



Beyond A Snapshot: Understanding the interface between HIV, Mental Health, and Substance Use.

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CONFLICT OF INTEREST DISCLOSURE

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The author has has nothing to disclose in relation to this activity.

CONFLICT OF INTEREST DISCLOSURE

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The author has has nothing to disclose in relation to this activity.

LEARNING OBJECTIVES



- 1) To recognize the relationship and risks between HIV, mental health, and substance use
- 2) To understand the impact of stigma on the mental health of patients living with HIV in marginalized and underserved communities
- 3) To identify the mental health risk factors for HIV and the mental health consequences of HIV
- 4) To identify tools for assessing mental health disorders in patient with HIV
- 5) To identify successful mental health treatment approaches for patients with HIV

QUESTION 1



Which of these groups are at risk for becoming infected with HIV?

- A. IV substance users
- B. Men who have sex with men (MSM)
- C. Persons with mental illnesses
- D. All of the above

WHAT ARE MENTAL HEALTH DISORDERS?



Health conditions involving changes in emotion, thinking and/or behavior.

Associated with distress and/or difficulties functioning in social, work or family activities.

- American Psychiatric Association

WHAT ARE MENTAL HEALTH DISORDERS?



- Mood disorders (such as depression or bipolar disorder)
- Anxiety disorders
- Personality disorders
- Psychotic disorders (such as schizophrenia)
- Eating disorders
- Trauma-related disorders (such as post-traumatic stress disorder)
- Substance use disorders

MENTAL ILLNESSES AS HIV RISK FACTORS



HIGH RISK BEHAVIORS:

- Lack of condom use
- Multiple sexual partners
- Injection substance use
- Social exclusion/Isolation
- Cognitive deficits Impaired Judgement



MENTAL ILLNESS AS HIV RISK FACTOR



“DISEASE TRIFECTA”

Adults with severe mental illnesses have a disproportionately high HIV+ rate.

Adults with mental health issues have higher rates of substance use.

Use of alcohol and other substances have been identified as potent risk factors for contracting HIV.

THE NUMBERS: HIV AND MENTAL ILLNESS



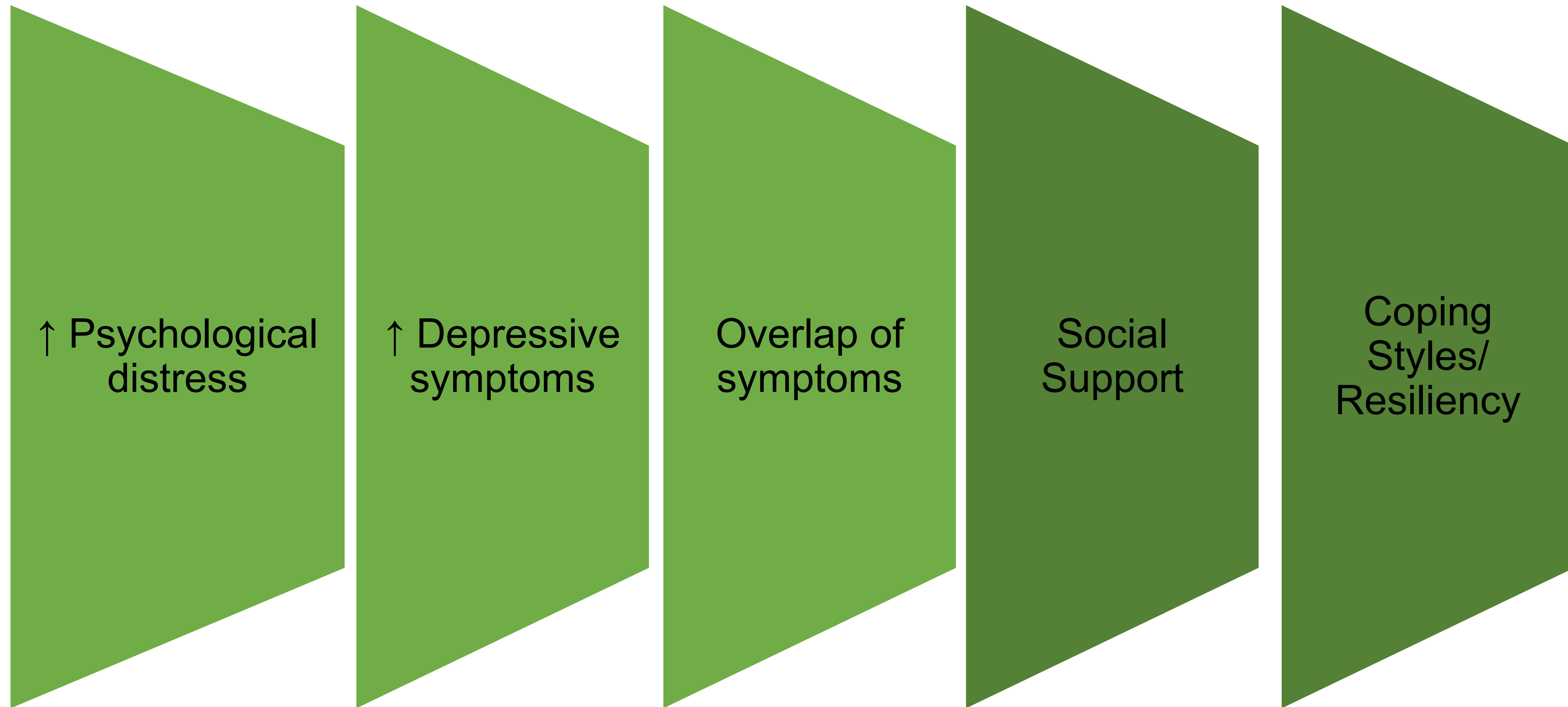
- **Prevalence of HIV is 7 times higher** in patients with mental illness
- Prevalence estimates of **major depressive disorder** among persons living with HIV/AIDS (PLWHA) range **from 20% to as high as 37%**.
- This is **more than three times** the rate of major depression in the general population
- Prevalence rates of depression for patients with HIV are **higher for women, Black patients, homeless, and substance using populations.**

THE NUMBERS: HIV AND MENTAL ILLNESS

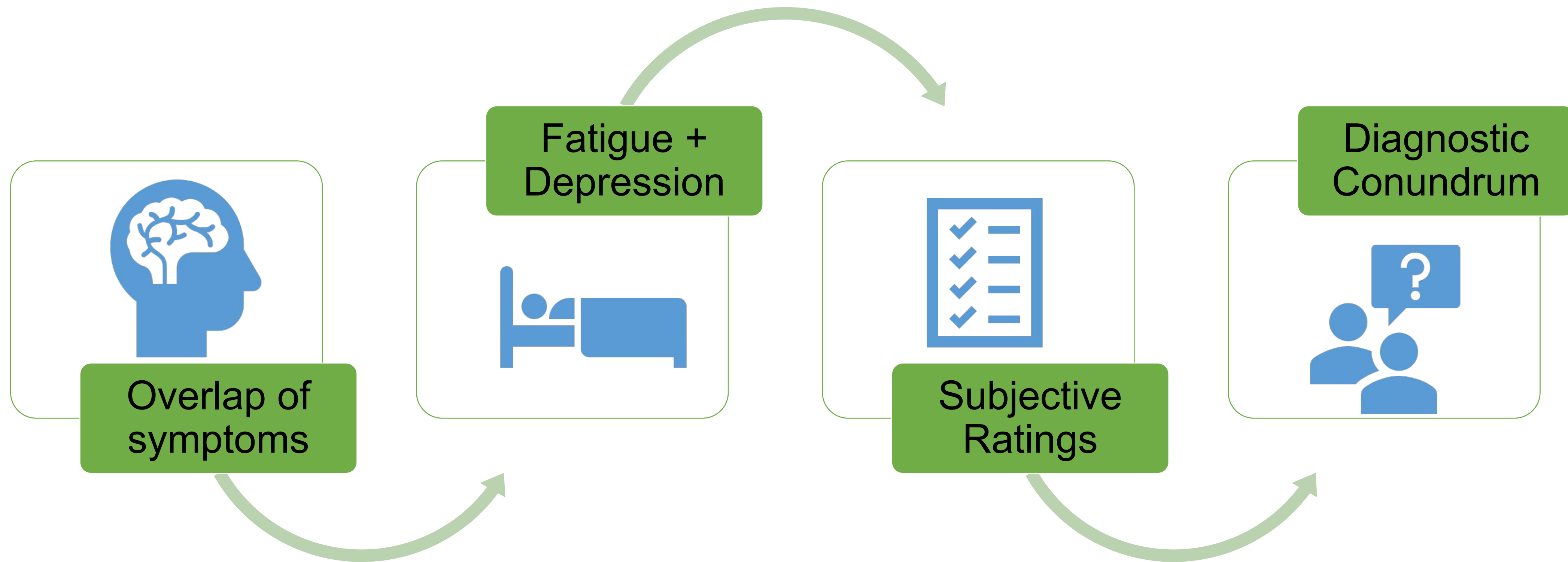


- Studies examining the **prevalence of anxiety disorders** among PLWHA suggest that as many as **16–36% meet diagnostic criteria.**
- The rate of **lifetime PTSD** and incidence of **HIV-related PTSD** has been estimated at **54%** and **40%** respectively.

MENTAL HEALTH CONSEQUENCES OF HIV



MENTAL HEALTH CONSEQUENCES OF HIV



QUESTION 2



Which symptoms of depression can help to distinguish it from fatigue or other somatic symptoms of HIV?

1. Low mood
2. Loss of energy
3. Sleep disturbances
4. Weight changes

DISTINGUISHING DEPRESSION



Focus on cognitive/affective depression criteria

1. **Depressed Mood**
2. **Excessive/Inappropriate Guilt**
3. **Inability to concentration/Indecisiveness**
4. **Recurrent thoughts of death or suicide**
5. **Decreased interest/Feeling of pleasure**
5. **Significant weight/appetite changes**
6. **Too much or too little sleep**
7. **Psychomotor slowing or agitation**
8. **Fatigue/Loss of Energy**



What approaches should be considered for patient living with both HIV and mental disorders?

- Integrative/Collaborative Care
 - Service Settings
- Community-Level HIV Prevention
- Peer-support and education
- Group Psychotherapy
- Treatment for Substance Use Disorders

"[A]ttention to the psychosocial needs of people with AIDS should be an integral part of HIV care. This includes assistance with employment, income, housing, informed decision-making, coping with illness and discrimination, and prevention and treatment of mild and serious mental health problems"

- WHO. World Health Organization Psychosocial Support, 2005.

TREATMENT CONSIDERATIONS: MEDICATIONS



Be mindful of implications of medications on treatment of HIV and mental disorders

- Efavirenz may trigger the onset of a major depressive episode.
- Be mindful of interactions between HAART and psychotropic medications.

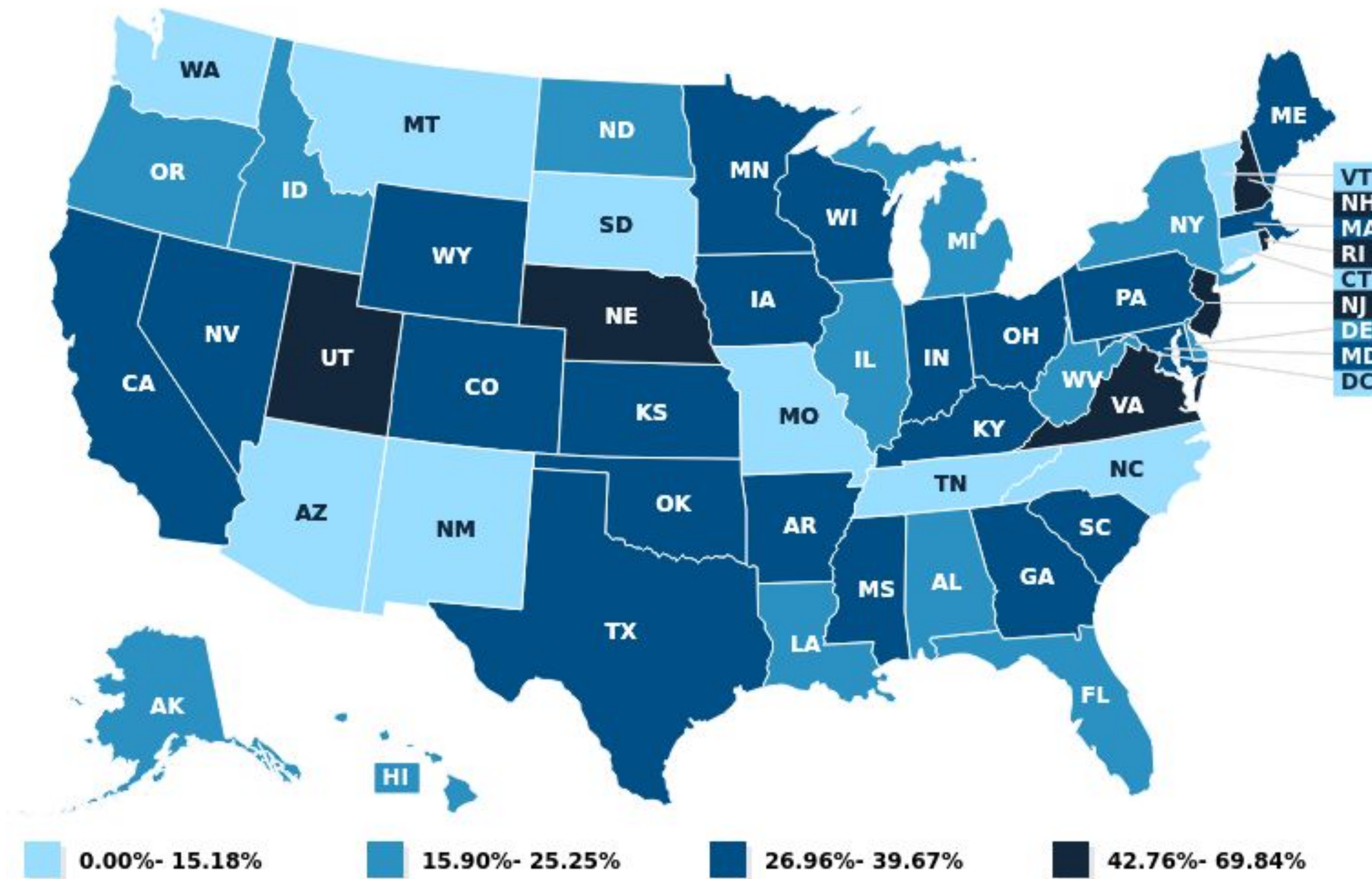


Zidovudine	Confusion Agitation Insomnia Mania Depression Myalgia Headaches
Stavudine	Peripheral neuropathy
Didanosine	Peripheral neuropathy
Zalcitabine	Peripheral neuropathy
Efavirenz	Dizziness Headache Confusion Stupor Impaired concentration

TREATMENT CONSIDERATIONS: ACCESS AND PROVIDERS



Mental Health Care Health Professional Shortage Areas (HPSAs): Percent of Need Met, as of September 30, 2019



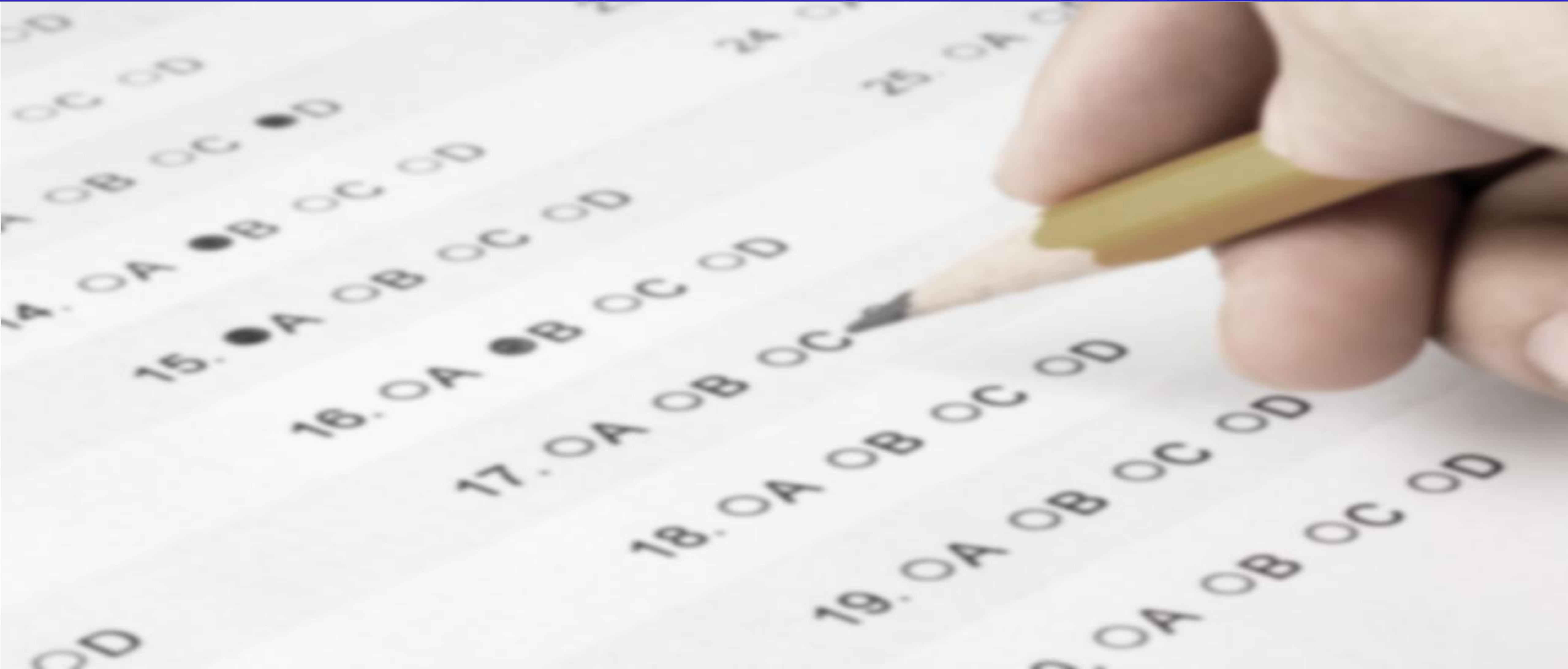
SOURCE: Kaiser Family Foundation's State Health Facts.

Thank You

THANK YOU! QUESTIONS?



TEST YOUR KNOWLEDGE



QUESTION 3:



A 36 year-old woman presents to the clinic complaining of poor sleep, low mood, and isolative behaviour. She has not disclosed her HIV status to any of her other friends or family and she admits that she is unhappy in her relationship, but feels that no other man will want her because she is HIV+.

Which other symptoms would most likely be due to depression and NOT her HIV?

- A. Fatigue and Decreased Appetite**
- B. Suicidal Thoughts and Inability to Concentration**
- C. Weight Loss and Increased Worrying**
- D. Weight Gain and Agitation**

QUESTION 4:



Risk factors that put individuals at a risk for HIV infection include all of the following except?

- A. Peer Pressure**
- B. Limited Communication Among Partners About Safer Sex**
- C. Intimate Partner Violence**
- D. Use of Dental Dams**

QUESTION 5:



Which of these groups are at risk for becoming infected with HIV?

- A. **IV SUBSTANCE users**
- B. **Men who have sex with men (MSM)**
- C. **Persons with mental illnesses**
- D. **All of the above**