

# **AIDS Psychiatry 2008**

May 8, 2008

Organization of AIDS  
Psychiatry and American  
Psychiatric Association  
Office of HIV Psychiatry  
Collaborative  
Symposium

# **A Biopsychosocial Approach to AIDS: The 27th Year**

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# AIDS Psychiatry

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- **AIDS: A paradigm for integrated care**
- **Psychiatric disorders: Vectors of HIV**
- **Psychiatric disorders: Barriers to adherence to HIV risk reduction and HIV medical care**
- **Psychiatrists: In a unique position to prevent HIV transmission and improve adherence to HIV medical care**

# **AIDS Psychiatry: A Paradigm for Integrated Care**

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- **Complex and severe medical and psychiatric illness**
- **Breadth of manifestations**
  - elements of nearly every other illness
- **Persons with AIDS are vulnerable**
  - medically
  - psychiatrically
  - socially

**Taboo Topics**

Sex  
Drugs  
Infection  
Death

Hepatitis C    HIV-Nephropathy  
TB    Dementia    Delirium  
Psychosis    Injecting Drug Use  
PCP    CMV    PML

**Multisystem Illness**

Dermatological  
Endocrinological  
GI  
Infectious  
Neurological  
Oncological  
Ophthalmological  
Psychiatric  
Pulmonary

**Prevention**

Barrier contraception  
Drug treatment  
Safe sex  
Sterile works

**AIDS**

**Psychiatry**

**Lethality**

**Adherence to Prevention and Treatment**

Women    African-American    Latino-American    Men who have sex with men    Addicted Children    Elderly

**Vulnerable Populations**

# Medical Need for Integrated Care for Persons with HIV and AIDS

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- Increase in deaths from non-HIV related causes: 19.8% to 26.3% from 1999 – 2004
- Non-HIV related deaths: substance use, cardiac and cancer accounted for 76%
- Need for a comprehensive approach to medical and mental health

Sackoff et al. *Ann Intern Med* 2006; 145:397-406

Aberg JA. *Ann Intern Med* 2006; 145:463-465

# **Vulnerability to Medical Illness - A Case Vignette: Ms. A**

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**Ms. A is a 60 year old divorced disabled former guidance counselor with HIV who was referred for depression 10 years ago, left treatment after 4 years and recently returned for psychiatric care.**

**Within the past year, Ms. A began hemodialysis for ESRD, was diagnosed with COPD, required a tracheotomy, and was recently diagnosed with myeloproliferative disorder, the illness that resulted in her mother's death.**

# Mental Health Need for Integrated Care in HIV and AIDS

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- Persons with psychiatric disorders may lack access to care
- May die of nonadherence to care
- Can benefit from medical and psychiatric care
- Treatment of depression not only alleviates suffering but decreases viral load

Antoni et al. 2006

# High Prevalence of HIV Infection in Persons with Mental Illness

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- HIV prevalence is 0.6% in the U.S. general population
- HIV prevalence is 7.8% among persons with mental illness in the U.S.
- HIV prevalence is 3X higher in persons with schizophrenia and 4X higher in persons with mood disorders

*UNAIDS 2002*

*Clin Psychol Rev 1997; 17:259–269*

*Psychiatric Services 2002; 53:868-873*

# High Prevalence of HIV in Persons Treated for Mental Illness

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- 3x higher in persons with treated schizophrenia
- 4x higher in persons with treated affective disorder

*Blank MB, Mandell DS, Aiken L, Hadley TR.  
Co-occurrence of HIV and serious mental illness  
among Medicaid recipients. Psychiatric Services  
2002; 53:868-873*

# Higher Prevalence of HIV with Untreated Mental Illness

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- HIV rate is estimated to be much higher with untreated serious mental illness and may be 10 to 20 times that of the general population

*Blank MB, Mandell DS, Aiken L, Hadley TR.  
Co-occurrence of HIV and serious mental illness  
among Medicaid recipients. Psychiatric Services  
2002; 53:868-873*

# Vulnerability to Mental Illnesses: the 5 Ds of HIV Psychiatry

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- Dementia
- Delirium
- Depression
- Drug dependence
- Death by suicide

# Need for Integrated Care in HIV-HCV Coinfection

- Alcohol dependence doubles the risk of cirrhosis in HIV-HCV coinfection
- Persons with HIV-HCV are more vulnerable to depression
- Persons on treatment with Interferon/ribavirin are vulnerable to depression, suicide, and psychosis

Maillard and Sorrell, 2005

Raison et al., 2006

Braithwaite et al., 2005

Koziel and Peters, 2007

Hoffman et al., 2003

# Vulnerability to Medical Illnesses: Pulmonary

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- Opportunistic infections
  - *Pneumocystis carinii* pneumonia, *toxoplasma gondii*, aspergillosis, *mycobacterium avium* complex (MAC)
- Tuberculosis
- Lymphocytic interstitial pneumonitis
- Kaposi's sarcoma
- Non-Hodgkin's lymphoma

# Vulnerability to Medical Illnesses: Neurologic

- HIV-associated dementia (HAD)
- HIV-myelopathy
- HIV-neuropathy
- Opportunistic infections
  - *toxoplasma gondii*, cytomegalovirus, progressive multifocal leukoencephalopathy (PML)
- Central nervous system (CNS) lymphoma
- CNS herpes simplex and herpes zoster

# Vulnerability to Medical Illnesses: Gastrointestinal

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- Opportunistic infections
  - candida (oral, esophageal), cytomegalovirus
- Diarrhea and wasting
  - cryptosporidiosis, microsporidiosis, *giardia lamblia*, *clostridium difficile*, cytomegalovirus
- HIV-related hepatocellular disease, granulosing hepatitis, sclerosing cholangitis
- Hepatitis B and C, cirrhosis, and ESLD
- Pancreatitis

# Vulnerability to Medical Illnesses: Neoplastic and Hematologic Disease

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- Kaposi's sarcoma
- CNS lymphoma
- Non-Hodgkin's lymphoma
- Hodgkin's disease
- Anogenital carcinoma
- Cervical carcinoma
- Anemia
- Thrombocytopenia
- Neutropenia

# Vulnerability to Medical Illnesses: Cardiac

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- HIV-cardiomyopathy
- Pulmonary hypertension
- Endocarditis
- Pericarditis
- Neoplastic
  - Kaposi's sarcoma, lymphoma
- Opportunistic infections
  - TB, MAC, *cryptococcus neoformans*, candida, *toxoplasma gondii*

# Vulnerability to Medical Illnesses: Renal

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- HIV-related nephropathy (HIVAN)
- Membranoproliferative glomerulonephritis
- Systemic lupus erythematosus
- Amyloidosis
- End-stage renal disease

# **AIDS Psychiatry: Psychiatry at the Interface**

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- **Medicine**
- **Infectious Diseases**
- **Gastroenterology**
- **Neurology**
- **Cardiology**
- **Nephrology**
- **Pulmonology**
- **Hepatology**
- **Dermatology**
- **Obstetrics**
- **Pediatrics**
- **Geriatrics**
- **Homeless outreach**

# AIDS Psychiatry

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# Most Prevalent Psychiatric Disorders Associated with HIV

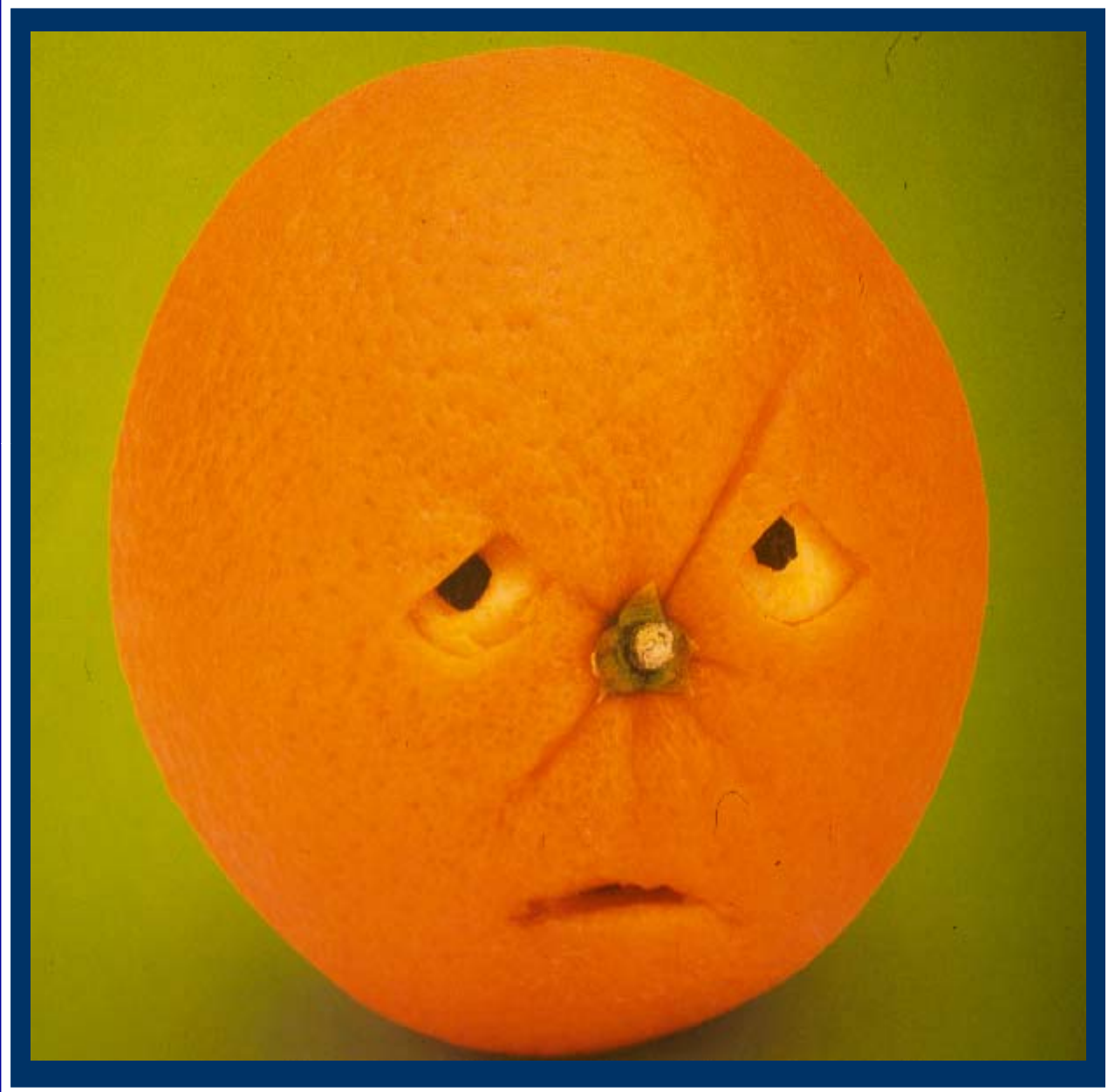
- **Cognitive disorders**
  - Dementia
  - Delirium
- **Substance - related disorders**
- **Posttraumatic stress disorder**
- **Bereavement**
- **Mood disorders**
  - Due to medical condition, with depressed features
  - Due to medical condition, with manic features
  - Major depressive disorder
  - Bipolar disorder
- **Psychotic disorders and schizophrenia**

# Prevalence of Distress in HIV

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- **72.3% prevalence of distress on the Distress Thermometer**
- **70.0% prevalence of anxiety on the HADS**
- **45.5% prevalence of depression on the HADS**

Cohen et al. *Psychosomatics* 2002; 43:10-15



# Blood-Bourne Infection and Severe Mental Illness

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"PTSD emerged as... the only significant predictor of HIV" among persons with severe mental illness in the Five-Site Health and Risk Study

Essock SM, et al. 2003

# PTSD and HIV Often Comorbid

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- **30 – 50% of HIV patients meet criteria for PTSD**
- **60% of those go untreated**
- **Overlap with depression and other psychiatric disorders**

Antoine B. Douaihy

American Psychiatric Association

Institute for Psychiatric Services 2007

# Psychiatric Vectors of HIV

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- Cognitive impairment
  - disinhibition and poor judgment
- Mania
  - disinhibition and hypersexuality
- Psychosis
  - regression
- PTSD
  - sense of foreshortened future, problems with caring for self and body
- Depression
  - problems with self worth
- SUDS
  - intoxication, exchange of sex for drugs

# HIV Prevention in Serious Mental Illness

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- HIV testing availability in psychiatric clinics and inpatient units
- Condom availability in psychiatric clinics and inpatient units
- Education about risk reduction in psychiatric facilities

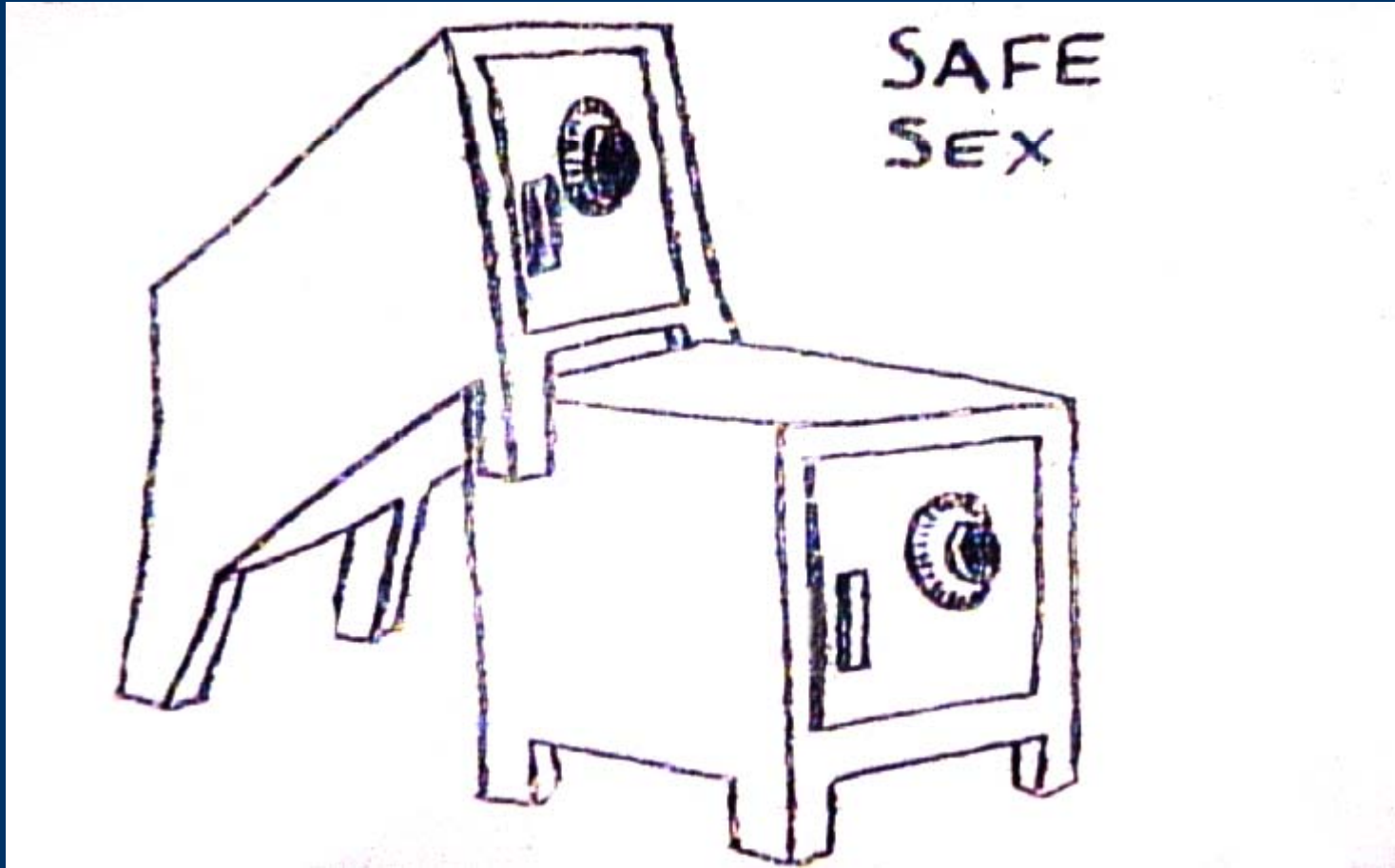
# New AIDS Cases

- USA
  - 45,000 per year as of 2007
  - increased from 40,000 as of 2005
- World
  - 2,500,000 per year as of 2007
  - decreased from 5,300,000 as of 2005

UNAIDS. AIDS Epidemic Update 2007

# New Cases: Major Causes

- Unprotected sexual behavior
- Sharing needles and drug paraphernalia



# AIDS and Injection Drug Use

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- >1/3 of new cases in US from IV drug use
- 40% of US AIDS deaths related to drug use
- All drugs of abuse cause intoxication and increase risky sexual behaviors
  - increasing spread of HIV, HBV, and HCV

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# Nonadherence in HIV

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- Public health implications
  - HIV transmission
- Suffering
- Increased morbidity
- Increased mortality
- Decreased survival

# Adherence

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- Need 95% adherence to ARVs
- Need 100% adherence to safer sex
- Need 100% adherence to use of sterile works

# Adherence and Disclosure

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- Adherence means disclosing serostatus as well as using condoms
- People lie for sex \*
- Fear of rejection
- Fear of abandonment
- AIDS stigma

\* Cochran SD, Mays VM. Sex, lies, and HIV. NEJM 1990; 22:774-775

# Adherence and Disclosure

## Case Vignette: Ms. B

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### **53 year old widow with HIV followed for PTSD**

Six years after her husband died of AIDS, Ms. B joined an online dating service. She did not want to date someone who is HIV positive because she feared another loss.

Before scheduling her first date, she revealed her HIV serostatus in a telephone conversation. Her prospective date never called back. Ms. B received an e-mail from him ending with “Have a nice life.”

She began to use a dating site for HIV positive persons (poz.com) but did not like the men she met and is dating someone HIV negative.

Ms. B fears that disclosure will result in another rejection.

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# Death and Dying

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## Tragic Results of Psychiatric Barriers to Adherence

- Lack of access to care
- Nonadherence to care
- Stopping and starting ARVs
- Emergence of viral mutations and viral multidrug resistance
- Dying of opportunistic infections

# Unique Role of Psychiatrists in the HIV Epidemic

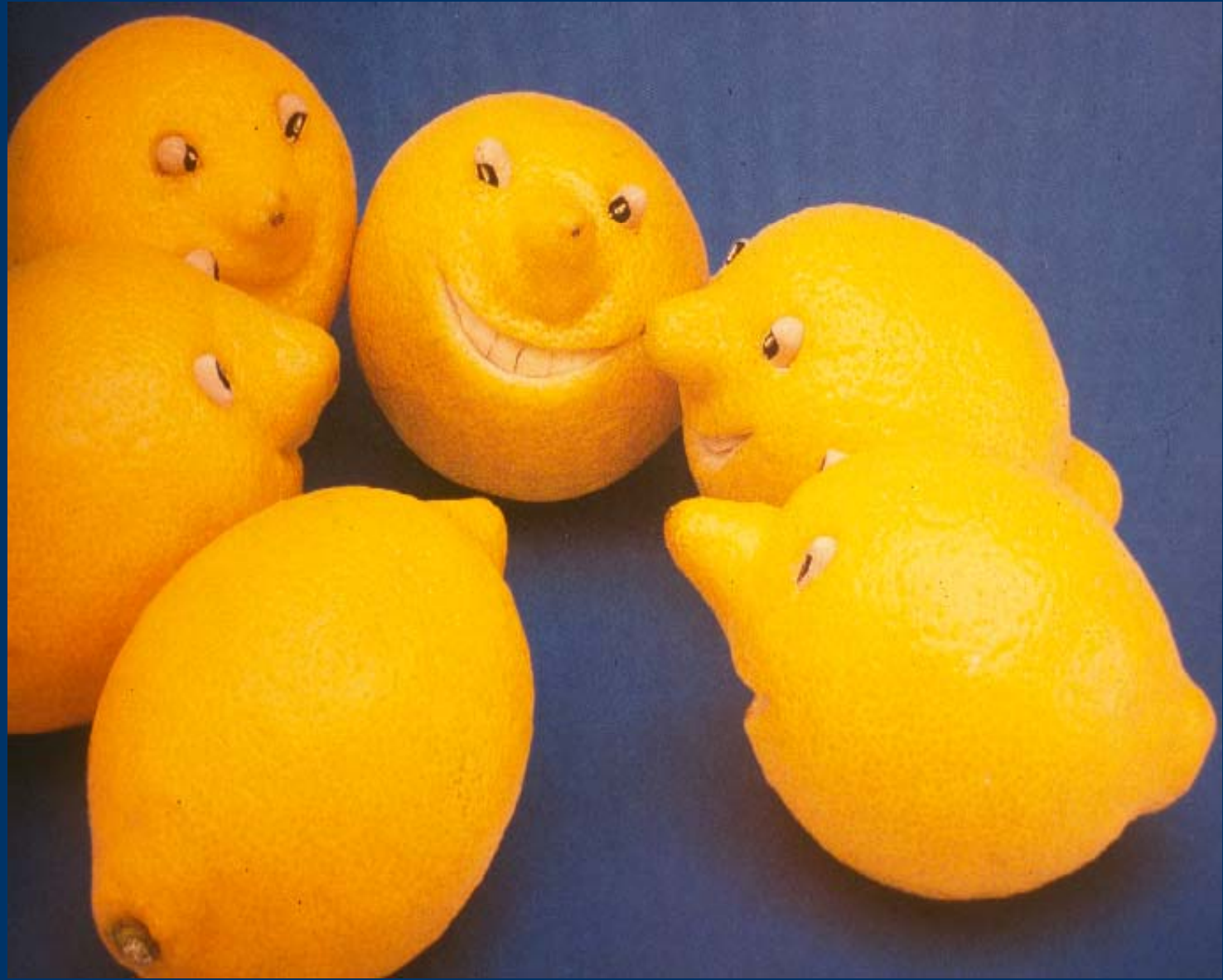
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- Psychiatrists have long-term, non-judgmental, trusting relationships
- Psychiatrists routinely take sexual histories
- Psychiatrists routinely take drug histories
- Psychiatrists encourage behavior change
- Psychiatrists do crisis intervention, psychotherapy, pharmacotherapy, couple, family, and group therapy

# Support Groups

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- **Provide a safe environment to discuss concerns about HIV, its stigma, and its treatments**
- **Provide support from both members and leaders**
- **Confidential**
- **Non-judgmental**
- **Compassionate**
- **Caring**
- **“All in the same boat”**
- **Acceptance and sense of family**



# AIDS Psychiatry

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- Stigmatized illnesses
- Vulnerable populations
- Stigmatized populations
- Multidisciplinary team approach

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**Multisystem Illness**

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Barrier contraception  
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Sterile works

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**Vulnerable Populations**

# Why Psychiatry?

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- High prevalence of psychiatric disorders in the HIV population
- Increased risk of suicide
- Increased risk of dementia
- Increased vulnerability to side effects of psychopharmacologic agents
- Increased vulnerability to the psychiatric side effects of antiretroviral medication

# **Use of Psychotropic Medications in Persons with AIDS**

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**There is no adequate evidence base for  
the use of psychotropic medications in  
persons with HIV and AIDS**

**Randomized controlled clinical trials are  
needed**

**Members of the Organization of AIDS  
Psychiatry participated in an HIV  
Psychiatry Current Practice Consensus  
survey**

# The OAP HIV Psychiatry Treatment Consensus Survey

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- Developed by the Organization of AIDS Psychiatry
- Survey authors: Oliver Freudenreich, MD, Mary Ann Cohen, MD, Harold Goforth, MD and Kelly Cozza, MD

# Preliminary Results of the HIV Psychiatry Treatment Consensus Survey

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- Survey e-mailed to 165 OAP members
- Spring 2008
- 6 e-mails bounced
- 62 of 159 responded
- 40% response rate
- 87% MDs, 6% PhDs, 2% NPs, 11% other
- 71% men, 29% women
- 36% PSM boards, 64% no PSM boards

# Preliminary Results of the HIV Psychiatry Treatment Consensus Survey

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- Newly diagnosed, ARV naïve with depression
- Most would treat with SSRI, citalopram and escitalopram
- Some used NSRI as second line
- Most would never use TCAs
- Most would never use MAOIs
- Most would never or rarely use stimulants

# Preliminary Results of the HIV Psychiatry Treatment Consensus Survey

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- Ritonavir-boosted PI regimen or efavirenz-boosted regimen
- Most would use citalopram, some escitalopram
- Bupropion as second line

# Preliminary Results of the HIV Psychiatry Treatment Consensus Survey

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- Ineffective initial treatment with SSRI for depression
- Most would add bupropion
- Some would add a second SSRI
- Duration of treatment – most at least one year or at least 6 months
- Frequency of treatment – most every month

# Preliminary Results of the HIV Psychiatry Treatment Consensus Survey

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- Antipsychotic treatment preference list in order of preference
- Quetiapine
- Risperidone
- Olanzapine
- Aripiprazole
- Paliperidone
- Zisprosidone

# Preliminary Results of the HIV Psychiatry Treatment Consensus Survey

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Psychotherapy and Group Therapy Choices:

Psychoeducation

Supportive

CBT

IPT

Psychodynamic

# Use of Psychotropic Medications in Persons with AIDS

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## START VERY LOW AND GO VERY SLOW

- The maxim for geriatric psychiatry is even more significant for AIDS psychiatry because of the increased vulnerability of this population
- In the US, 26% of persons with HIV and AIDS are over 50 years old

# AIDS Psychopharmacology: Effects on Patients

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- Slowing of Metabolism
- Drug-Drug Interactions
- Drug–Illness Interactions
  - vulnerability to dysglycemia
  - vulnerability to extrapyramidal side effects
  - vulnerability to falls
  - vulnerability to confusion
  - vulnerability to lipodystrophy

# AIDS Psychopharmacology: Drug–Drug Interactions

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- Cytochrome P450 isoenzyme interactions
  - multiple medications including AIDS-related medications
  - antiretrovirals
  - methadone

# **AIDS Psychopharmacology: Psychiatric barriers to adherence**

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- Dementia
- Delirium
- Depression
- Psychosis
- PTSD

# AIDS Psychiatrists

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- Can identify and treat distress
- Can identify and treat psychiatric disorders:
  - Delirium
  - Dementia
  - Depression
  - Drug dependence
  - Alcohol dependence
  - PTSD

# The Role of Psychiatrists in the AIDS Pandemic

- **Prevention**

*Can promote adherence to:*

- safe sex
- drug treatment
- harm reduction
- needle exchange

- **Treatment**

*Can improve adherence to:*

- medical care
- antiretrovirals

*Can decrease:*

- suffering
- morbidity
- mortality

# Organization of AIDS Psychiatry

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- Founded 2004, meets twice yearly
- To develop networks
- To present work and share findings
- To develop consensus on treatment
- To develop collaborative research
- To educate other clinicians and trainees
- [macohen@nyc.rr.com](mailto:macohen@nyc.rr.com) to join – no dues