

Mental Health of HIV-infected patients in Europe

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Content

General Introduction: Relationship between HIV and Mental Health, Expert and Treatment Center on HIV and Mental Health

Epidemiology: Examples of European Countries, including The Netherlands.

Experiences in some European Countries: Challenges and Difficulties

Summary and Plans for the future

Patient's history

Esther 52 years

- Infected for 27 years, at age 25 (1988), by her boyfriend from the U.S
- During the first years of her infection, still at University, she graduated as a economist, 28 years old.
- At age 14, she was raped twice by a boy next door
- As a teenager, she suffered from depressions

Introduction

Relationship between HIV and Mental Health

(Chander, 2006, Alegria, 2006, Ostrow, 2009, Lee, 2009)

- Approximately 50-70% of HIV-positive patients have mental health problems

Introduction

Relationship between HIV and Mental Health

(Bing e.a. 2001, Ciesla e.a. 2001, Morrison e.a. 2002)

- Approximately 50-70% of HIV-positive patients have mental health problems
- Depression and depressive symptoms are the most common

- Depression and depressive symptoms are the most common
- With HIV and use of drugs more psychoses, depression, mania

- Approximately 50-70% of HIV-positive patients have mental health problems
- No (recent) epidemiological data on HIV and Mental Health in the general HIV-population

- Approximately 50-70% of HIV-positive patients have mental health problems
- Two ways:
 - With Mental Health problems: greater chance of getting infected with HIV (depression, substance use, personality disorder, psychosis, bi-polar disorder).
 - With HIV: greater change of Mental Health problems.

- With HIV and Mental Health:
 - greater chance of non-adherence to medication and hospital
 - greater chance of risky behavior like unsafe sex
- Treatment of Mental Health problems reduces the risk and the wellbeing of patients will improve

Esther 52 years

- As a teenager, she suffered from depressions
- Three years after her infection (1991), she suffered from several opportunistic infections. She was admitted to the hospital three times.
- She had several small jobs, but after 4 years (1992) she received social welfare till now on
- She suffered from panic attacks and was treated by a psychiatrist (1993-1994)

- Founded in 1984
- Multidisciplinary team: 2 community mental health nurses, 1 psychologist, 1 psychotherapist, 1 psychiatrist

Patients' characteristics:

- 300 patients, 150 new patients per year
- Mainly: depression, grief, personality disorders, problems with (unsafe)sex, use of drugs
- Also: psychosis, bi-polar disorder, addiction, cognitive problems, (dementia)
- Often: multiple diagnosis, problems with work, money, friends, family, hospital, non-adherence
- Often: shame, guilt, (self)stigma, discrimination

Patients' characteristics:

- Age 17-80
- Almost all patients are monitored by specialized departments for HIV
- Infected for 3 weeks-30 years
- Some patients are not infected (or don't know), but at risk

Expert and Treatment Center on HIV and Mental Health

Method of working:

- Referrals from family doctors, infectiologists, HIV-nurses, 'HIV-Union', organization for homosexuals, HIV-infected patients
- Paid by the insurance, except adjustment disorders, relational problems and bereavement
- Intake, treatment plan, multi-disciplinary consultation, frequent evaluation, contact with family doctors, infectiologists etc.

Treatment:

- Sometimes a very short treatment (or only the intake) is sufficient
- Supportive treatment, CBT, Psychotherapy on analytic lines, couples therapy, family therapy
- Group therapy for homosexual men, short supportive group therapy
- Mindfulness training
- Medication

Activities Expert Center

- Education programs and trainings
- Consultation
- Scientific research

Esther 52 years

- She suffered from panic attacks and was treated by a psychiatrist (1993-1994)
- In 1992, she got married and from the beginning of their relationship, they wanted to have children
- In 1995, she received some experimental medication for her HIV.
- In 1995, she gave birth to a twin (boys)

Europe 2012: 2,3 million people with HIV/Aids

HIV IN EUROPE

In 2013 there were

**80%
MORE**

new HIV cases
compared to 2004



www.euro.who.int/aids

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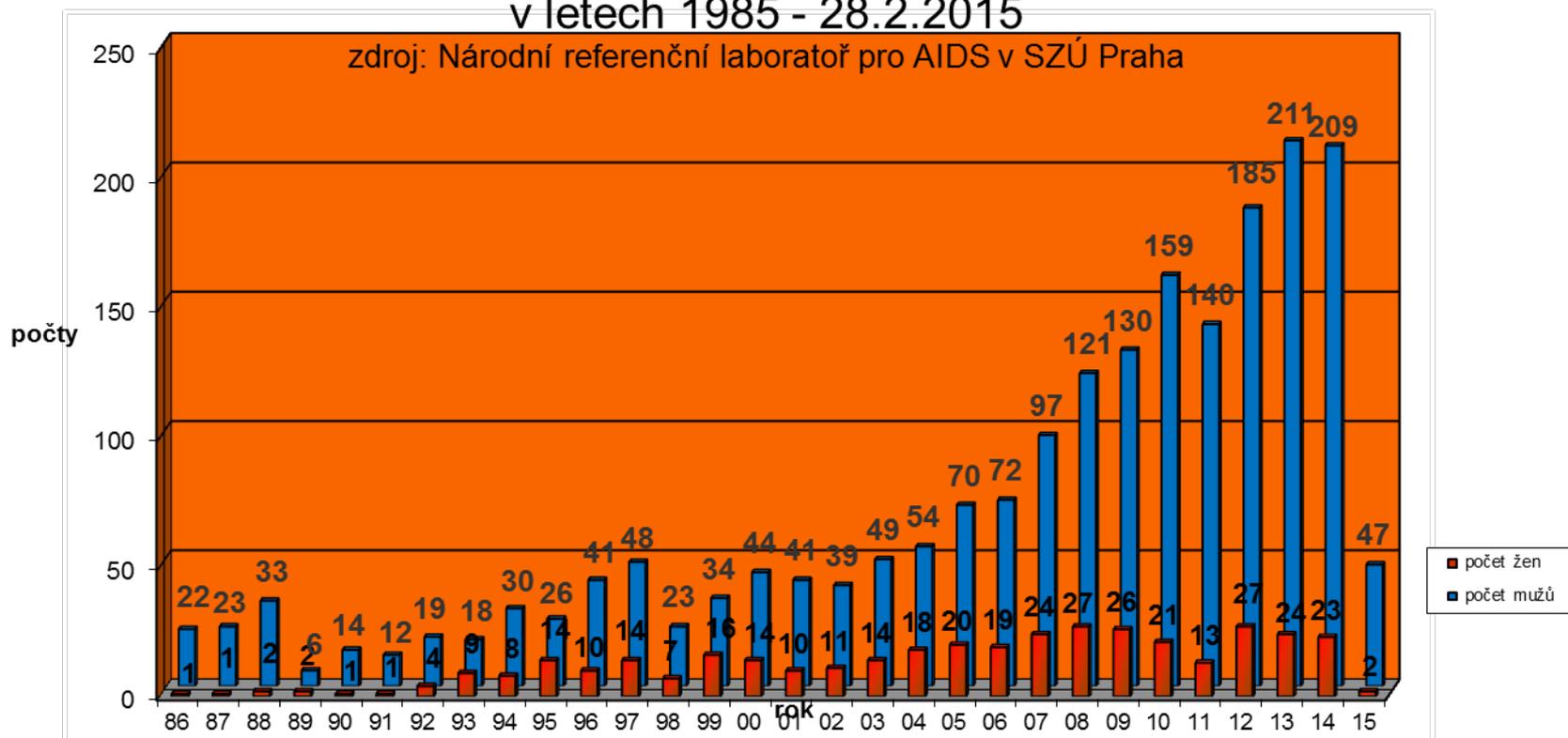


Czech Republic

Nové případy HIV muži - ženy

v letech 1985 - 28.2.2015

zdroj: Národní referenční laboratoř pro AIDS v SZÚ Praha



- 17.750 HIV-positive patients registered
- Prevalence rate: 0.13%
- 75% homosexual men (MSM)
- 16% heterosexual men and women, mainly immigrants from Sub-Saharan region
- 2% IUD
- 1% blood transfusion
- 6% unknown

PWID and HIV Europe

(HIV/aids surveillance in Europe 2012-WHO)

- Highest prevalence PWID with HIV

- Greece

- Romania

- Estonia

- Latvia

- Lowest prevalence

- Turkey (0.3)

- The Netherlands (1,85)

- Belgium

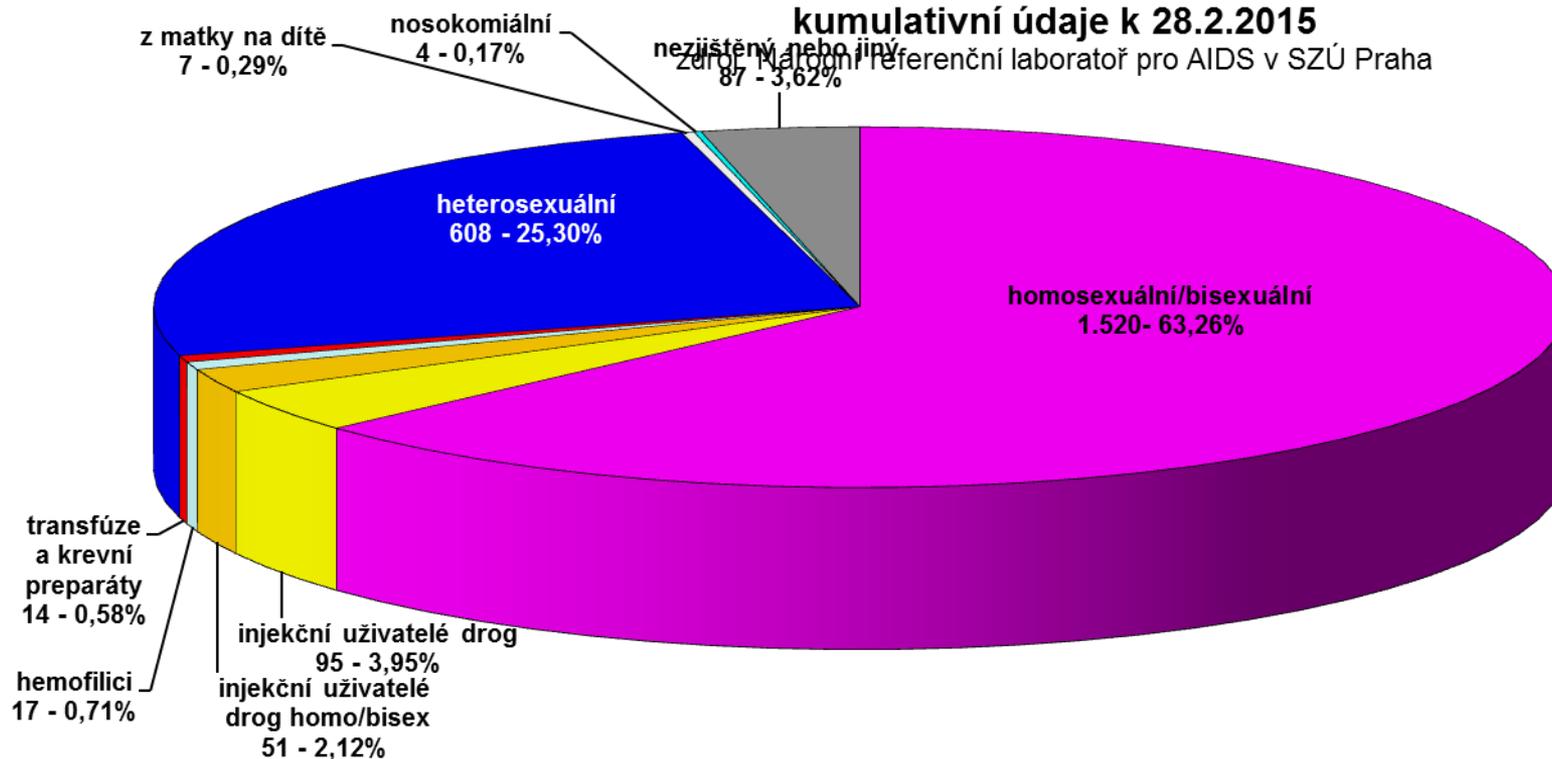
- Croatia

- Slovenia

HIV v ČR podle způsobu přenosu

kumulativní údaje k 28.2.2015

zdroj: Národní referenční laboratoř pro AIDS v SZÚ Praha



MSM and HIV Europe

(HIV/aids surveillance in Europe 2012-WHO)

- Highest prevalence

- Croatia (>80%)

- Slovenia (>70%)

- Czech Republic (>70%)

- Hungary (>65%)

- The Netherlands (>65%, now 75%)

- Lowest prevalence

- Romania (< 15%)

- Latvia (< 10%)

- Iceland (< 10%)

- Estonia (< 5%)

Esther 52 years

- In 1995, she gave birth to a twin (boys). The children's birth was planned and desired
- Since 1996, she received different kinds of ART
- 1997-2004: psychotherapy; depressive and anxious feelings, uncertainty about parenting, problems to set limits
- 2001: divorce

Epidemiology of HIV and Mental Health in Europe

- No official data available about HIV and Mental Health in the general HIV-population in Europe
- Research data from help seeking patients with HIV and Mental Health problems

Research (2006-2009)

(Schadé, et al, 2013, BMC Psychiatry)

Objectives:

1. Outpatient Clinic on HIV and Mental Health: patients' characteristics and comparison with the general HIV-population

The aim: To improve treatment services

2. Comparison between depressed homosexual men with and without HIV

The aim: To improve treatment services

To contribute to prevention

1. Demographic characteristics:

- Average age of 42 years (8.8, 18-65)
- 88% men
- 78% homosexual men
- 74% Dutch nationality
- 49% having a partner
- 60% job of more than 12 hours

Mental health problems

- 52% Depression and or dysthymic disorder
- 20% Anxiety disorder
- 5% Psychotic disorder or bi-polar disorder
- 68% psychiatric history

Mental health problems

- 10% Drugs dependence or abuse
- 5% Alcohol dependence or abuse
- 43% used drugs, 30 days prior to the assessment:
cannabis, XTC, cocaine, GHB

Outpatient Clinic on HIV and Mental Health:
Compared with the General Population (Schadé, et al., 2013)

	Outpatient Clinic	General HIV Population ATHENA	<i>P</i> value
Average age of HIV diagnose	35 years (8.8) (15-64)	35 years (10.8) (0-86)	0.171
Average CD4 count	488/mm ³ (234.7) (20-1300)	521/mm ³ (275) (0-3480)	0.134

Outpatient Clinic on HIV and Mental Health:
Compared with the General Population
Main differences (Schadé, et al, 2013)

	Outpatient Clinic	General HIV Population ATHENA	<i>P</i> value
Homosexual men	78%	55%	0.000
Dutch origin	74%	57%	0.000
On antiretroviral treatment	68%	77%	0.004

Outpatient Clinic on HIV and Mental Health

Comparison between HIV+ and HIV- depressed homosexual men

(Schadé, et al, 2013)

No differences in severity of:

- Depressive symptoms
- Anxiety symptoms
- Sleep disorder
- Somatization

(IDS, BAI, FQ, 4DSQ, BAI-positive affect, IRS)

Only difference:

- HIV+ : More anger and feelings of guilt

(MASQ negative affect)

Outpatient Clinic on HIV and Mental Health
Comparison between HIV+ and HIV- depressed homosexual men
(Schadé, et al, 2013)

Depressed	HIV positive homosexual men	HIV negative homosexual men	P value
Suicide ideation	53%	20%	0.009
Suicide attempt (life time)	29%	30%	0.967
Drugs used the past 30 days (cannabis, cocaine, GHB, XTC)	54%	22%	0.006

Esther 52 years

- 2001: divorce. Later on 2 relationships of 2-3 years
- From 2000: 'AIDS-activist', very active as a volunteer.
- Many physical complaints, some of them not understood
- 2007-2009: psychiatrist: sleeping problems, depressive symptoms, relational problems.
- Several anti depressive medication, many side effects

Training HIV and Mental Health in Europe

Together with SKA(Poland) and Global Initiative on Psychiatry(the Netherlands)

- 2005-2010:

- Eastern Europe, Caucases, Central-Asia
- Train-the-trainers-5 Modules+E-learning
- Funded by the Dutch Ministry of Foreign Affairs

- 2008-2012:

- 9 new EU-countries
- Train-the-Trainers-3 modules+E-learning
- Funded by the EU

- Lack of knowledge on HIV and Mental Health
- Resistance towards and fear for mental health problems
- Stigma and taboo: mental health problems, use of drugs, HIV
- Medical confidentiality, gossip

- Lack of facilities, shortage of doctors, mental health workers, psychiatrists, therapists
- No or insufficient contact between HIV-doctors/nurses and mental health workers
- No or not enough psychiatric medication available
- No or insufficient harm reduction programs (methadone)
- Only facilities in big towns

Esther 52 years

- From 2010: HIV and mental health treatment center: depressive symptoms and sleeping problems
- Children are doing well, she has some good friends
- Summary: fluctuating depressive symptoms and sleeping problems, somatization symptoms, avoidant and independent personality traits. Several psychiatric treatment
- She is very open about her HIV, 'experienced patient', but never speaks in public about her mental health problems

Summary

(and possible solutions)

- The overall prevalence of HIV in Europe is low, but a serious problem
- The majority of HIV-infected patients has mental health problems
- There is a great difference between the various countries of Europe on infected groups, use of drugs, treatment facilities and money!

Summary

(and possible solutions)

- However, there are also many similarities:
- Some countries need good harm-reduction programs for drugs
However, drugs are a problem in every country: IDU and/or recreational use of drugs
- In every country, people have sexual contact. Without taboo talking about sex should be common
- In every country, there is a lack of knowledge on HIV and Mental Health (and HIV-doctors and infectiologists think they can treat mental health problems themselves)

Possible solutions in Europe

- Training programs on HIV and Mental Health, with intervision
- Countries can ask expert countries for help (but they never do)
More contact between countries on this subject
- Never stop asking for money for projects
- HIV and Mental Health must be an important issue on the WHO/
UNAIDs agenda

- As a mental health worker: frequent contact with the hospitals, infectiologists, family doctors, 'HIV-Union', HIV-patients
- Treatment options for HIV and mental health in one building
- Education programs, consultation
Train your colleagues!

Possible solutions in your own country

To improve treatment of HIV infected patients with mental health problems

- Member of mental health treatment team present during meetings of infectiologists
- Dual-treatment, for example psychiatrist and infectiologist together
- Make publicity on the subject

- Thank you for your attention!
- Questions?