HIV and Depression

How to assess and what to do about it

Disclosure

Mary Ann Bolkovatz, RN, CNS has no financial interest or relationships to disclose

HRSA Education Committee Disclosures

HRSA Education Committee staff have no financial interest or relationships to disclose.

CME Staff Disclosures

Professional Education Services Group staff have no financial interest or relationships to disclose.

Learning Objectives

1. By the end of this session participants will be able to describe a continuum of symptoms related to a diagnosis of depression in the context of HIV.
2. By the end of the session participants will be able to describe the unique experience of the history of HIV and how that impacts the treatment of depression.
3. By the end of the session participants will be able to describe two possible evidence based treatment modalities for depression.

Principles for dealing with depression

- Get a good history
- Make an accurate diagnosis
- Take co-morbidities into account
- Use the best treatment modalities (evidence based treatments for the type of depression)
- Evaluate the progress and adjust the course accordingly

Depression and HIV Why it matters

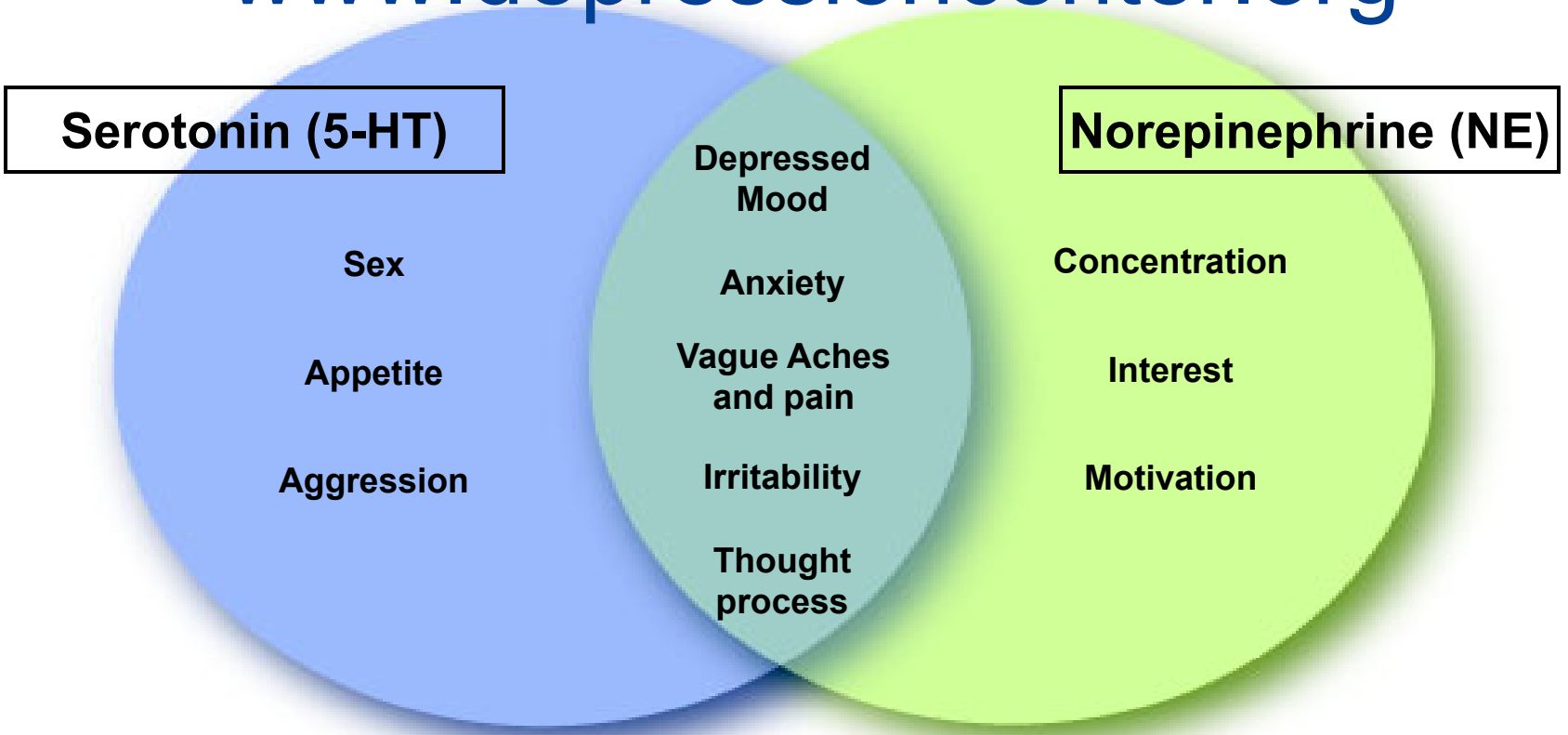
Prevalence for major depression among patients with HIV and AIDS is estimated to be between 15 and 40 percent, far exceeding that seen in the general population.

- Depression negatively impacts adherence to health care and to medications.
- In one study, women with HIV and depression were twice as likely as their counterparts to die of HIV. The study involved women at 4 academic centers.

What causes depression

- Neurobiological factors
- Psychosocial Factors
- Familial factors
- Situational Factors
- CBT formulation
- HIV diagnosis itself

Functional domains of Serotonin and Norepinephrine1-4 from www.depressioncenter.org



- **Both serotonin and norepinephrine mediate a broad spectrum of depressive symptoms**

1. Adapted from: Stahl SM. In: *Essential Psychopharmacology: Neuroscientific Basis and Practical Applications: 2nd ed.* Cambridge University Press 2000.
2. Blier P, et al. *J Psychiatry Neurosci.* 2001;26(1):37-43.
3. Doraiswamy PM. *J Clin Psychiatry.* 2001;62(suppl 12):30-35.
4. Verma S, et al. *Int Rev Psychiatry.* 2000;12:103-114.

Dealing with Depression: Step 1

- Obtain a good history
- Get a history that follows a time line
- Components of a good history:
  - Mood
  - Thoughts
  - Behavior
  - Substance use
  - Abuse history
  - How they grew up
  - Suicidal thoughts/attempts

Dealing with Depression, step 2

- Agree on a course of treatment with the patient
- Embark on the treatment course
- Recognize it will take at least a month for the depression to begin to change

Symptoms of Clinical Depression

- Elements of clinical depression:
  - SIGECAPS=**SIG** + **Energy** + **CAPS**ules
    Sleep disorder (either increased or decreased sleep)
    Interest deficit (anhedonia)
    Guilt (worthlessness, hopelessness, regret)
    Energy deficit
    Concentration deficit
    Appetite disorder (either decreased or increased)
    Psychomotor retardation or agitation

Suicide

- Careful assessment is needed for suicidal thinking
- Considerations:
  - History (both the patient and his/her family)
  - Presence or absence of psychosis (Command Hallucinations)
  - Cognitive ability/disability
  - Substance Use

Suicide assessment, continued

- Sense of hope about the future
- Social support
- Social withdrawal/isolation
- Being male
- Age > 45 for men, > 55 for women
- Plan
    - Access to the method planned and the potential lethality of the method

Suicide, continued

- What holds the person back from carrying out a plan
- Stressors
- Future thinking
- Medications
- Trauma of the diagnosis

Step 3

- Evaluate for other problems/diagnoses
- Evaluate the course of treatment and adjust according to expected outcomes

Trauma and resilience

- Sexual abuse in childhood has been shown to be a factor in risky sexual behavior
- Other sources of trauma; evaluating for PTSD
- HIV diagnosis as a traumatic event

Resilience

- Social support
- Dispositional optimism
- Finding meaning in
- the stressful event
- Spirituality/religion
- Sense of humor

Antidepressants

- Six classes of antidepressants are used to treat major depression.
- Prescribe with side effects in mind and use to your advantage when possible.
- Remember that all medications have side effects, even aspirin.
- Be cognizant of drug-drug interactions.

Antidepressant considerations

- When sexual dysfunction is a concern, bupropion is a possibility.
- If diarrhea is an issue, avoid Sertraline.
- If weight gain would be a problem, avoid mirtazapine and paroxetine.

Psychotherapy/Other considerations

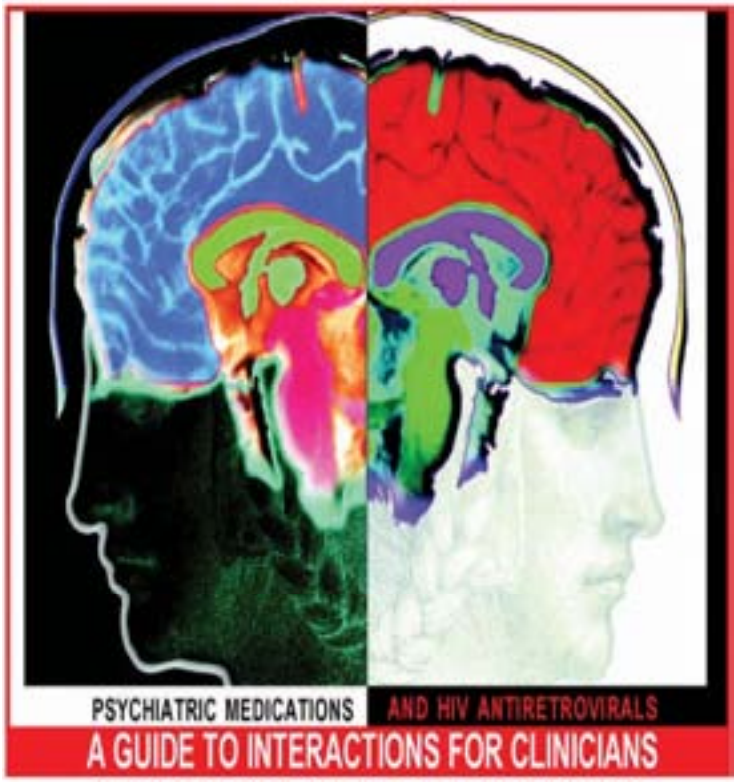
- CBT- a TEA approach
- Existential approach
- Diet
- Exercise

Resources

- Agency for Healthcare Research and Quality; www.ahrq.gov
- Mate, Gabor. In the realm of Hungry Ghosts. North Atlantic Books, 2008.
- Stahl, Stephen. Stahl's Essential Psychopharmacology. Cambridge University Press. 2008
- Stahl, Stephen. The Prescribers Guide: Essential Psychopharmacology Series. Cambridge University Press. 2009

Psychiatric Medications and HIV Antiretroviral: A Guide to Interactions for Clinicians

- Start Low, Go slow
- Side effects
- Drug-Drug interactions
- Risk of dependence with Benzodiazepines



www.nynjaetc.org