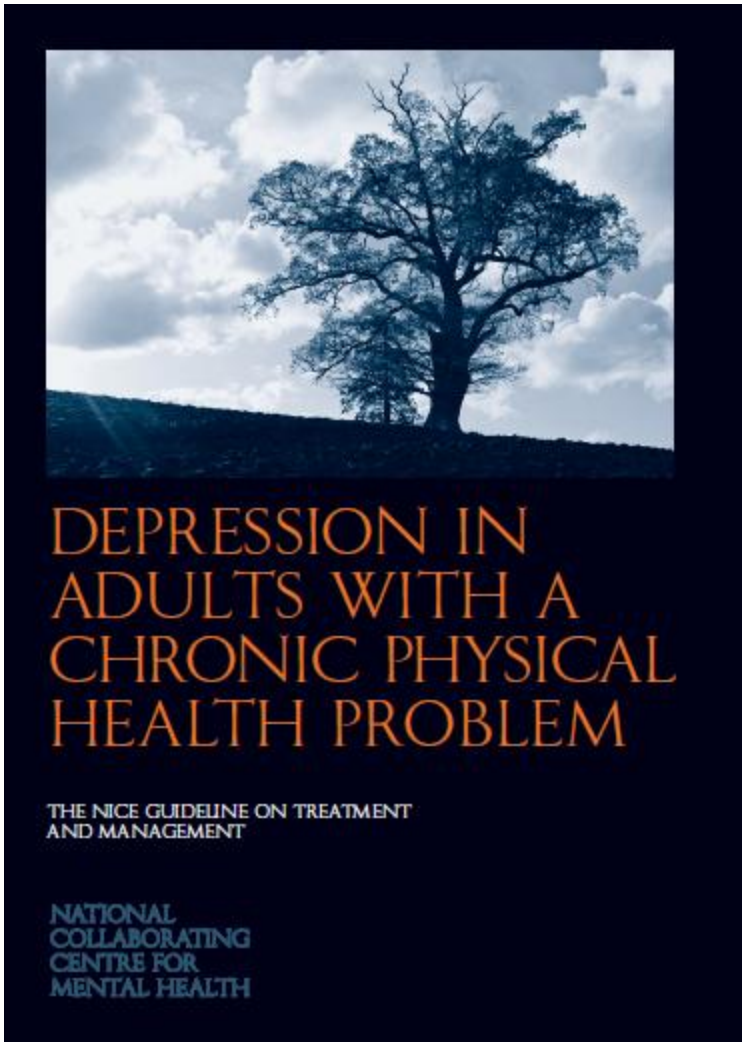
Disorder	Percentage
Major depressive disorder	36%
Generalized anxiety disorder	31%
Panic Disorder	14%
PTSD	28%
Alcohol misuse	22%
Drug misuse	25%

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