

PREVALENCE OF PSYCHIATRIC COMORBIDITIES AMONG VIH- INFECTED PATIENTES

Natàlia Gil – Hospital Sant Joan de Déu de Manresa

Isern Tena, Clara; Esteve Valverde, Enrique; Gallardo Guillen, Maria; Taulé
Male, Rosa; Flor Perez, Antonia; Perez Vidal, Rafel; Tapiz I Reula, Alfons

WORKING HYPOTHESIS

There is a strong **association** between HIV and psychiatric comorbidities

WORKING HYPOTHESIS

There is a strong **association** between HIV and psychiatric comorbidities

Psychiatric comorbidities **worsen** the **quality of life** of these patients

WORKING HYPOTHESIS

There is a strong **association** between HIV and psychiatric comorbidities

Psychiatric comorbidities **worsen** the **quality of life** of these patients

There is a greater number of suicide attempts and a higher number of risk behaviors

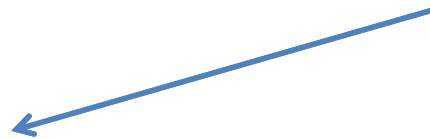
BACKGROUND

More evidence about the strong relation between:
HIV 's infection

BACKGROUND

More evidence about the strong relation between:

HIV 's infection

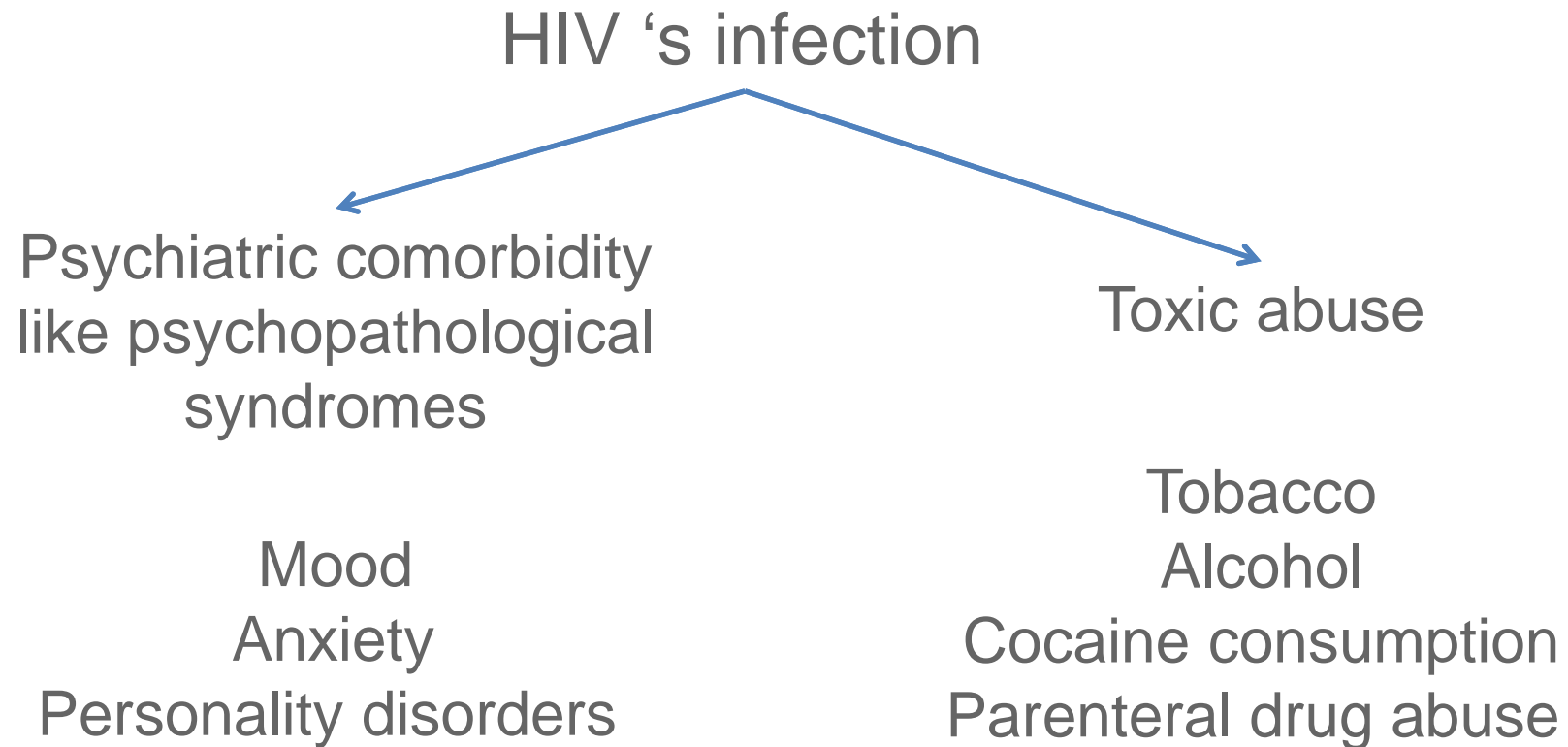


Psychiatric comorbidity
like psychopathological
syndromes

Mood
Anxiety
Personality disorders

BACKGROUND

More evidence about the strong relation between:



BACKGROUND

HIV/AIDS

INVITED ARTICLE

Kenneth H. Mayer, Section Editor

Assessment, Diagnosis, and Treatment of HIV-Associated Neurocognitive Disorder: A Consensus Report of the Mind Exchange Program

Prevalence of psychiatric comorbidities among VIH-infected patients



BACKGROUND

Arch Gen Psychiatry. 2001 Aug;58(8):721-8.

Psychiatric disorders and drug use among human immunodeficiency virus-infected adults in the United States.

Bing EG¹, Burnam MA, Longshore D, Fleishman JA, Sherbourne CD, London AS, Turner BJ, Eggan F, Beckman R, Vitiello B, Morton SC, Orlando M, Bozzette SA, Ortiz-Barron L, Shapiro M.

Author information

¹Center for AIDS Research, Charles R. Drew University of Medicine & Science, 1651 E 120th St, Los Angeles, CA 90059, USA.
erbing@cdrewu.edu

Abstract

BACKGROUND: There have been no previous nationally representative estimates of the prevalence of mental disorders and drug use among adults receiving care for human immunodeficiency virus (HIV) disease in the United States. It is also not known which clinical and sociodemographic factors are associated with these disorders.

SUBJECTS AND METHODS: We enrolled a nationally representative probability sample of 2864 adults receiving care for HIV in the United States in 1996. Participants were administered a brief structured psychiatric instrument that screened for psychiatric disorders (major depression, dysthymia, generalized anxiety disorders, and panic attacks) and drug use during the previous 12 months. Sociodemographic and clinical factors associated with screening positive for any psychiatric disorder and drug dependence were examined in multivariate logistic regression analyses.

RESULTS: Nearly half of the sample screened positive for a psychiatric disorder, nearly 40% reported using an illicit drug other than marijuana, and more than 12% screened positive for drug dependence during the previous 12 months. Factors independently associated with screening positive for a psychiatric disorder included number of HIV-related symptoms, illicit drug use, drug dependence, heavy alcohol use, and being unemployed or disabled. Factors independently associated with screening positive for drug dependence included having many HIV-related symptoms, being younger, being heterosexual, having frequent heavy alcohol use, and screening positive for a psychiatric disorder.

CONCLUSIONS: Many people infected with HIV may also have psychiatric and/or drug dependence disorders. Clinicians may need to actively identify those at risk and work with policymakers to ensure the availability of appropriate care for these treatable disorders.

BACKGROUND



Enfermedades Infecciosas y Microbiología Clínica

www.elsevier.es/eimc



Documento de consenso

Documento de consenso sobre el manejo clínico de los trastornos neurocognitivos asociados a la infección por el virus de la inmunodeficiencia humana (enero 2013)[☆]

Grupo de expertos del Grupo de Estudio de Sida (GeSIDA) y de la Secretaría del Plan Nacional sobre el Sida (SPNS)[◇]

OBJECTIVE

We have done a **review** in order to know which are the **most prevalent psychiatric comorbidities** among a cohort of HIV patients controlled in our hospital.

METHODS

Retrospective study in Sant Joan de Déu, Althaia
healthcare network from Manresa

METHODS

Retrospective study in Sant Joan de Déu, Althaia
healthcare network from Manresa

We have elaborated a database

METHODS

Retrospective study in Sant Joan de Déu, Althaia healthcare network from Manresa

We have elaborated a database

All the HIV patients controlled in our hospital

METHODS

Retrospective study in Sant Joan de Déu, Althaia healthcare network from Manresa

We have elaborated a database

All the HIV patients controlled in our hospital

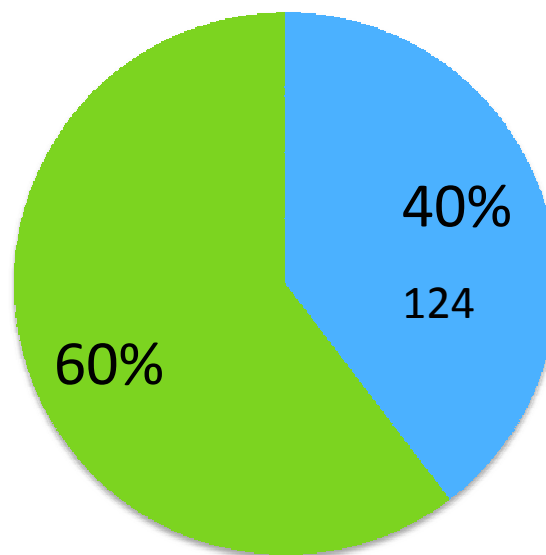
Since 2000 to 2016

RESULTS

PREVALENCE

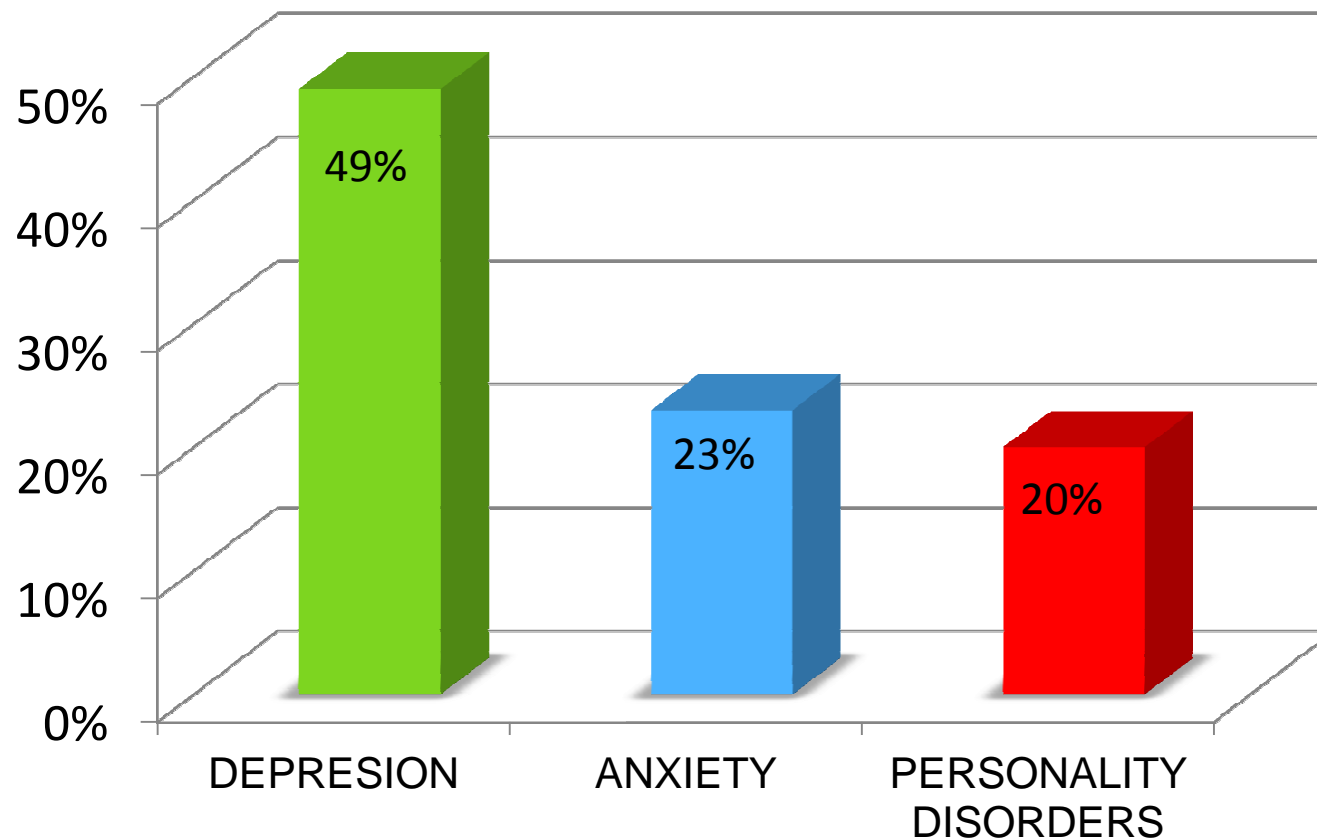
- psychopathological syndromes or a toxic use disorder
- NO psychopathological syndromes or a toxic use disorder

N = 338



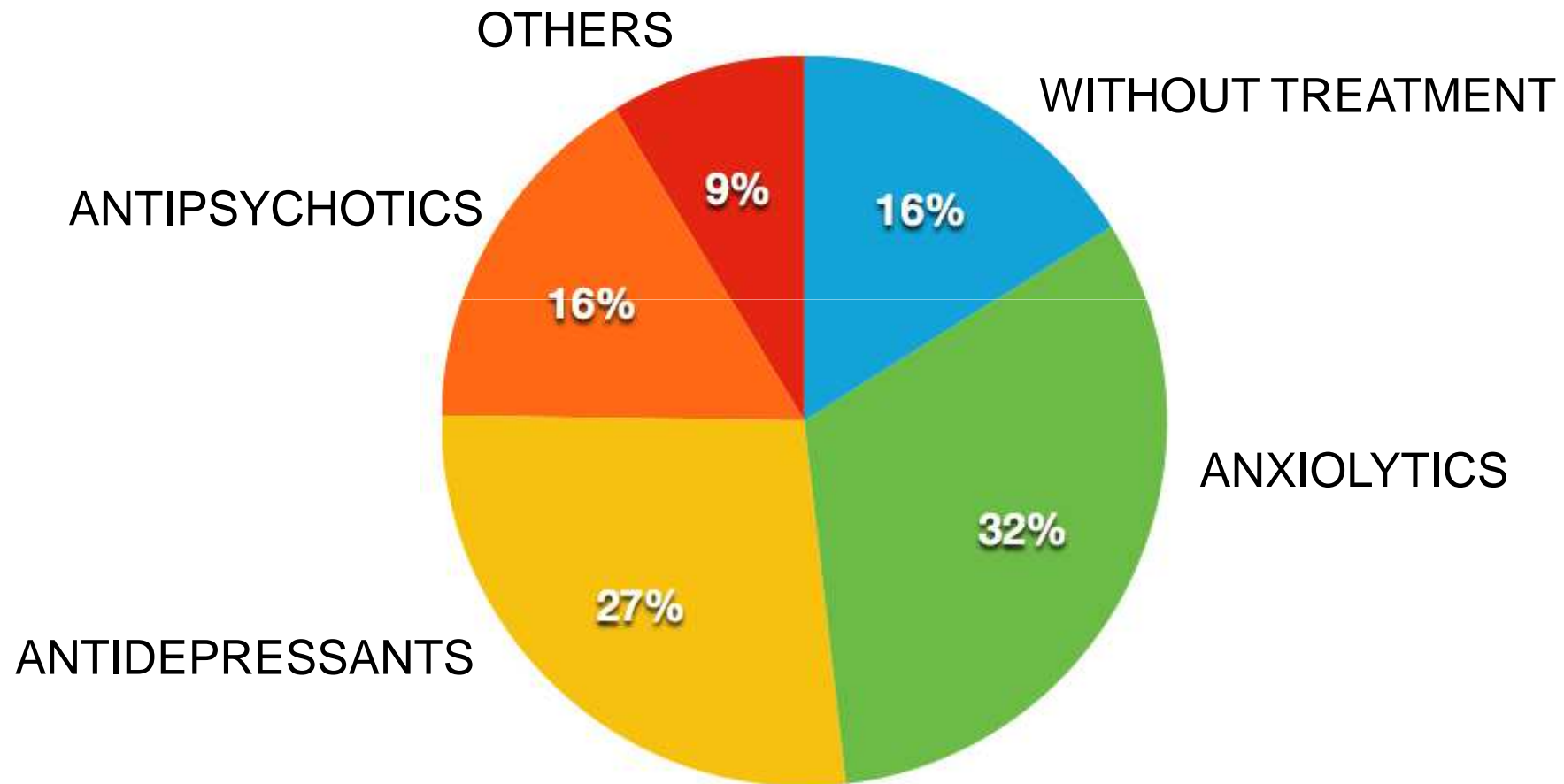
RESULTS

PREVALENCE OF PSYCHOPATHOLOGICAL SYNDROMES



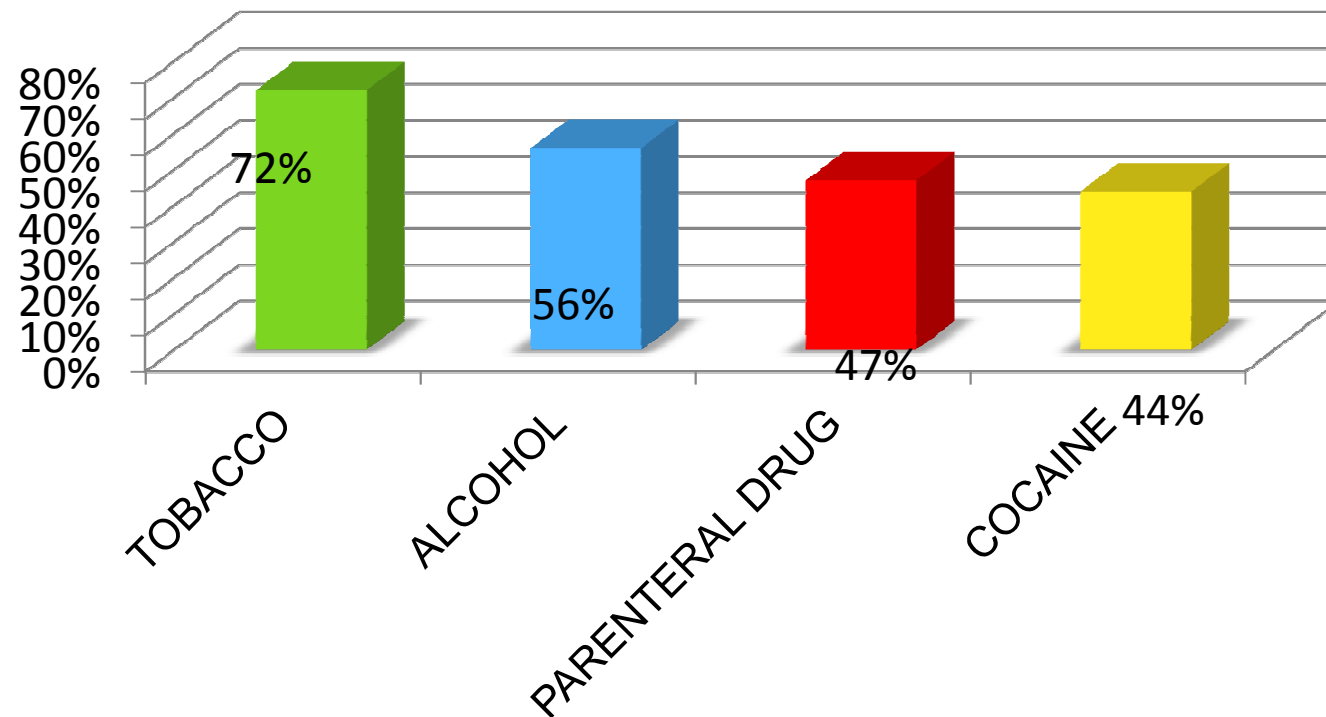
RESULTS

PSYCHOPHARMACOLOGICAL TREATMENT



RESULTS

TOXIC CONSUMPTION



CONCLUSIONS

1. Exists a high prevalence of psychiatric comorbidity among HIV-infected patients controlled in our hospital

CONCLUSIONS

1. Exists a high prevalence of psychiatric comorbidity among HIV-infected patients controlled in our hospital
2. The most prevalent disorder is depression followed by anxiety and personal disorders

CONCLUSIONS

1. Exists a high prevalence of psychiatric comorbidity among HIV-infected patients controlled in our hospital
2. The most prevalent disorder is depression followed by anxiety and personal disorders
3. The study highlights a percentage over 70% of smokers

CONCLUSIONS

1. Exists a high prevalence of psychiatric comorbidity among HIV-infected patients controlled in our hospital
2. The most prevalent disorder is depression followed by anxiety and personal disorders
3. The study highlights a percentage over 70% of smokers
4. Almost 90% of smokers use other drugs like; alcohol, cocaine or parenteral drugs

CONCLUSIONS

1. Exists a high prevalence of psychiatric comorbidity among HIV-infected patients controlled in our hospital
2. The most prevalent disorder is depression followed by anxiety and personal disorders
3. The study highlights a percentage over 70% of smokers
4. Almost 90% of smokers use other drugs like; alcohol, cocaine or parenteral drugs
5. Polydrug use is widespread among these patients.

FUTURE RESEARCH

Study the adherence to antiretroviral treatment and the relation with the evolution of psychiatric comorbidities.

FUTURE RESEARCH

TABLA 2. Cuestionario adherencia SMAQ

-
1. ¿Alguna vez olvida tomar la medicación?
☐ Sí ☐ No
 2. ¿Toma siempre los fármacos a la hora indicada?
☐ Sí ☐ No
 3. ¿Alguna vez deja de tomar los fármacos si se siente mal?
☐ Sí ☐ No
 4. ¿Olvidó tomar la medicación durante el fin de semana?
☐ Sí ☐ No
 5. En la última semana, ¿cuántas veces no tomó alguna dosis?
☐ A: ninguna
☐ B: 1-2
☐ C: 3-5
☐ D: 6-10
☐ E: Más de 10
 6. Desde la última visita, ¿cuántos días completos no tomó la medicación?
Días: _____
-
1. Se considera *no adherente*: 1: sí, 2: no, 3: sí, 4: sí, 5: C, D o E, 6: más de 2 días. El cuestionario es dicotómico; *cualquier respuesta* en el sentido de no adherente se considera no adherente.
 2. La pregunta 5 se puede usar como semicuantitativa:
A: 95-100% adhesión.
B: 85-94%.
C: 65-84%.
D: 30-64%.
E: < 30%.

Enferm Infecc Microbiol Clin 2005;23(4):221-31 225

FUTURE RESEARCH

Recomendaciones GESIDA/SEFH/PNS para mejorar la adherencia al tratamiento antirretroviral en el año 2004

Hernando Knobel^a, Ismael Escobar^b, Rosa Polo^c, Luis Ortega^d, M.^a Teresa Martín-Conde^e, José Luis Casado^f, Carlos Codina^e, Josefina Fernández^g, M.^a José Galindo^h, Olatz Ibarraⁱ, Monserrat Llinas^j, Celia Miralles^k, Melcior Riera^l, Carmina R. Fumaz^m, Aurea Segadorⁿ, Ferran Segura^o y Lourdes Chamorro^c

FUTURE RESEARCH

Recomendaciones GESIDA/SEFH/PNS para mejorar la adherencia al tratamiento antirretroviral en el año 2004

Hernando Knobel^a, Ismael Escobar^b, Rosa Polo^c, Luis Ortega^d, M.^a Teresa Martín-Conde^e, José Luis Casado^f, Carlos Codina^e, Josefina Fernández^g, M.^a José Galindo^h, Olatz Ibarraⁱ, Monserrat Llinas^j, Celia Miralles^k, Melcior Riera^l, Carmina R. Fumaz^m, Aurea Segadorⁿ, Ferran Segura^o y Lourdes Chamorro^c

Those with better adherence

FUTURE RESEARCH

Recomendaciones GESIDA/SEFH/PNS para mejorar la adherencia al tratamiento antirretroviral en el año 2004

Hernando Knobel^a, Ismael Escobar^b, Rosa Polo^c, Luis Ortega^d, M.^a Teresa Martín-Conde^e, José Luis Casado^f, Carlos Codina^e, Josefina Fernández^g, M.^a José Galindo^h, Olatz Ibarraⁱ, Monserrat Llinas^j, Celia Miralles^k, Melcior Riera^l, Carmina R. Fumaz^m, Aurea Segadorⁿ, Ferran Segura^o y Lourdes Chamorro^c

Those with better adherence

Will experience an improvement of his psychiatric comorbidities

9th

International
Symposium on
Neuropsychiatry & HIV

HIV
Neuropsychiatry



Thank You

Clara Isern Tena

Enrique Esteve Valverde

Maria Gallardo Guillen

Rosa Taulé Male

Alfons Tapiz I Reula