

# HIV and Mental Health, diagnosis

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Annemiek Schadé, psychiatrist  
VU University Medical Center, Amsterdam

- Depression
- Anxiety
- Psychosis
- Substance use
- Personality disorder

## Depression and depressive symptoms

- Most common comorbid diagnosis in HIV+
- Ask every patient about depressive symptoms:
  - all the symptoms
  - relation with HIV: before or after the infection
  - social circumstances, stigma and discrimination
- Suicidal thoughts and ideation are very common; talk about it

## Depression and depressive symptoms

- Drugs, mainly 'uppers' like cocaine, amphetamine, crystal-meth, and also alcohol, can cause depressive symptoms
- Two weeks 'clean' is necessary for a reliable diagnosis
- (Mainly) efavirenz (Atripla) and dolutegravir (Triumeq) can cause or worsen depressive symptoms (weak scientific proof)

dd depression and depressive symptoms in HIV+:

- Depressive disorder (before or after HIV+ diagnosis)
- Bi-polar
- Mourning, just symptoms; 'normal' reaction
- Adjustment disorder (to HIV)
- Substance/medication (HIV) induced depressive disorder
- Fatigue, less concentration, loss of weight (aids)
- Low testosterone

Substance use

- Part of the HIV+ population uses (a lot of) drugs, often in combination with sex (life-style)
- Ask everyone about their use, regardless their age
- A non-judgmental way is important. Explain it is a medical question and not a moral question

Substance use

- Drugs, mainly 'uppers' like cocaine, amphetamine, crystal-meth, and also (withdrawal of) alcohol, can cause depressive, psychotic and anxiety symptoms
- Substance use can lead to non-adherence of medication and hospital
- Substance use in combination with cART can give serious side-effects or interactions (check with <https://www.hiv-druginteractions.org/checker>)

## Psychosis

- Patients with psychosis/mania are more vulnerable of getting HIV

### Dd psychosis and mania in HIV+

- Vulnerable people, for example with BPS, just after diagnosis/start hiv-medication
- Schizophrenia/bi-polar
- Substance induced psychosis
- Medication induced psychosis (HIV, rarely)
- HIV-dementia (HAD), delirium (very low Cd4)



Anxiety and anxiety disorders in HIV+

- For some HIV+-patients it is difficult to admit that they are anxious
- Many of them still have unrealistic thoughts or wrong ideas about HIV, which makes them anxious

• All anxiety and anxiety disorders in HIV+

- All anxiety disorders, like panic disorder and social anxiety disorder, before or after HIV-diagnosis
- Fear (of HIV, medication, sex)
- Adjustment disorder
- Substance/medication induced anxiety
- Dementia/delirium (very low CD4)

Personality disorders

- Personality disorders are more common among HIV+. For example female, but also male patients with a borderline personality disorder
- Think of a personality disorder when patients are always in discussion/fighting with hospital staff. It is important to consult the hospital staff and provide education on personality disorders
- Not taking (HIV) medication, or taking it less well, can be a form of auto-mutilation/suicide attempt

## In general:

- Diagnosis of mental health problems are often missed in HIV+-patients
- Think of mental health problems when HIV+-patients:
  - show change of behavior (angry)
  - miss appointments
  - don't take their medication anymore
  - lose weight, lack of energy, vague somatic symptoms