

AIDS Psychiatric Disability Criteria: A Biopsychosocial Approach

Mary Ann Cohen, MD
Clinical Professor of Psychiatry
Mount Sinai School of Medicine

Social Security Administration

September 10, 2008

AIDS Psychiatry

- **Relevance for disability determination**
- **Prevalence of psychiatric disorders in persons with HIV and AIDS**
- **Causes of psychiatric disability in persons with HIV and AIDS**
- **Assessment of psychiatric disorders in persons with HIV and AIDS**
- **Role of psychiatrists**

AIDS Psychiatry: A Paradigm for Integrated Care

- **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
Stigma**

Sex
Trauma
Drugs
Infection
Death

Prevention

Barrier contraception
Drug treatment
Safe sex
Sterile works
Trauma prevention

**Severe Multisystem
Illness**

Depression Dementia
Delirium Injecting Drug Use
Mania Psychosis PTSD
HCV PCP TB CMV PML KS

AIDS

Psychiatry

Cardiac
Dermatology
Endocrine
GI
Hematology
Infectious
Neoplastic
Neurologic
Ophthalmology
Psychiatric
Pulmonary
Renal

Lethality

Adherence to Prevention and Treatment

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

Vulnerable Populations

Relevance of AIDS Psychiatric Disability

- **Unrecognized psychiatric disability can lead to nonadherence to medical care and to combination antiretroviral medication (CAM)**
- **Intermittent adherence to CAM can lead to emergence of drug resistance and lead to illness progression**
- **Nonadherence to medical care and visits can lead to dangerous medical consequences from both HIV and its treatments and to medical disability**

Relevance of AIDS Psychiatric Disability

- Adherence
- Morbidity
- Suffering
- Prevention

AIDS Psychiatry

- Relevance for disability determination
- **Prevalence of psychiatric disorders in persons with HIV and AIDS**
- **Assessment of psychiatric disorders in persons with HIV and AIDS**
- **Causes of psychiatric disability in persons with HIV and AIDS**
- **Role of psychiatrists**

Prevalence of Psychiatric Disorders in Persons with HIV

- May have psychiatric disability despite lack of evidence of immunosuppression
- Psychiatric disability may lead to medical disability due to nonadherence
- High prevalence of HIV in persons with mental illness
- High prevalence of mental illness in persons with HIV and AIDS

High Prevalence of HIV Infection in Persons with Mental Illness

- 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

Higher Prevalence of HIV with Untreated Mental Illness

- 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

- 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

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

- **72.3% prevalence of distress on the Distress Thermometer**
- **70.0% prevalence of anxiety on the Hospital Anxiety and Depression Scale or HADS**
- **45.5% prevalence of depression on the HADS**
- **Twice as high as in persons with cancer**

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

PTSD and HIV Often Comorbid and Hidden Diagnoses

- 30 – 50% of HIV patients meet criteria for PTSD
- 60% of those go untreated and are severely disabled
- Overlap with depression and other psychiatric disorders
- May be overshadowed by other diagnoses
- Very difficult to detect

Antoine B. Douaihy

American Psychiatric Association

Institute for Psychiatric Services 2007

AIDS and Substance Use Disorders (SUDS)

- >1/3 of new cases in US from IV drug use
- 40% of US AIDS deaths related to drug use
- All alcohol and other drugs of abuse cause intoxication and increase risky sexual behaviors and may be difficult to diagnose
 - Increasing spread of HIV, HBV, and HCV
 - Disabling to patients and frustrating to physicians

www.drugabuse.gov/scienceofaddiction/sciofaddiction.pdf

Psychiatric Vectors of HIV

- 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
- Substance Use Disorders
 - intoxication, exchange of sex for drugs

AIDS Psychiatry

- **Relevance for disability determination**
- **Prevalence of psychiatric disorders in persons with HIV and AIDS**
- **Causes of psychiatric disability in persons with HIV and AIDS**
- **Assessment of psychiatric disorders in persons with HIV and AIDS**
- **Role of psychiatrists**

Causes of psychiatric disability in persons with HIV and AIDS

- Dementia
- Delirium
- Depression and other mood disorders
- Drug and alcohol dependence
- Psychosis
- PTSD

Causes of psychiatric disability in persons with HIV and AIDS

- 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

Causes of psychiatric disability in persons with HIV and AIDS

- Response to diagnosis of HIV: to first symptom, to first illness, to progression, to end-stage illness
- Effect of virus on brain: delirium, dementia, depression, mania, psychosis
- Effect of antiretroviral and other medications on the brain: delirium, dementia, depression, mania, psychosis
- Concomitant psychiatric illness and HIV and AIDS: schizophrenia, affective disorders, addictive disorders, PTSD
- Social stressors: domestic violence, homelessness, job loss, stigma, ostracism by family

AIDS Psychiatry

- **Relevance for disability determination**
- **Prevalence of psychiatric disorders in persons with HIV and AIDS**
- **Causes of psychiatric disability in persons with HIV and AIDS**
- **Assessment of psychiatric disorders in persons with HIV and AIDS**
- **Role of psychiatrists**

AIDS Psychiatric Disability Assessment

- Need for thorough evaluations
- Need for understanding of the current psychiatric nomenclature
- Need for comprehensive evaluations
- Need for careful cognitive assessments

12.01 Category of Impairments— Mental

- **12.02 *Organic Mental Disorders*** – this term is no longer in use
- The diagnostic term in DSM-IV (APA 1994) is Cognitive Disorders and includes the categories of both Delirium and Dementia

Psychiatric Disability Assessment

- The required level of severity for these disorders is met when the requirements in both A and B are satisfied, or when the requirements in C are satisfied.
- A. Demonstration of a loss of specific cognitive abilities or affective changes and the medically documented persistence of at least one of the following:

Psychiatric Disability Assessment

- 1. Disorientation to time and place; or
This criterion is not relevant to HIV dementia until very late stage although it may be relevant for delirium. Delirium is self-limited although it may not resolve and may lead to death. It would not meet the criterion for 12 month duration nor lead to disability per se.
- 2. Memory impairment, either short-term (inability to learn new information), intermediate, or long-term (inability to remember information that was known sometime in the past); or

Psychiatric Disability Assessment

- 3. Perceptual or thinking disturbances (e.g., hallucinations, delusions); or
- 4. Change in personality; or
- 5. Disturbance in mood; or
- 6. Emotional lability (e.g., explosive temper outbursts, sudden crying, etc.) and impairment in impulse control; or
- 7. Loss of measured intellectual ability of at least 15 I.Q. points from premorbid levels or overall impairment index clearly within the severely impaired range on neuropsychological testing, e.g., the Luria-Nebraska, Halstead-Reitan, etc.; **Note that these are rarely available in the clinical setting and that only specific tests are relevant to HIV – e.g. Trailmaking**

Psychiatric Disability Assessment

- AND
- B. Resulting in at least two of the following:
- 1. Marked restriction of activities of daily living;
or
- 2. Marked difficulties in maintaining social
functioning; or
- 3. Marked difficulties in maintaining
concentration, persistence, or pace; or
- 4. Repeated episodes of decompensation, each
of extended duration;

Psychiatric Disability Assessment

- C. Medically documented history of **HIV dementia** of at least 2 years' duration that has caused more than a minimal limitation of ability to do basic work activities, with symptoms or signs currently attenuated by medication or psychosocial support, and one of the following:
1. Repeated episodes of decompensation, each of extended duration; or
 2. A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate; or
 3. Current history of 1 or more years' inability to function outside a highly supportive living arrangement, with an indication of continued need for such an arrangement.

Recognition of Early Onset of HIV-Associated Dementia (HAD)

- Important for disability determinations
- Requires understanding of the different presentations of HIV dementia
- Requires full cognitive assessment
- Experience in the psychological care of the medically ill and persons with HIV infection essential
- Early HAD can cause disability

Recognition of Early HIV-Associated Dementia

- Slowing of speech, reaction times and motor function, psychomotor slowing
- Reduced speed of information processing
- Difficulty performing complex previously learned tasks
- Dropping things
- Executive dysfunction
- Abstraction, attention, shifting cognitive sets

Recognition of HIV-Associated Dementia - Later

- Memory impairment
- Word finding
- Paraphasia
- Apraxias
- Visuospatial difficulties

Behavioral Signs and Symptoms Associated with HAD

- Apathy
- Depression
- Sleep disturbance
- Agitation
- Mania
- Psychosis

Psychiatric Disability Assessment

- **12.04 *Affective Disorders***: Characterized by a disturbance of mood, accompanied by a full or partial manic or depressive syndrome. Mood refers to a prolonged emotion that colors the whole psychic life; it generally involves either depression or elation.
- **Note that the new term is Mood Disorders**

Psychiatric Disability Assessment

Note that items b to e are also related to HIV

- 1. Depressive syndrome characterized by at least four of the following:
 - a. Anhedonia or pervasive loss of interest in almost all activities; or
 - **b. Appetite disturbance with change in weight; or**
 - **c. Sleep disturbance; or**
 - **d. Psychomotor agitation or retardation; or**
 - **e. Decreased energy; or**

Psychiatric Disability Assessment

Note that the following are more reliable criteria for depression in persons with HIV and AIDS

- f. Feelings of guilt or worthlessness; or
- g. Difficulty concentrating or thinking; or
- h. Thoughts of suicide; or
- i. Hallucinations, delusions, or paranoid thinking; or

Recognition of Disabling Mood Disorders in HIV - Depression

- Depressed mood
- Anhedonia
- Guilt
- Worthlessness
- Hopelessness
- Suicidal ideation

Psychiatric Disability Assessment

- 2. Manic syndrome characterized by at least three of the following:
 - a. Hyperactivity; or
 - b. Pressure of speech; or
 - c. Flight of ideas; or
 - d. Inflated self-esteem; or

Note that criteria a to d are not generally seen in AIDS mania while Irritability is

Recognition of Disabling Mood Disorders in HIV - Mania

- Irritability
- Impulsivity
- Hypersexuality

Recognition of PTSD and HIV – Severely Disabling

- Insomnia
- Hypervigilance
- Easy startle
- Hallucinations of the abuser
- Nightmares
- Vulnerability to victimization
- Vulnerability to abusive relationships
- Difficulty with trust and adherence to care

AIDS Psychiatry

- **Relevance for disability determination**
- **Prevalence of psychiatric disorders in persons with HIV and AIDS**
- **Causes of psychiatric disability in persons with HIV and AIDS**
- **Assessment of psychiatric disorders in persons with HIV and AIDS**
- **Role of psychiatrists**

Unique Role of Psychiatrists in the HIV Epidemic

- 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

AIDS Psychiatrists

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

Need for Psychosomatic Medicine and AIDS Psychiatrists

- Accurate diagnosis
- Comprehensive treatment
- Integrated psychotherapy and pharmacotherapeutic modalities
- There is a textbook in the field of AIDS psychiatry
- There is an organization of AIDS psychiatrists and mental health clinicians

Psychotherapeutic Modalities

- Crisis intervention
- Cognitive behavioral therapy
- Psychodynamic psychotherapy
- Supportive therapy
- Bereavement therapy
- Palliative psychiatry
- Couple and family therapy
- Group therapy

Psychopharmacologic Modalities

- Appropriate medication choice
- Awareness of drug-illness interactions
- Awareness of pharmacokinetics and pharmacodynamics
- Awareness of drug-drug interactions
- Appropriate dose ranges
- Start low and go slow

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:

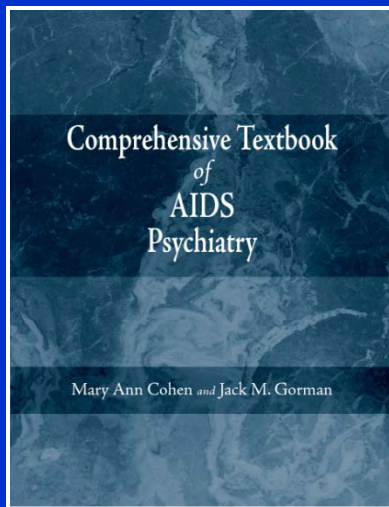
- medical care
- antiretrovirals

Can decrease:

- suffering
- morbidity
- mortality

Comprehensive Textbook of AIDS Psychiatry

Edited by Mary Ann Cohen and Jack M. Gorman



\$98.50

September 2007

978-0-19-530435-0

800 pp.; 21 line illus

OXFORD
UNIVERSITY PRESS

“I commend the editors and their contributors for preparing this important overview of the psychosocial and psychiatric sequelae of a pandemic that we thought could not happen in the ‘modern’ world.”—**Jimmie Holland, MD, Wayne E Chapman Chair in Psychiatric Oncology, Memorial Sloan Kettering Cancer Center; Professor of Psychiatry, Weill Medical College of Cornell University**

“HIV, once a deadly plague, has been transformed into a serious chronic illness. This has further demanded that all who care for HIV patients understand the broad nature of HIV from both medical and psychosocial perspectives. *Comprehensive Textbook of AIDS Psychiatry* is a unique resource for such data and should be on the shelves of all who care for such patients...Its breadth of information and easy readability set the standard for future editions.” —**Thomas N. Wise, MD, Professor of Psychiatry, Johns Hopkins University School of Medicine; Editor, *Psychosomatics***

Organization of AIDS Psychiatry

- **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**
- **Website: <http://www.apm.org/sigs/oap/>**
- **macohen@nyc.rr.com to join – no dues**