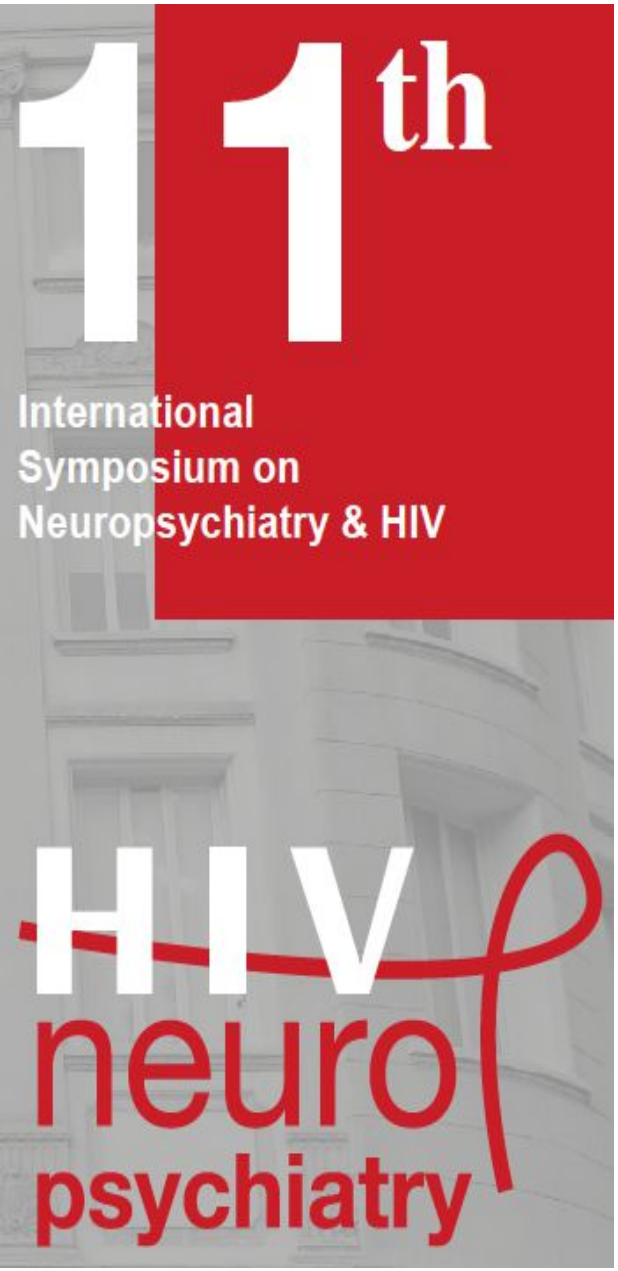

Workshop..

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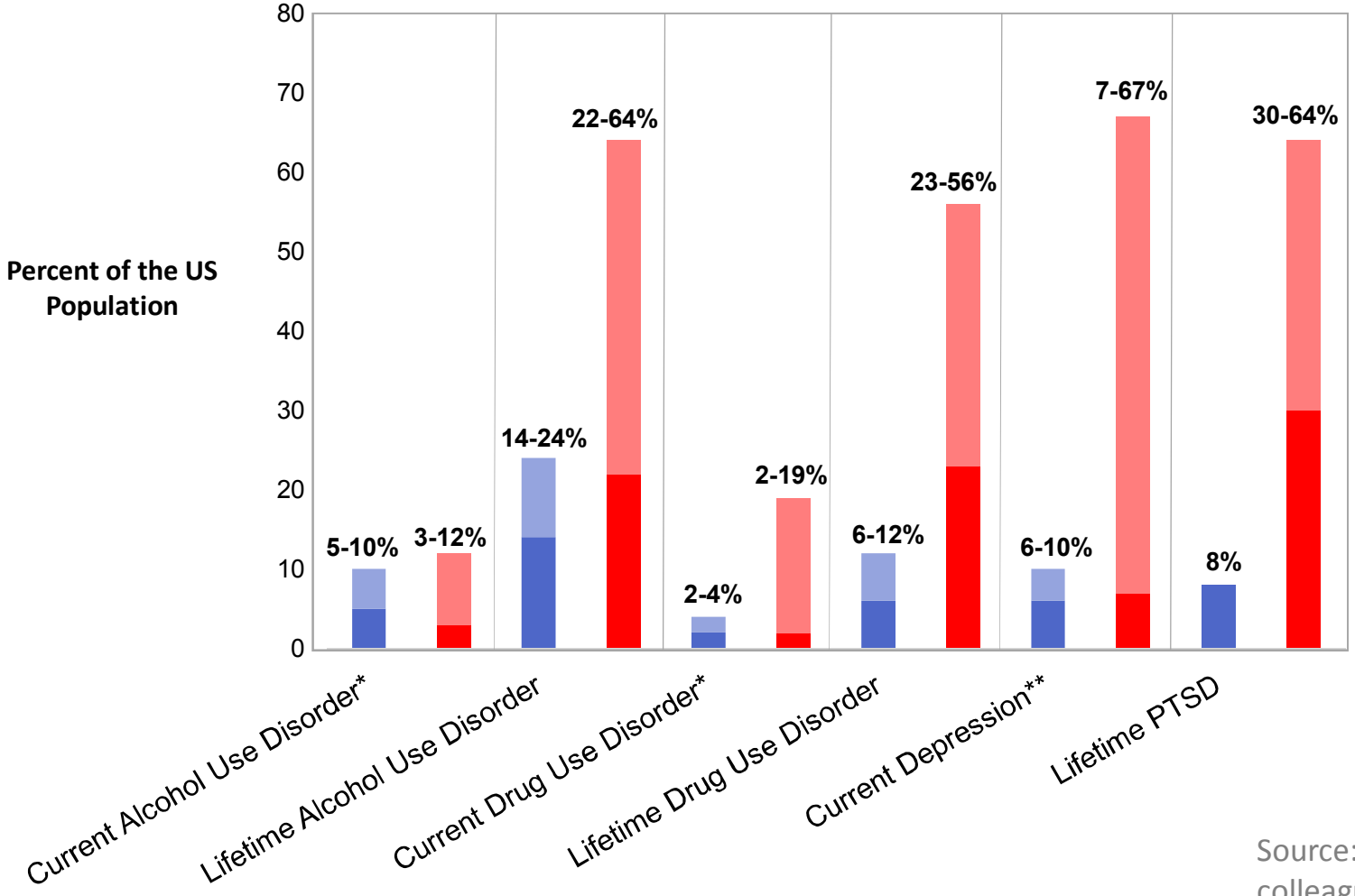
No conflicts to report

11th International Symposium on Neuropsychiatry & HIV
BCN – May 18, 2018

COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

Rates of selected psychiatric disorders: United States general population vs PLWHA



In South Africa, 26 to 38% of PLWHA have a mental disorder vs. 13% in the general population

Jonsson et al., *S Afr J HIV Med 2013; 14(4):155-165*

Even higher rates for adolescents and young adults

Source: Extensive literature review by colleagues in the Northeast/Caribbean AETC

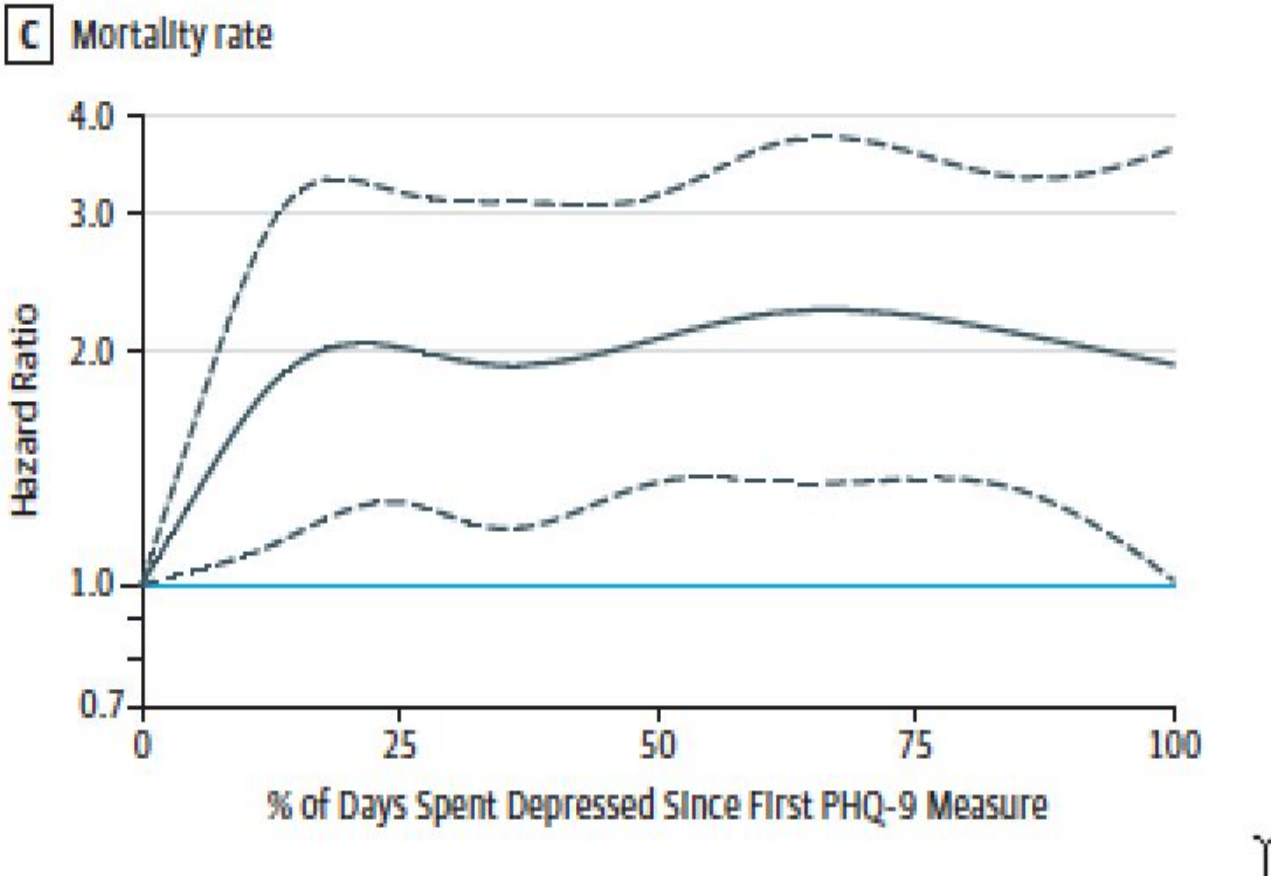
Depression and mortality among PLWHA

- 1487 women followed for 24 months in Tanzania:
  - **mortality was 6.6%** among women with depressive symptoms **vs 3.7%** without
- 765 HIV+ women at 4 US sites followed for up to 7 years,
  - women with chronic depressive symptoms were **twice as likely to die** as women with limited or no depressive symptoms, even after adjusting for predictors of mortality (CD4 count, ART duration, age)
- In the US WIHS prospective cohort (study N=858),
  - chronic depressive symptoms was associated **>3 times the hazard of mortality** (women on ART) and >7 times the hazard of mortality (women not on ART) compared to women on ART with no depression

Sudfield et al., 2017, AIDS; Ickovics JR et al, 2001, JAMA; Todd et al., 2016, American Journal of Epidemiology;

Longer depression yields worse HIV care outcomes

- **Dose-response relationship between depression length and HIV outcomes**
- 5927 US individuals living with HIV
- Each 25% ↑ in percentage of days with depression
  - **8% ↑ risk of missing appointment**
  - **5% ↑ risk of detectable VL**
  - **19% ↑ risk of mortality**



Source: Pence et al, JAMA Psychiatry, Feb 21 2018

Depression and ART adherence

J Acquir Immune Defic Syndr • Volume 58, Number 2, October 1, 2011

CRITICAL REVIEW: CLINICAL SCIENCE

Depression and HIV/AIDS Treatment Nonadherence: A Review and Meta-analysis

Jeffrey S. Gonzalez, PhD,†‡ Abigail W. Batchelder, MPH, MA,* Christina Psaros, PhD,‡§ and Steven A. Safren, PhD‡§*

- 95 independent samples
- Depression significantly associated with non-adherence ($p < .001$; $r = 0.19$; CI: 0.14 - 0.25)

Curr HIV/AIDS Rep (2014) 11:291–307
DOI 10.1007/s11904-014-0220-1

CO-INFECTIONS AND COMORBIDITY (CM WYATT AND K SIGEL, SECTION EDITORS)

Depression and Adherence to Antiretroviral Therapy in Low-, Middle- and High-Income Countries: A Systematic Review and Meta-Analysis

Olalekan A. Uthman · Jessica F. Magidson · Steven A. Safren · Jean B. Nachega

- 111 independent samples
- Likelihood of achieving good (80%) adherence 42% lower among those with depressive symptoms than those without
- Consistent across country's income group, study design, and adherence rates

RESEARCH ARTICLE

Patient-Reported Barriers to Adherence to Antiretroviral Therapy: A Systematic Review and Meta-Analysis

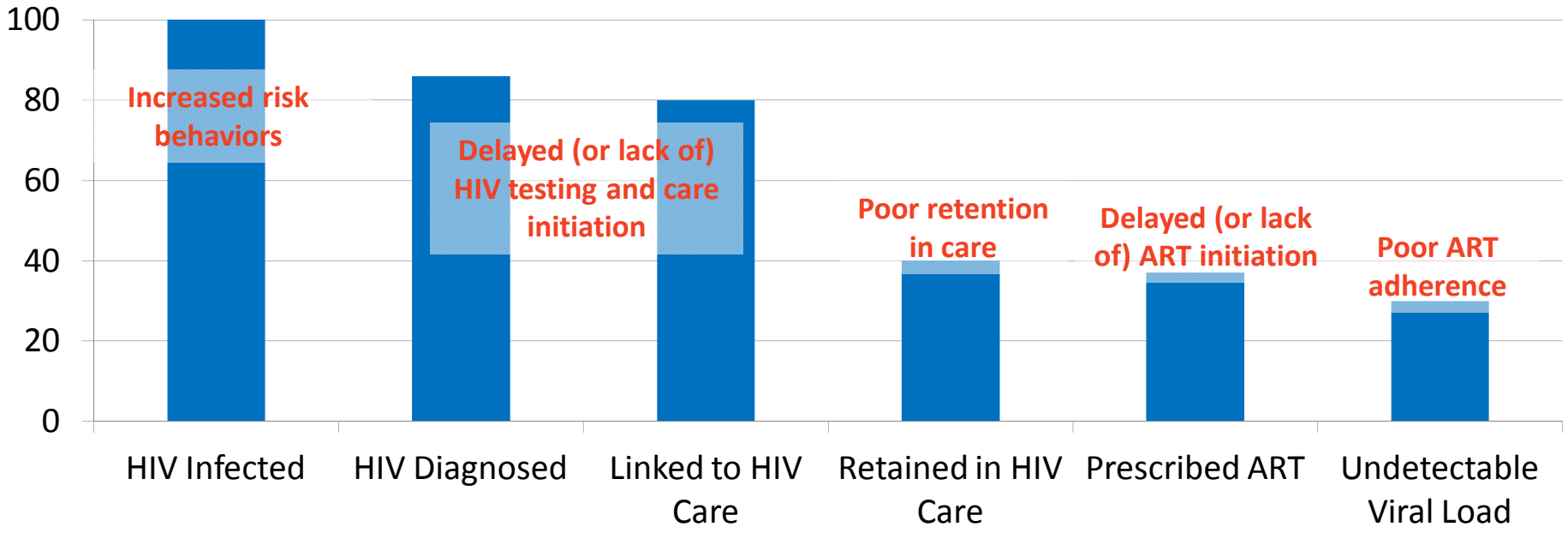
Zara Shubber[1], Edward J. Mills[2], Jean B. Nachega[3,4,5], Rachel Vreeman[6,7], Marcelo Freitas[8], Peter Bock[9], Sabin Nsanzimana[10,11], Martina Penazzato[12], Tsitsi Appolo[13], Meg Doherty[12], Nathan Ford[12,14]*

- 125 Studies
- 19,016 patients
- 38 countries

Depression – a barrier for 15% adults, 25% adolescents

The behavioral pathway is clear

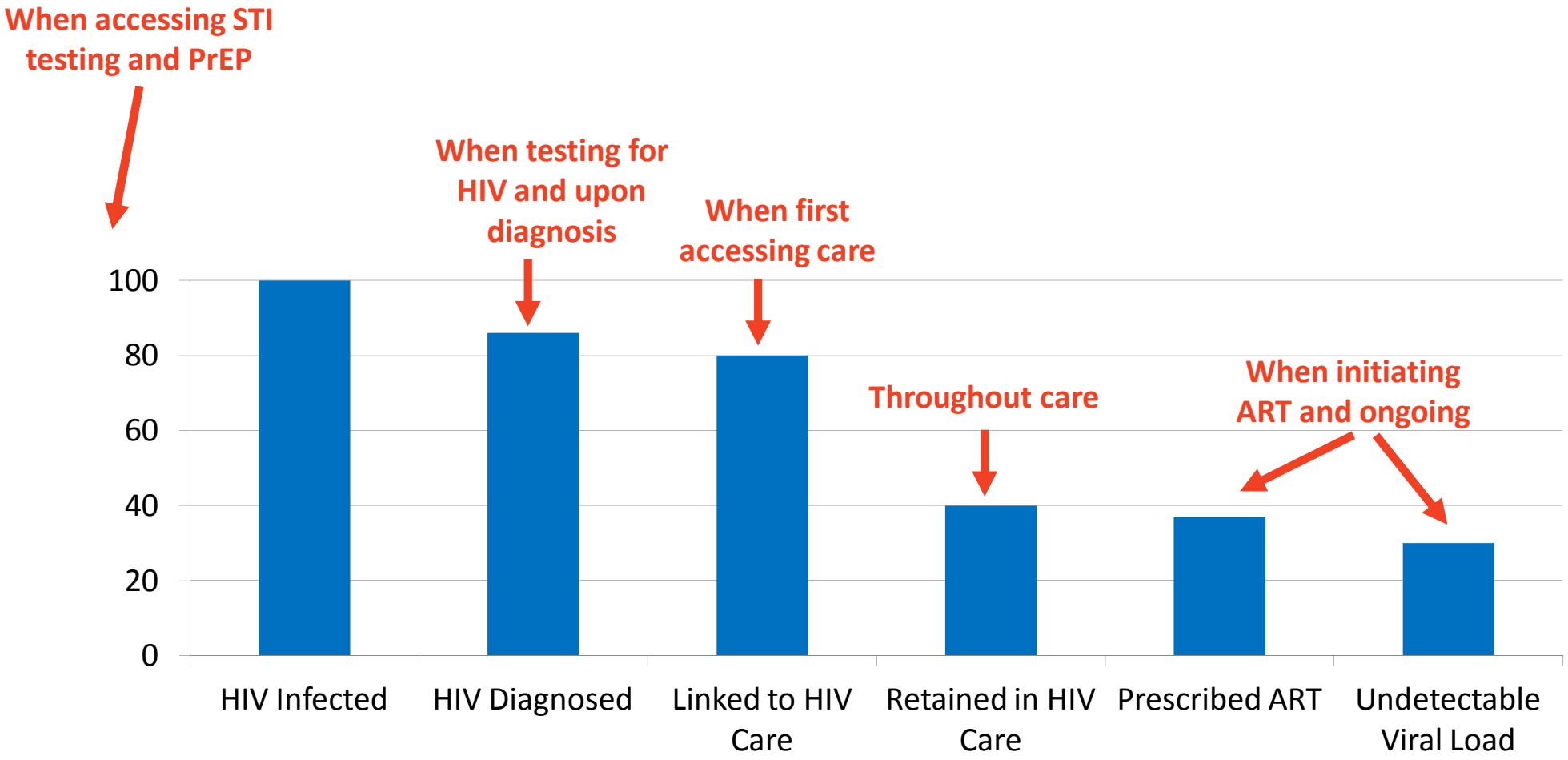
Mental health impairment contributes to:



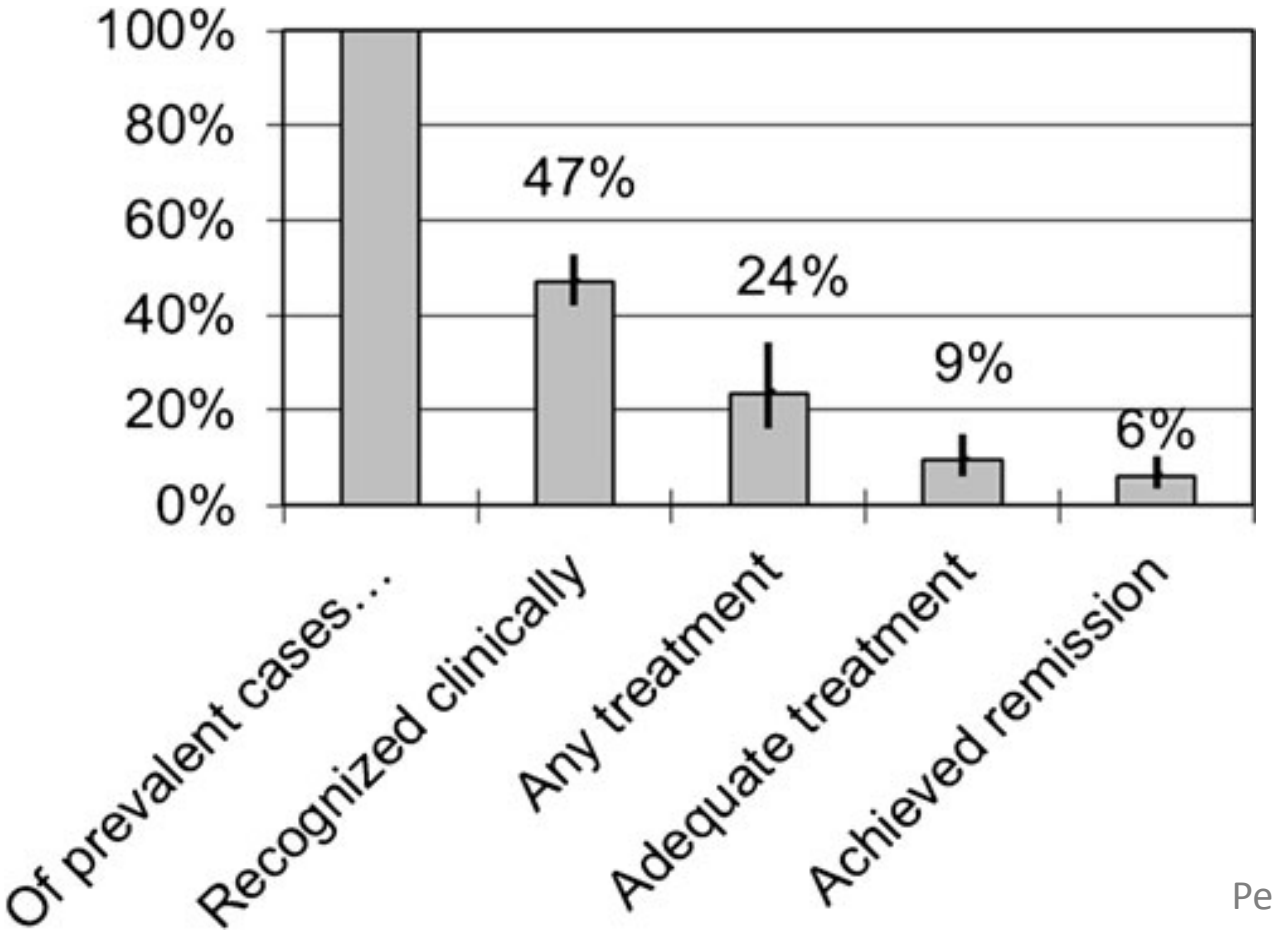
- All lead to non-optimal HIV treatment and thus, poorer health outcomes (for self and for others)
- Whatever the pathway, it is clear that we need to address mental health problems if we want to improve health outcomes along the HIV prevention and HIV care continua

Source: Bemelmans M et al, J Int AIDS Soc, 2016; Gonzalez JS et al, JAIDS 2011; Uthman et al, Curr HIV/AIDS Rep, 2014; Mayston et al, AIDS, 2012; Krumme et al, J Epidemiol Community Health, 2014; Musisi et al, Int J STD AIDS, 2014; Antelman et al, JAIDS, 2007; Remien et al, AIDS and Behavior, 2007

Opportunities for intervention: Mental health screening and intervening



The depression treatment cascade in the U.S.



As many as 2 in 3 youth with depression are not identified by their primary care clinicians and fail to receive any kind of care*

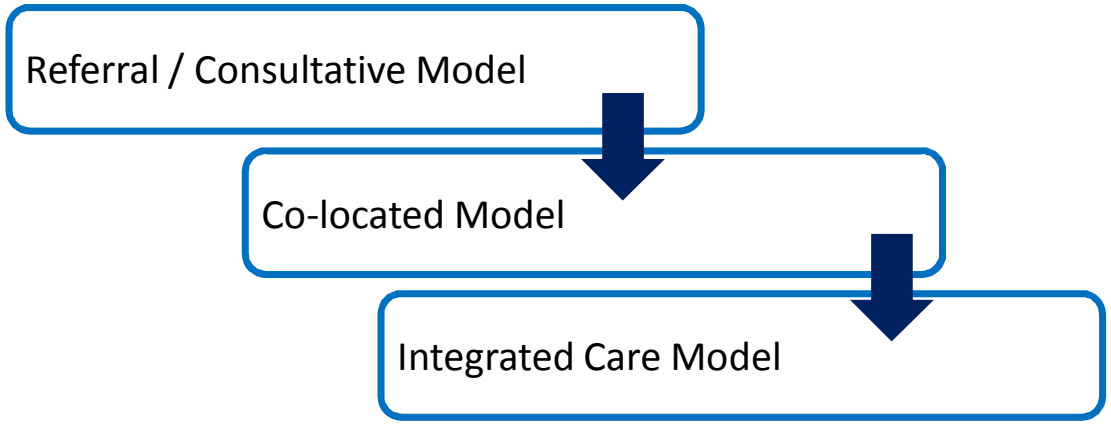
Pence et al, Psychiatry 2012; *Zuckerbrot et al, 2018

Addressing the human resources challenge

Task Shifting / Sharing

- Reassignment of specific MH assessment and treatment procedures with abbreviated training and ongoing supervision
- Lay personnel (e.g., teachers, community workers) can successfully recognize mental disorders
- Trained and supervised non-specialists can effectively deliver psychopharmacological and psychological treatments

Integrated Care



Stepped-care model

- Individual needs are matched to the appropriate level of care
- More intensive intervention is only used if required.

Source: van Ginneken N et al., Cochrane Database Syst Rev. 2013; WHO, 2007; Verdeli H et al, 2008; Rojas et al, Lancet, 2007; Bass et al, BJP, 2006; Patel et al, Lancet, 2007; Araya et al, Lancet, 2003; Patel and Thornicroft, PLoS Med, 2009; GMH-Group, Lancet, 2007; Katon, W., et al. Arch Gen Psychiatry, 1999; Zatzick, D. et al. Gen Hosp Psychiatry, 2011; Rojas et al. Lancet 2007;

Thank you
Gràcies