

12th

International
Symposium on
Neuropsychiatry & HIV

HIV
neuro
psychiatry

Practical focus on the diagnosis and
treatment of the psychiatric and
neuropsychological aspects of
HIV-infected patients.

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www.neuropsychiatry-hiv.com

A multidisciplinary approach between Consultation-Liaison Psychiatry and HIV clinics in Portugal

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HIV epidemics in Portugal

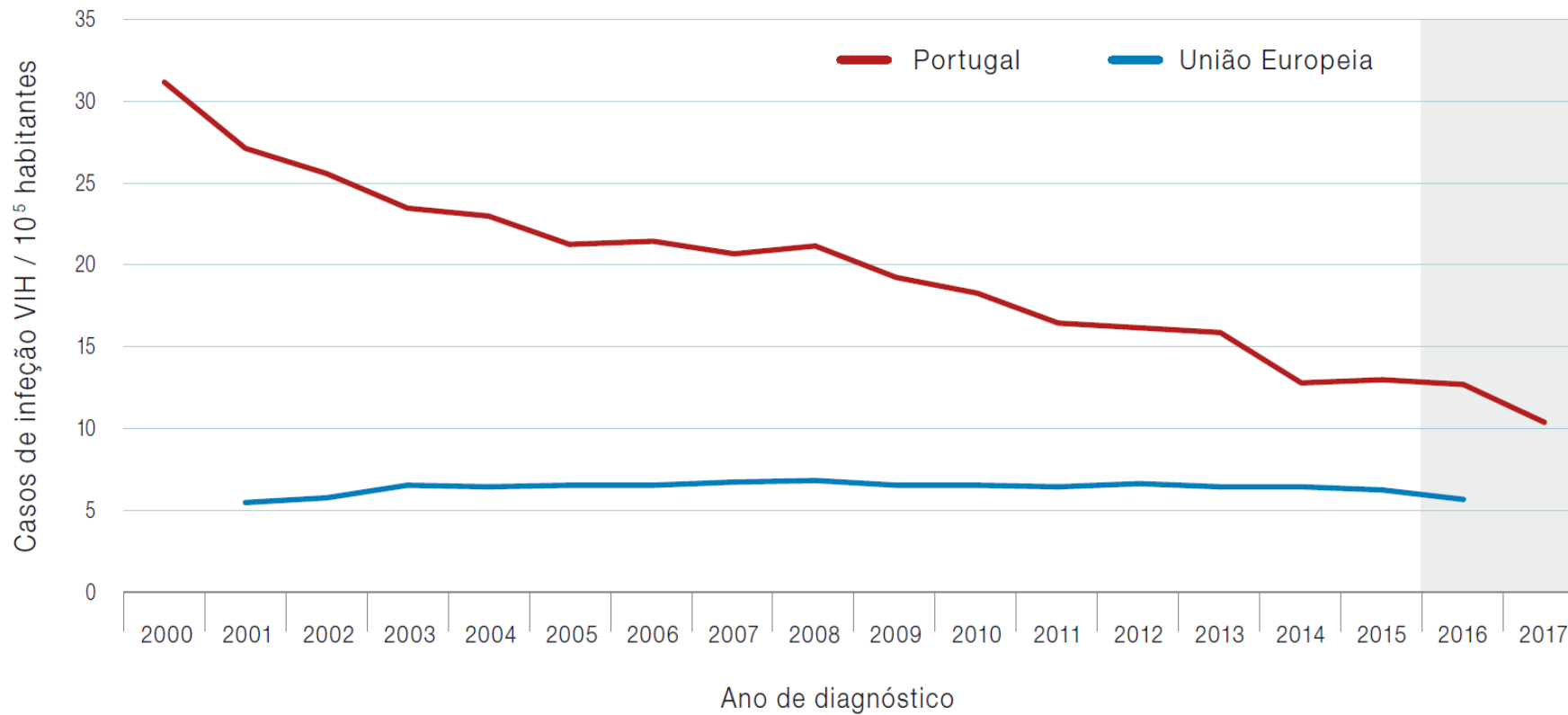


Figura 8 – Casos de infeção por VIH (2000-2017): taxa de novos casos por ano de diagnóstico, Portugal e União Europeia.

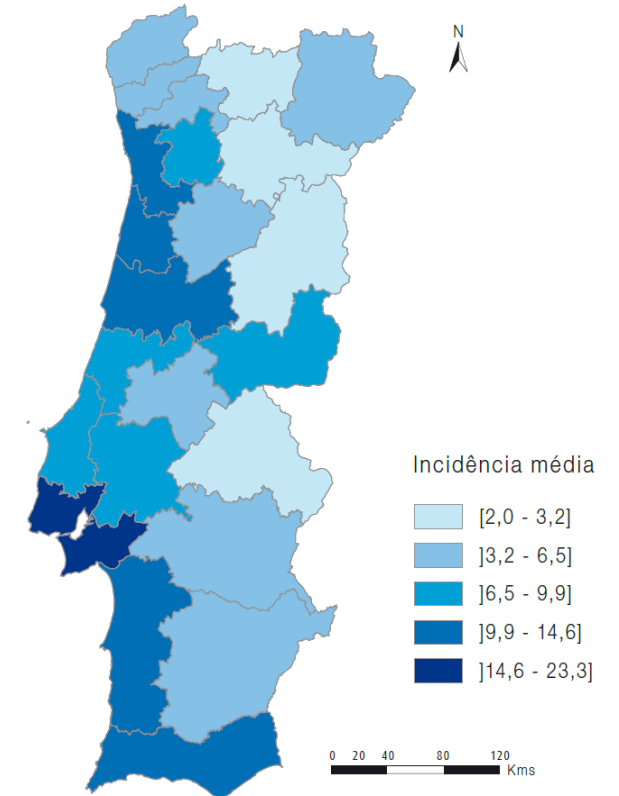


Figura 12 – Taxa média de novos diagnósticos de infeção por VIH (2013-2017) por região NUTS III.

In 2017: Portugal had 886 new cases of HIV infection ($8,6/10^5$) - higher than the year before

HIV epidemics in Portugal

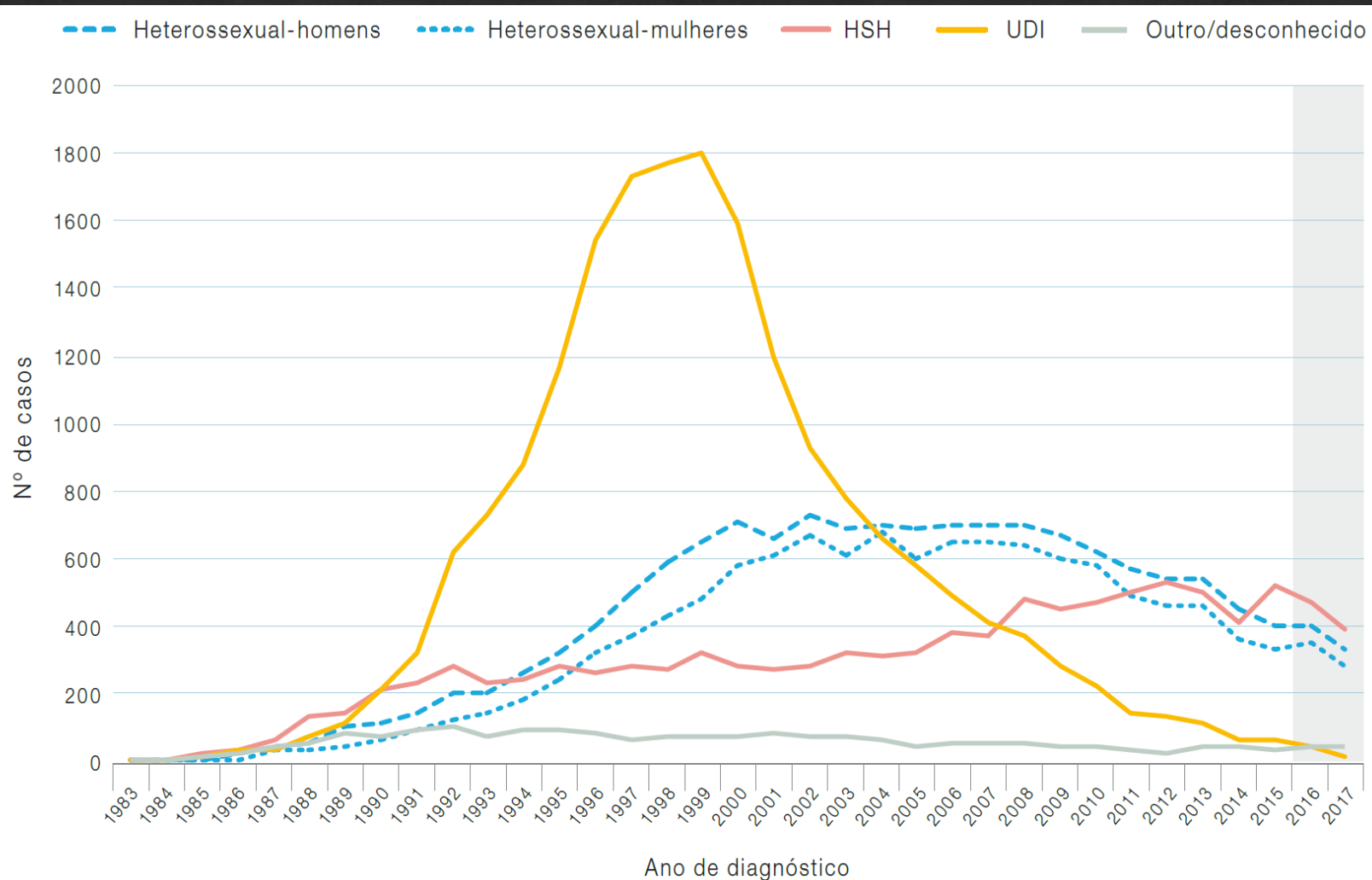


Figura 17 – Casos de infeção por VIH (1983 a 2017), distribuição segundo o modo de transmissão e ano de diagnóstico.

◇ In the last 30 years, Portugal decreased HIV epidemics:

◇ Screening of blood and its derivatives;

◇ Prevention of vertical transmission;

◇ Free HART;

◇ Risk reduction and harm minimization programs:

◇ Syringe exchange;

◇ Opiate substitution policy;

◇ Decriminalization of drug use;

◇ Screening for infectious diseases;

HIV epidemics in Portugal – recent years

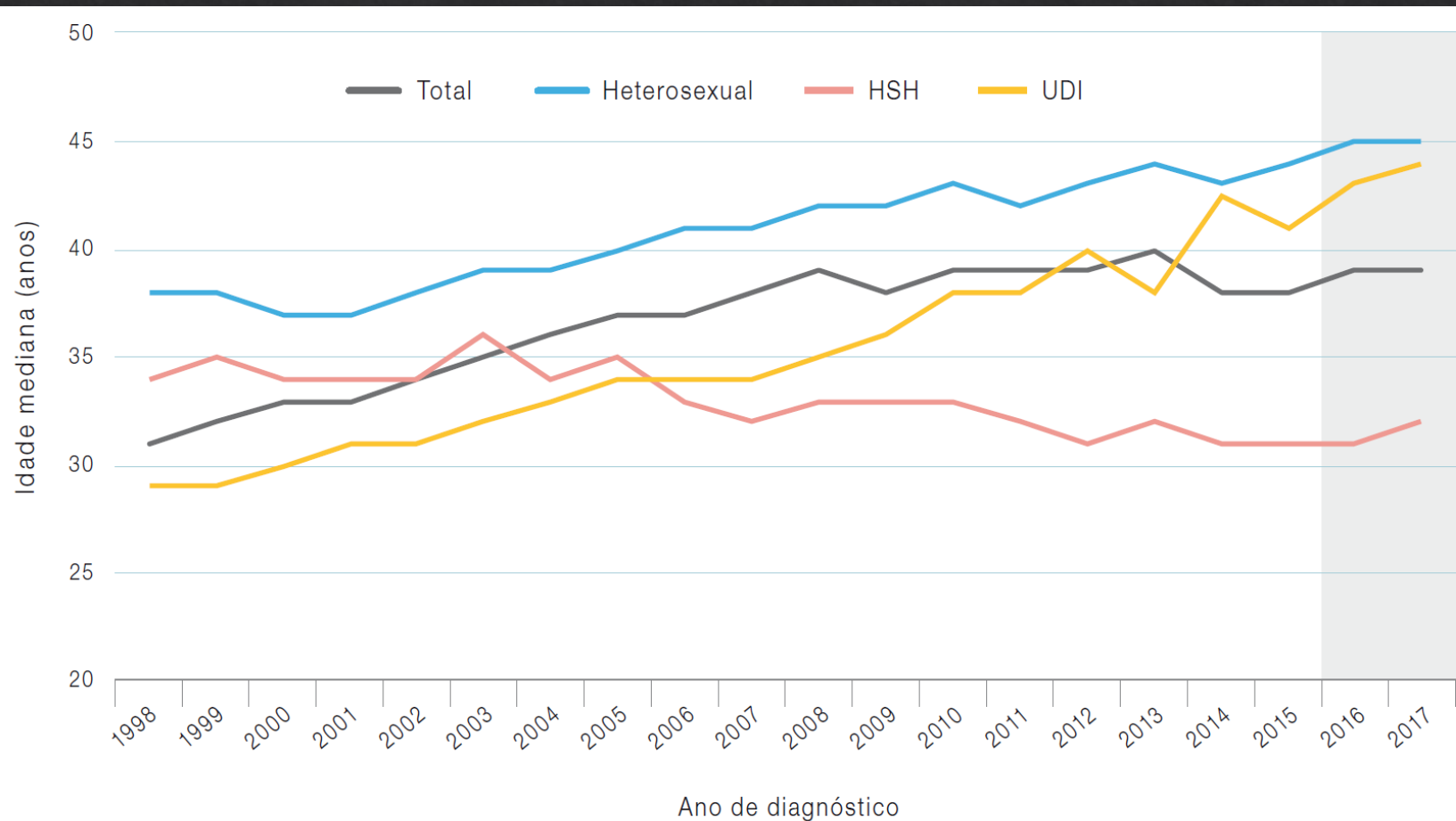


Figura 11 – Casos de infeção por VIH (1998-2017): tendências temporais das idades medianas à data de diagnóstico para as principais formas de transmissão.

- ◇ Men - ↑ cases in MSM:
 - ◇ 79.8%: diagnosis at ≈ 32 years;
- ◇ Sexual transmission, mainly heterosexual (> 50 years: 82.2% of new cases; late diagnosis criteria);
- ◇ People born in Portugal;

At the end of 2017:

- ◇ Implementation of PrEP - available in specific outpatient clinic of several hospitals;
- ◇ A government law determined a series of actions aimed at improving the quality of the epidemiological information;

Protocol between CL Psychiatry and HIV care

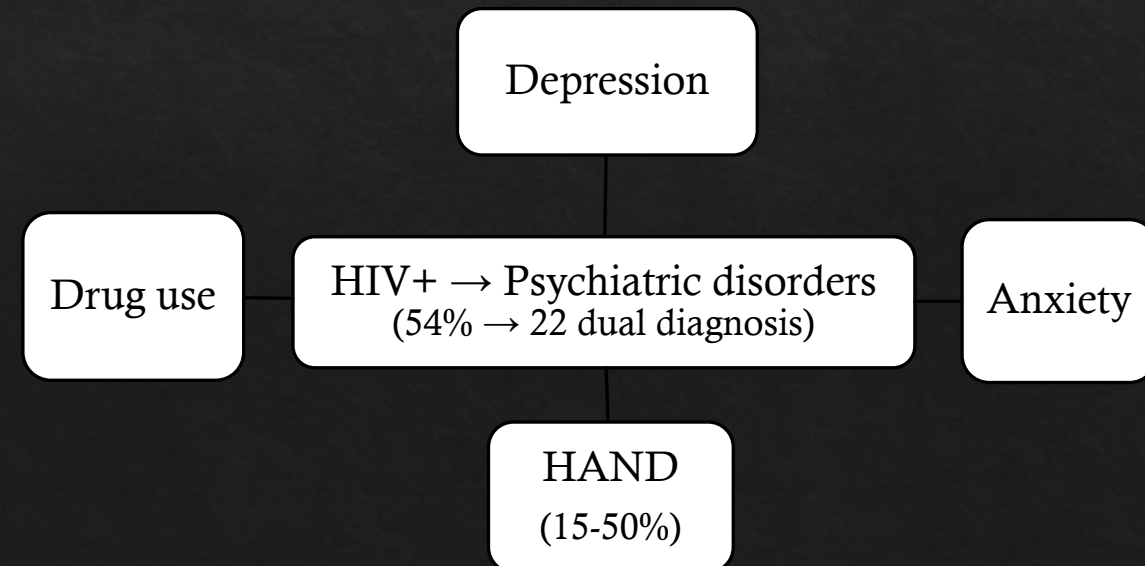
◆ Necessities:

◆ Psychiatric disorders and stigma worsen HIV+ individuals prognosis;

◆ Solid recommendations:

◆ Early assessment and treatment of psychiatric conditions, namely depression and HAND (EACS);

◆ Presence of a psychiatrist in HIV care;



Protocol between CL Psychiatry and HIV care

◆ Referral criteria:

- ◆ Moderate to severe depression and/or anxiety;
- ◆ Suicidal ideation;
- ◆ High risk of depression (family/personal history of depression, addiction disorders, age)
- ◆ Presence of major life events;
- ◆ Severe neurological or somatic comorbidity;
- ◆ Psychotic symptoms;
- ◆ HAND;

Immunodeficiency clinic referral –
attending physician



Referral evaluation by CL psychiatrist

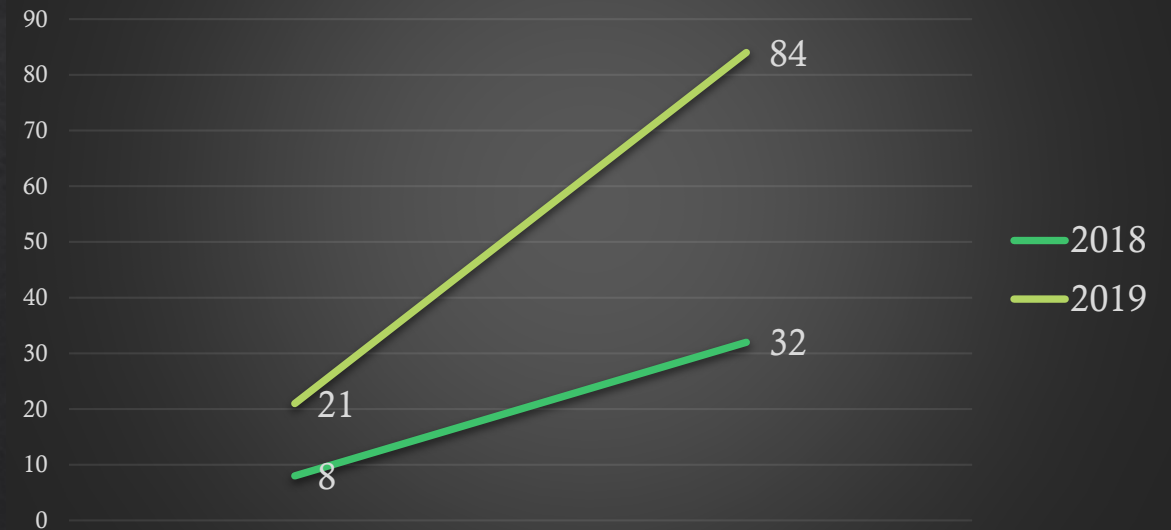


Patient evaluation in CL psychiatry
outpatient clinic (≈15 days)
(two priority consultations/week)

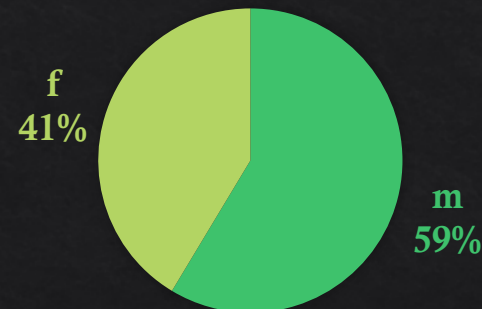
Protocol between CL Psychiatry and HIV care – Results

HIV+ individuals follow-up in CL Psychiatry			
		2018	2019
<i>n</i> – 1st trimester	29	8	21
mean age	45,138		
gender (n)			
masculine	17		
feminine	12		
year of referral (mode)		2013	2018
years between HIV and CL Psychiatry follow-up			
mean	3,793		
maximum	19		
minimum	0		
predicted n/year		32	84
ratio 2019/2018	2,63		

HIV+ individuals followed in CL
Psychiatry - 1st trimester vs year



Gender

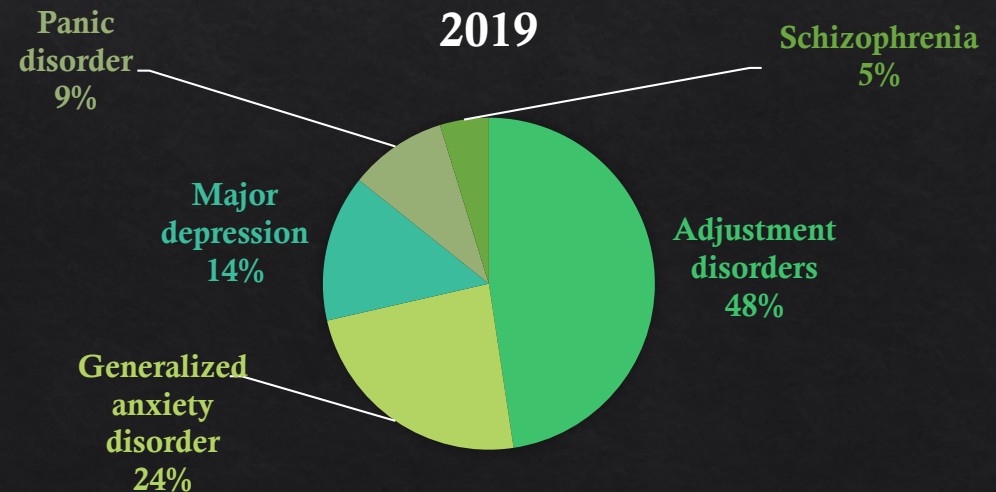
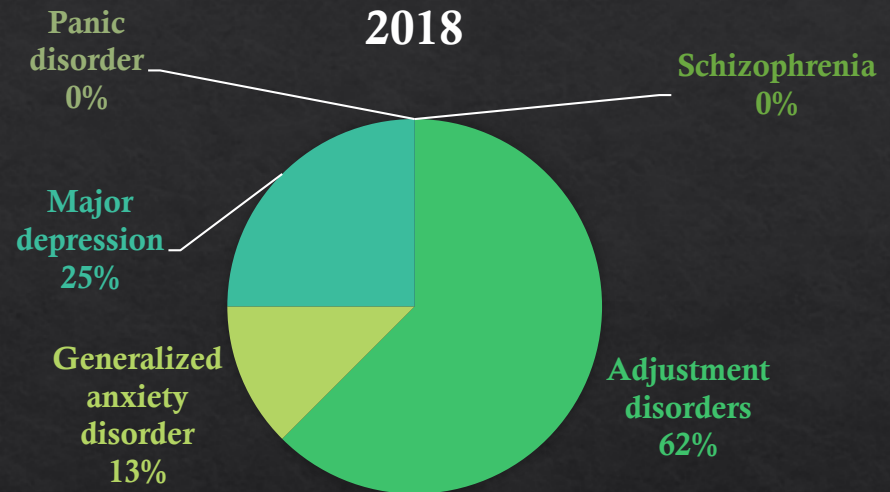
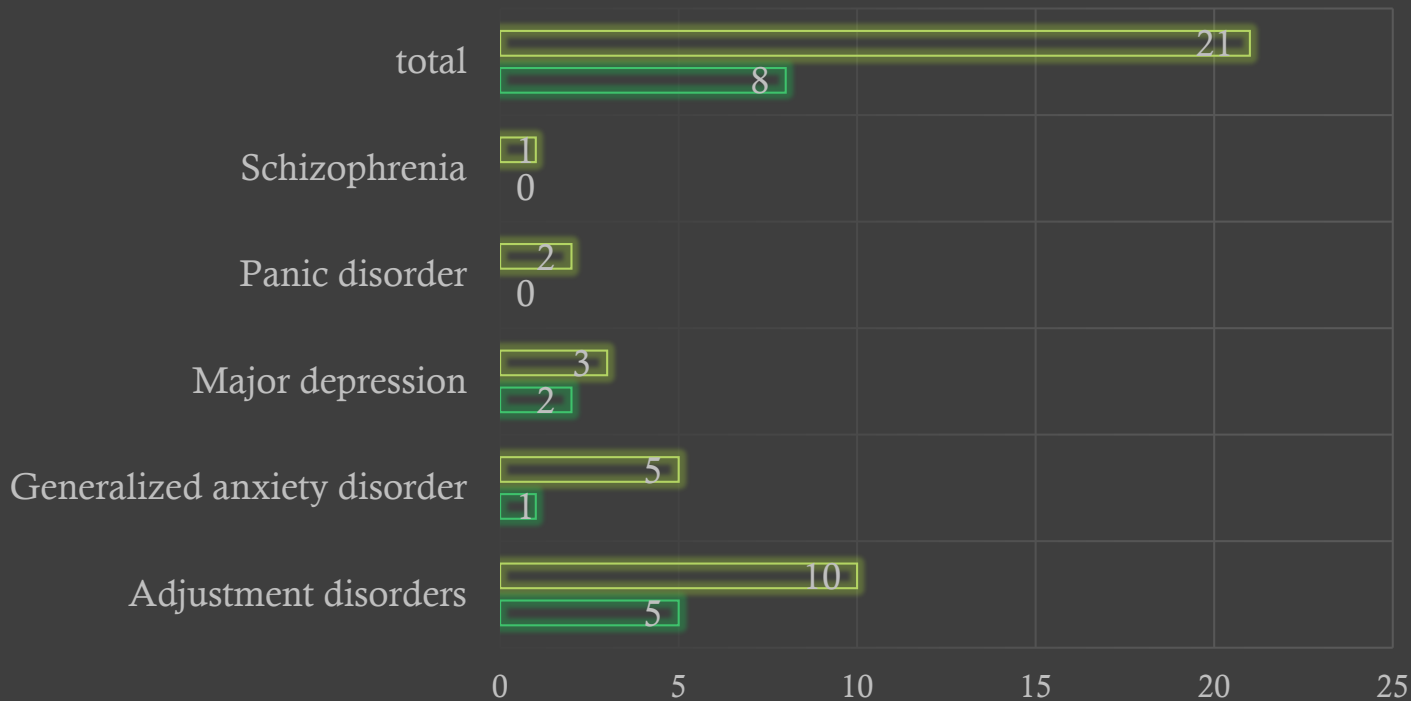


Protocol between CL Psychiatry and HIV care – Results

> 70%: cognitive complaints

Psychiatric diagnosis (DSM-5)

□ 2019 □ 2018



Conclusions

- ◆ The implementation of the formal protocol between CL Psychiatry and HIV outpatient clinics in 2019 - follow-up increase in 2,63;
 - ◆ *Question: impact before informal protocol (2011)?*
- ◆ Psychiatric follow-up of HIV+ individuals improves the prognosis;
- ◆ Limitation: small sample;

Thanks for your attention

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