AETC AIDS Education & Training Center Program
Mountain West

HIV and Mental Health: Moving Toward an Integrated Response

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Disclosures

No conflicts of interest or relationships to disclose

Objectives

By the end of this session, participants will:

- Understand the impact of depression and other mental health conditions on HIV prevention and care;
- Consider opportunities in their own clinical practice to increase screening and addressing depression among people living with HIV;
- Learn about strategies and resources to support suicide risk assessment in primary care settings.

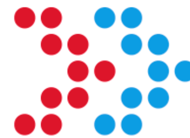
Why focus on mental health in HIV prevention and care?

- If we do not address mental health, unlikely to achieve “90-90-90” goals or end the HIV epidemic
- People at risk for – or living with - HIV have significantly higher rates of mental health conditions
- Significant gaps along HIV care continuum
- There is no health without mental health

diagnosed

on treatment

virally suppressed



FAST-TRACK

ENDING THE AIDS EPIDEMIC BY 2030

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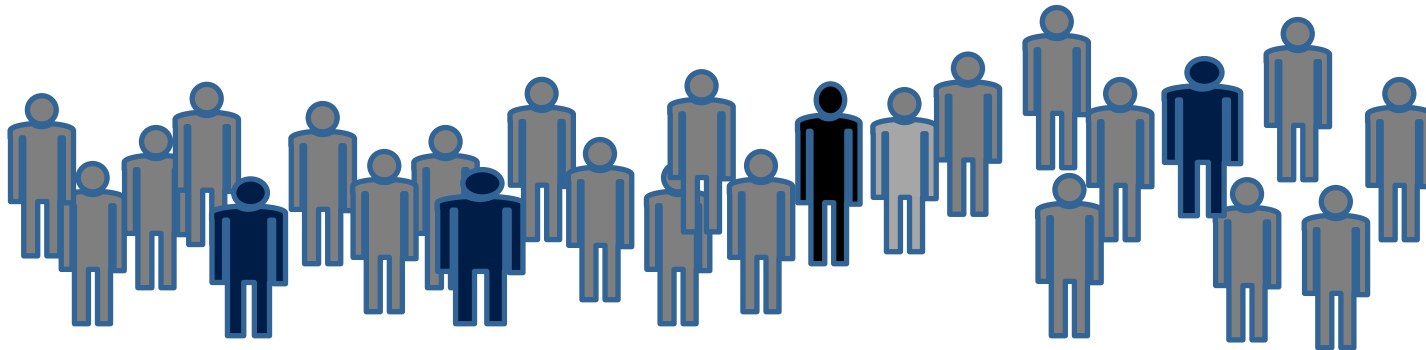
Mental Disorders are Highly Prevalent

Nearly 1 billion people live with mental disorders worldwide: **16% of the global population**

- **Depression: 268 million**
- **Schizophrenia: 19.5 million**
- **Bipolar Disorder: 45 million**
- **Substance use disorders: 62 million**



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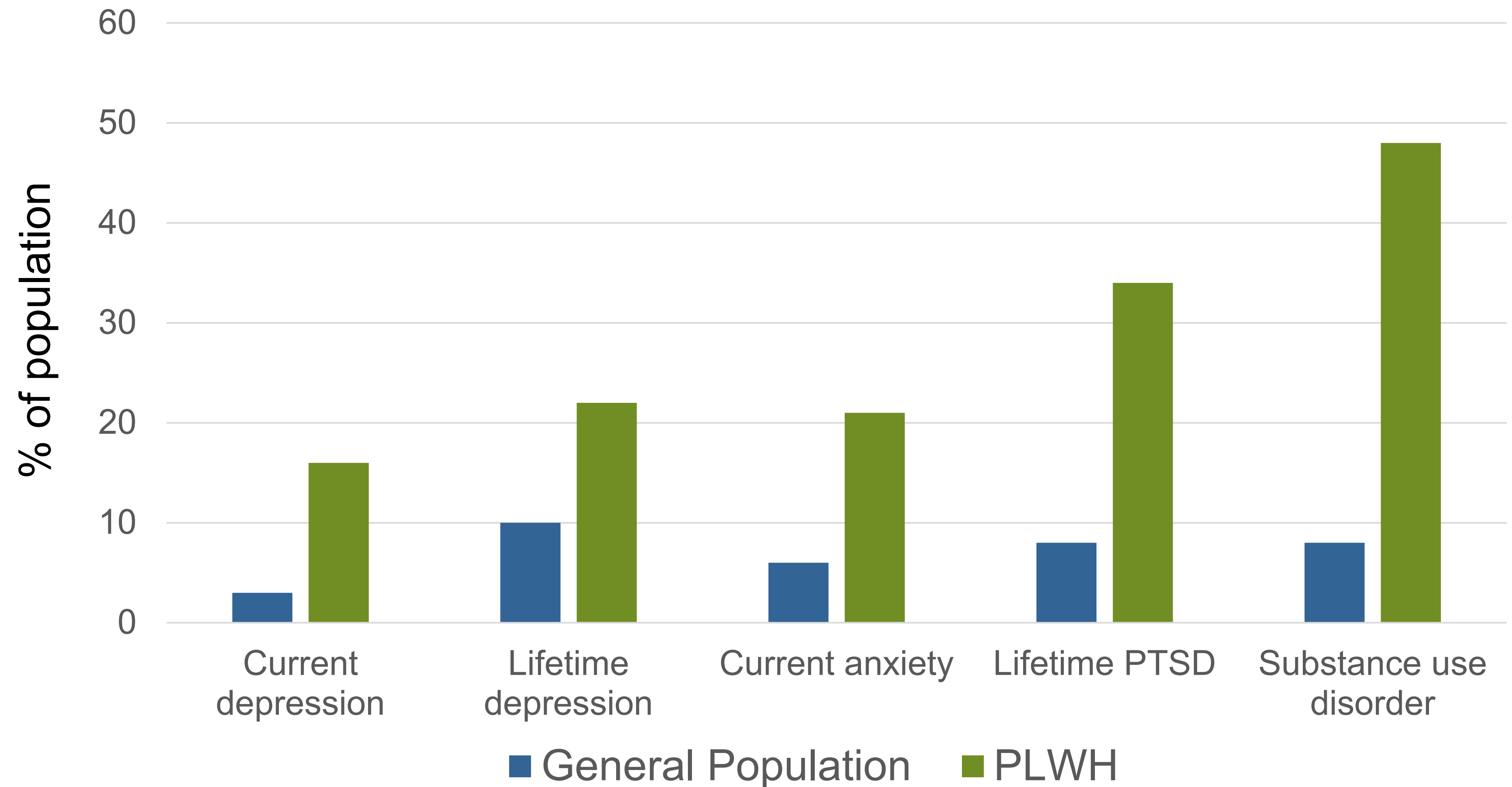
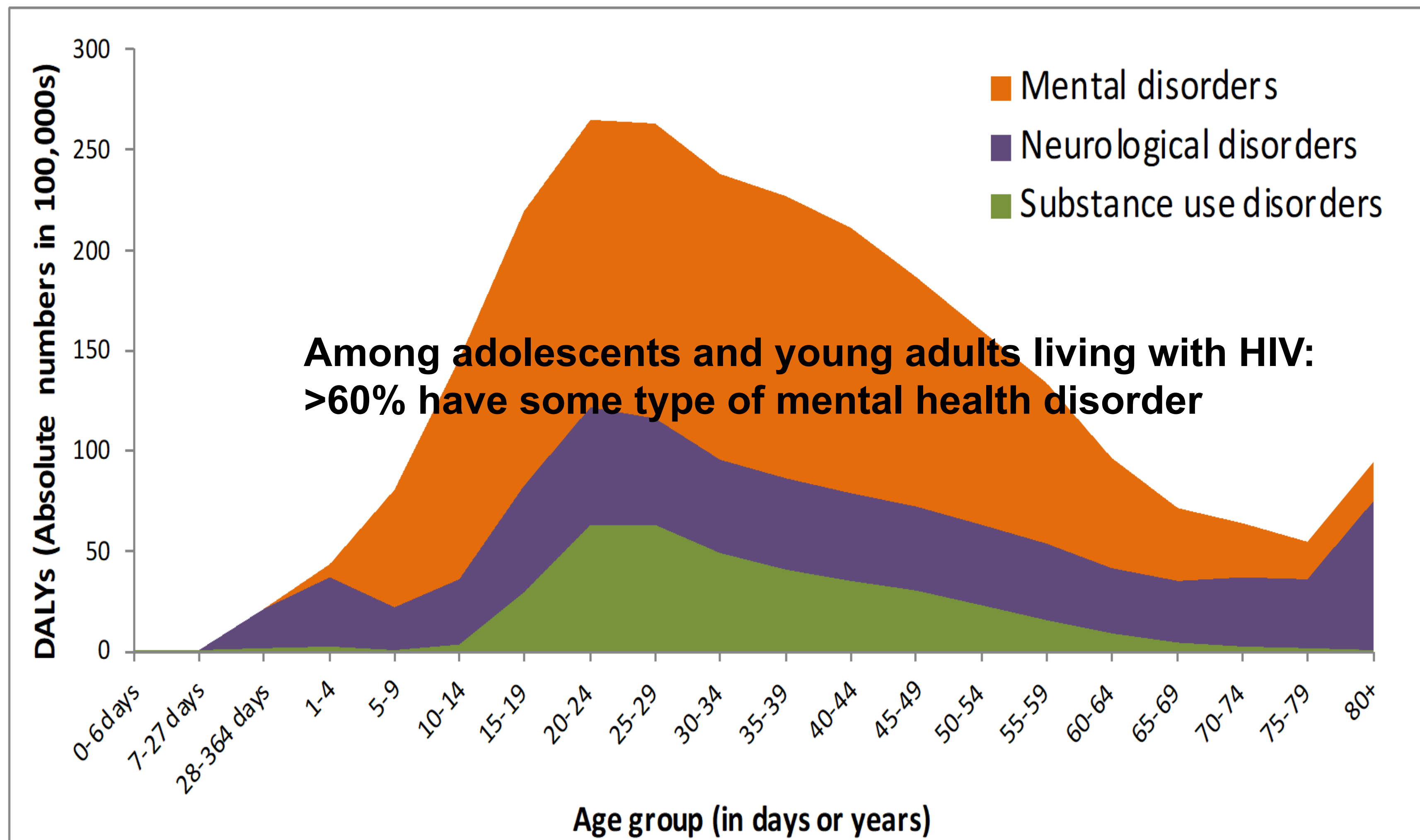
Prevalence of Mental Health Conditions



Global Burden of Mental Disorders



Source: Whiteford et al, Lancet, 2016

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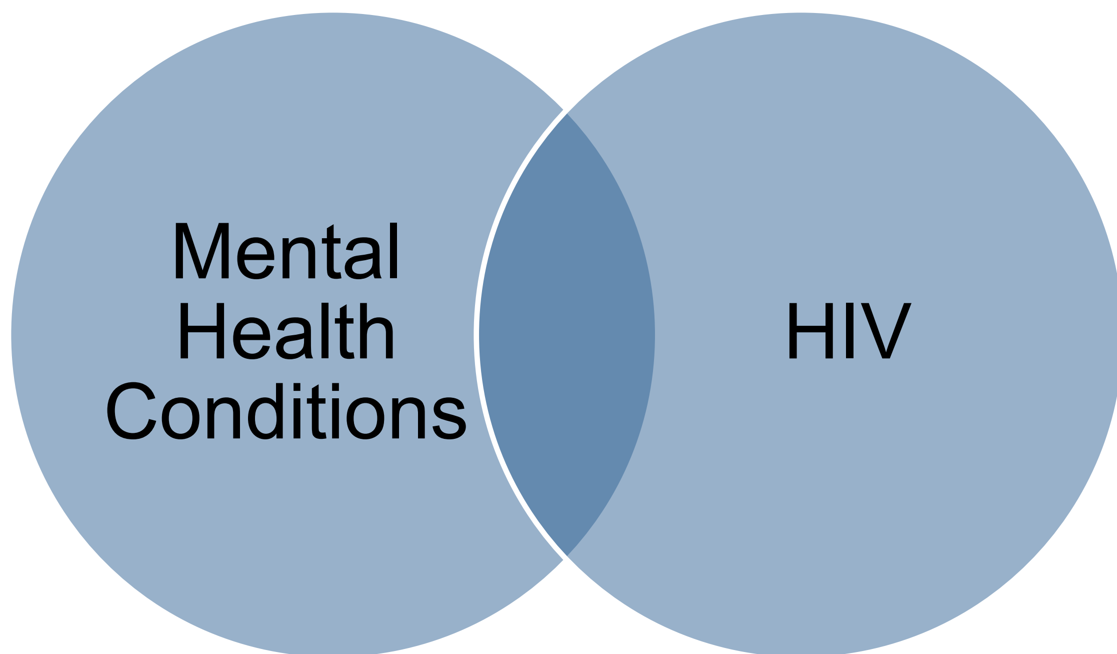
Why So Common? Shared Determinants



- Biological factors
- Environmental Factors
- Social factors
- Intersecting Stigma

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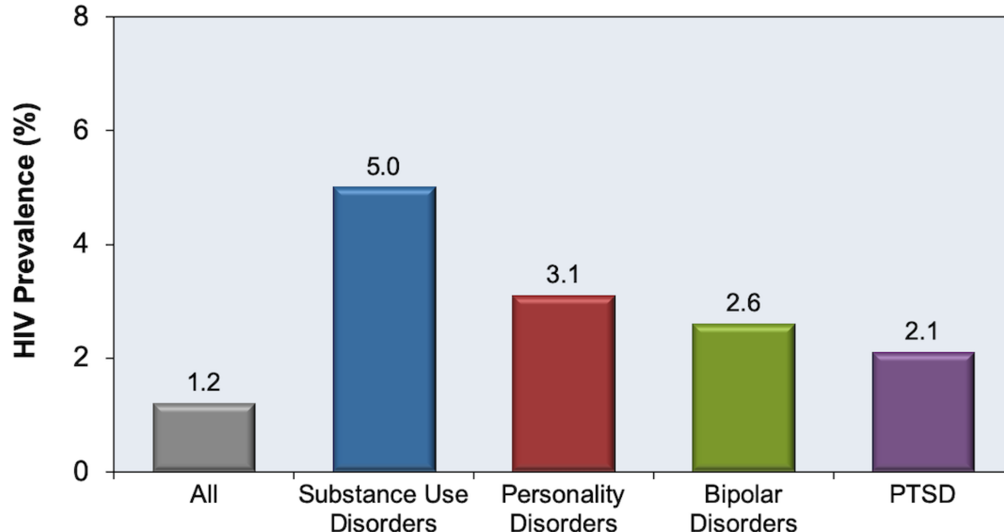
Mental Health Conditions Increase HIV Risk



- Mental illness contributes 4 to 10X increased risk for acquiring HIV
  - HIV prevalence in US people with SMI: 2% - 6%
  - HIV prevalence in US general population: ~0.5%
- Co-morbidities: Mood disorders + alcohol/substance use + other conditions contribute even higher risk

Source: CDC, 2016; Hughes et al , Lancet Psychiatry, 2016; Hobkirk et al, Current HIV/AIDS Report 2015

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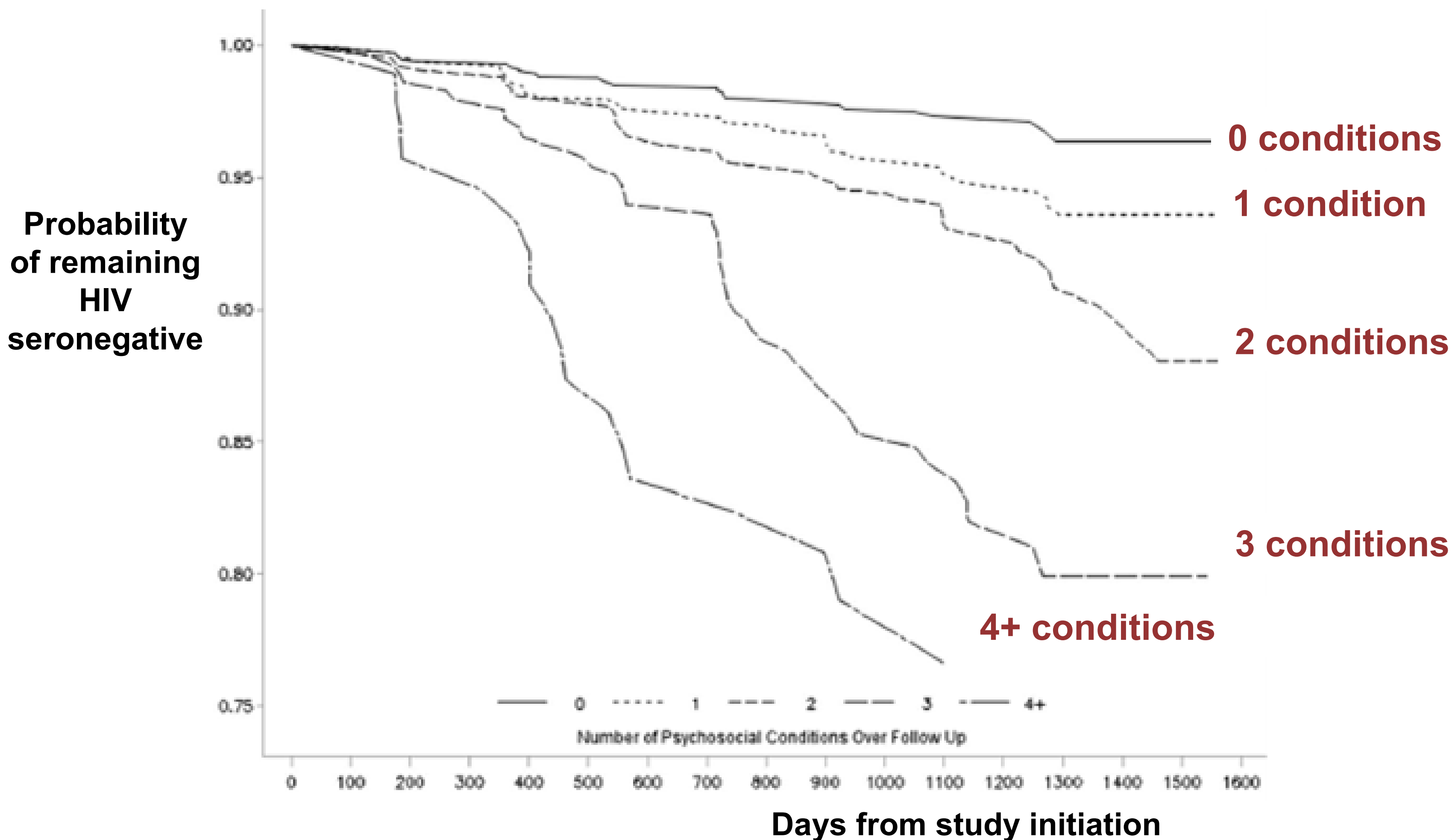
Syndemic: Multiple Conditions Magnify Risk



Source: Mimiaga et al. JAIDS, 2015

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Impact of Depression on HIV Risk

Men who have sex with men (MSM) and transgender women (TGW) at risk for HIV infection in iPrEx and iPrEx OLE

Conclusions:

- Higher depression scores were associated with:
  - lower (PrEP) drug-detection
  - Increased rate of sexual activity without condoms

Source: Mehrotra et al, AIDS and Behavior, 2016; Defechereux et al. AIDS and Behavior 2016

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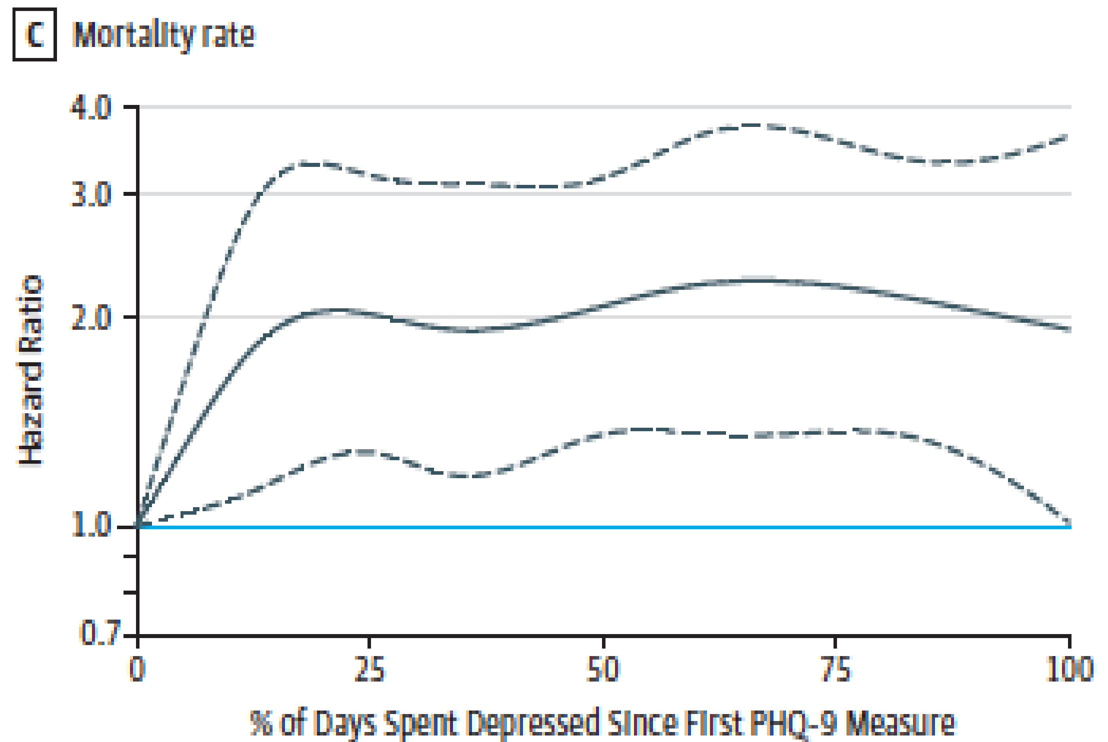
Longer Depression Leads to Worse HIV Outcomes

- **Dose-response relationship between depression length and HIV outcomes**
- 5927 US individuals living with HIV
- Each 25% ↑ in days with depression
  - **19% ↑ risk of mortality**



Source: Pence et al, JAMA Psychiatry, Feb 21 2018; Remien et al AIDS 2018

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Think About Your Current Practice Setting…

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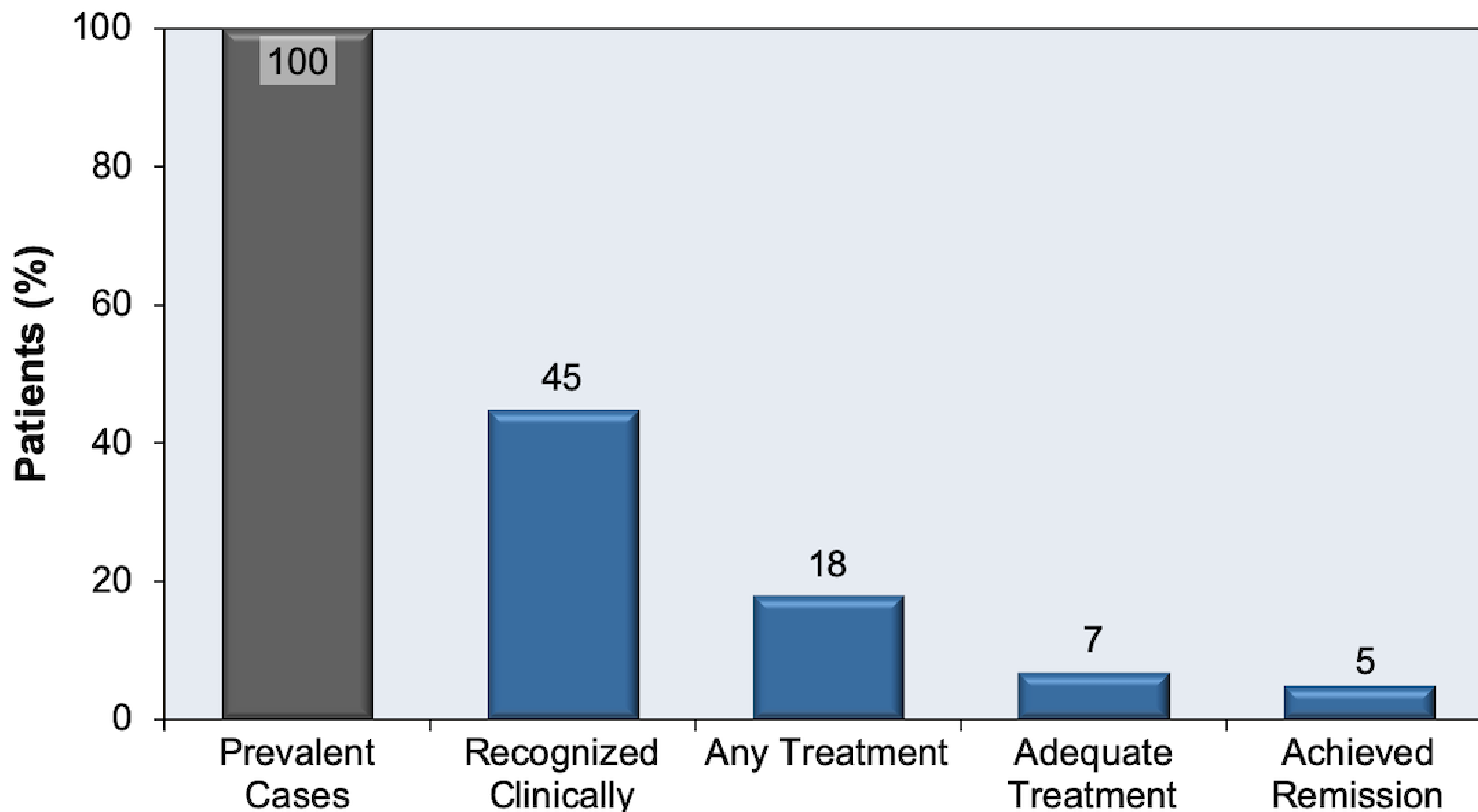
Depression Treatment Cascade



Source: Pence BW, O'Donnell JK, Gaynes BN. Falling through the cracks: the gaps between depression prevalence, diagnosis, treatment, and response in HIV care. AIDS. 2012;26:656-8

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The Mental Health Treatment Gap

- The majority of people (70-85%) with mental health conditions do not receive care
- Contributors: Human resource shortages, fragmented service delivery models, and lack of capacity for implementation and policy change
- Unfortunately, the stigma of mental illness exists at all levels: patients, health care workers, and policy makers

IMAGINE IF YOU GOT BLAMED FOR HAVING CANCER.

END THE STIGMA & DISCRIMINATION OF MENTAL ILLNESS @ bringchange2mind.org

Demyttenaere K et al, JAMA, 2004; Wainberg et al, Current Psychiatry Reports, 2017

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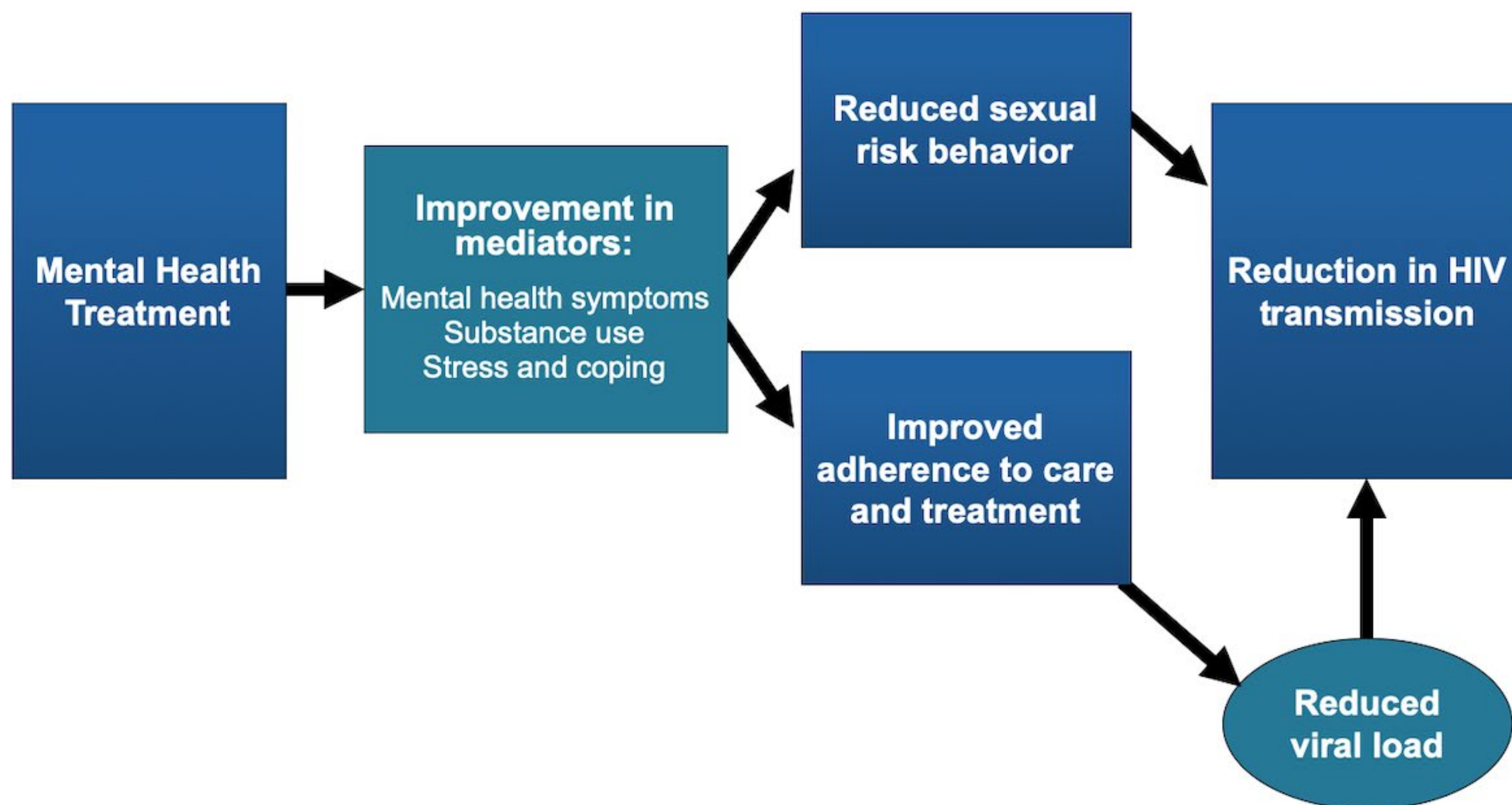
Impact of Mental Health Treatment



Source: Sikkema KJ, Watt MH, Drabkin AS, Meade CS, Hansen NB, Pence BW. AIDS Behav. 2010;14:252-62.

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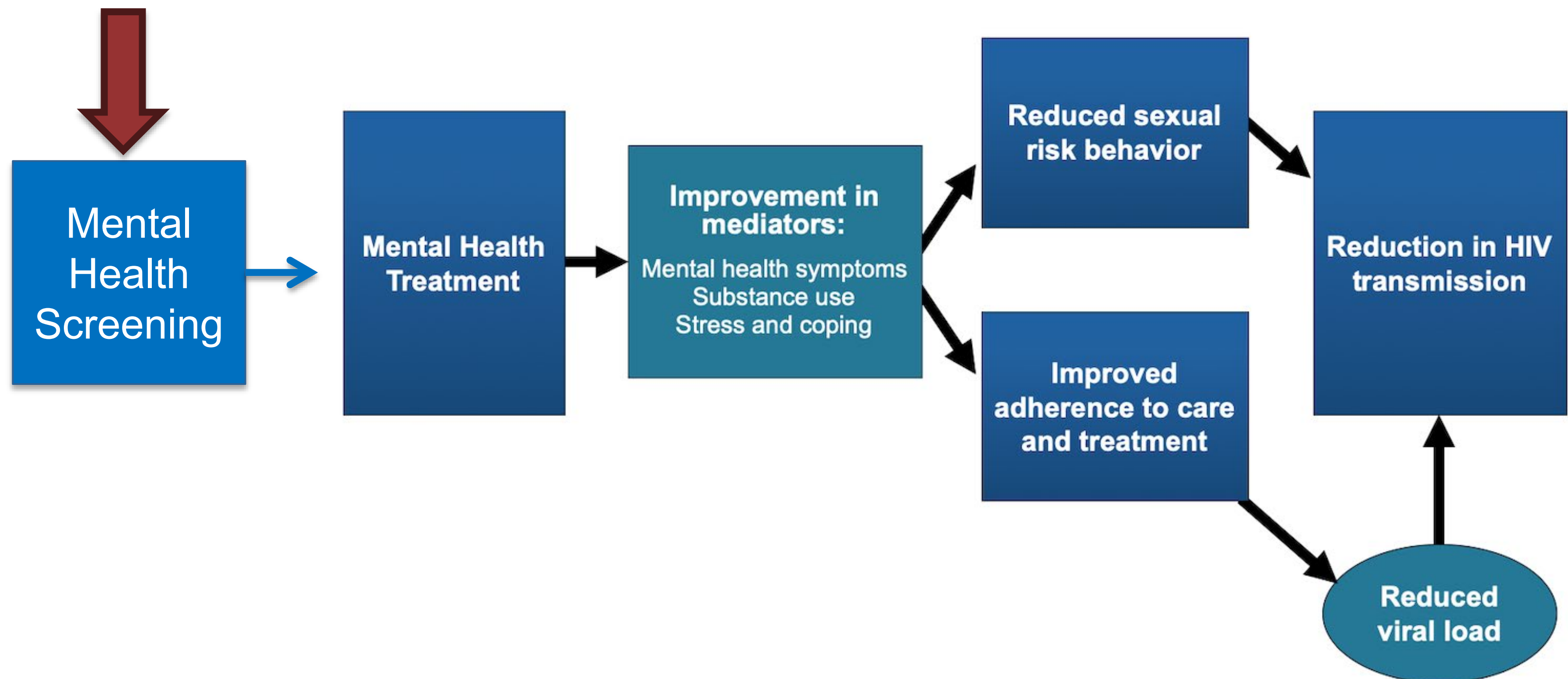
Screening is the Critical First Step



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Screening in Your Clinical Setting?

- Who?
- How?
- When?
- How often?

https://aims.uw.edu/resource-library/helping-clinic-staff-talk-patients-about-phq-9

Patient Health Questionnaire- 9 (PHQ-9)

- Frequency of depression symptoms over the past 2 weeks, scoring each as 0 ("not at all") to 3 ("nearly every day").
- Very high sensitivity and specificity for Major Depression
- PHQ-9 scores of 5, 10, 15, and 20 are representative of mild, moderate, moderately severe, and severe depression
- Can be used to track the severity of symptoms over time.

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + ____ + ____ + ____

=Total Score: ____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

Kroenke et al. Med Care. 2003 Nov. 41(11):1284-92

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Before prescribing antidepressant med…

- Have you previously been treated with antidepressants? How did you respond?
- Have you been previously diagnosed with bipolar disorder, and if so, by whom?
- Have you ever been hospitalized for a psychiatric disorder?
- Do you have a family history of bipolar disorder or schizophrenia?
- Do you have a family history of suicide attempts or completed suicide?

Choosing An Antidepressant Medication

- Prior treatment history
- Family history
- Patient preferences
- Side effect profile
- Safety in overdose
- Potential Medication interactions

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Selecting a medication

- Substantial research demonstrates effectiveness of antidepressant medications among PLWH; few comparative effectiveness trials
- Consider medication interactions
  - Fluoxetine, paroxetine and fluvoxamine have more potential for toxicity by increasing levels of Pis
  - Escitalopram, sertraline and citalopram have less potential for toxicity
  - Mirtazapine fewer interactions generally and good side effect profile
  - Caution with bupropion
    - Potential for lowering seizure threshold
    - NNRTI and PI interfere with metabolism, increasing levels
  - Remember to consider ALL medications, including methadone

Primary Care and Suicide Risk

Nearly 50% of those who die by suicide saw a primary care provider in the month before they died.

83%

of those who die by suicide visit a medical provider within the past year.

Remember: There is never harm in asking about suicide

- Source: Ahmedani et al.

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SUICIDE PREVENTION

Ask & assess:
WHEN DO I ASK

- Notice multiple warning signs together
- Notice concerning changes of behavior
- Your gut tells you something is wrong

Remember:
There is never harm in asking about suicide.

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SUICIDE PREVENTION

Ask & assess:

HOW TO ASK

- Be DIRECT:
  - "Are you thinking about suicide?"
  - "Are you planning to kill yourself?"
- Add context
  - "Sometimes when people are overwhelmed by life, when they can't find solutions to their problems, they think about suicide. Are YOU thinking about suicide?"

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SUICIDE PREVENTION

- **Ask & assess:**
- **IF YOUR PATIENT SAYS YES**

- Thank them for honesty and courage
- Ask follow-up questions:
  - Have you thought about how you might end your life?
  - Do you have access to those means?
  - Are you thinking of when you might end your life?

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SAFE-T ASSESSMENT

RESOURCES

- Download this card and additional resources at www.sprc.org or at www.stopasuicide.org
- Resource for implementing The Joint Commission 2007 Patient Safety Goals on Suicide www.sprc.org/library/jcsafetygoals.pdf
- SAFE-T drew upon the American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors www.psychiatryonline.com/pracGuide/pracGuideTopic_14.aspx
- Practice Parameter for the Assessment and Treatment of Children and Adolescents with Suicidal Behavior. Journal of the American Academy of Child and Adolescent Psychiatry, 2001, 40 (7 Supplement): 24s-51s

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National Suicide Prevention Lifeline
1.800.273.TALK (8255)

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www.sprc.org

www.mentalhealthscreening.org

SAFE-T

Suicide **A**ssessment **F**ive-step **E**valuation and **T**riage

for Mental Health Professionals

1
IDENTIFY RISK FACTORS
Note those that can be modified to reduce risk

2
IDENTIFY PROTECTIVE FACTORS
Note those that can be enhanced

3
CONDUCT SUICIDE INQUIRY
Suicidal thoughts, plans behavior and intent

4
DETERMINE RISK LEVEL/INTERVENTION
Determine risk. Choose appropriate intervention to address and reduce risk

5
DOCUMENT
Assessment of risk, rationale, intervention and follow-up

NATIONAL SUICIDE PREVENTION LIFELINE
1.800.273.TALK (8255)

SAFE-T STEP 4: DETERMINING LEVEL OF RISK

Risk Level	Risk/Protective Factor	Suicidality	Possible Interventions
High	Psychiatric diagnoses with severe symptoms or acute precipitating event; protective factors not relevant.	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal	Admission is generally indicated unless a significant change reduces risk. Suicide precautions.
Moderate	Multiple risk factors, few protective factors	Suicidal ideation with plan, but no intent or behavior	Admission may be necessary depending on risk factors. Develop crisis plan. Give emergency/crisis numbers.
Low	Modifiable risk factors, strong protective factors	Thoughts of death, no plan, intent, or behavior	Outpatient referral, symptom reduction. Give emergency/crisis numbers.

This SAFE-T Risk/Intervention Chart was created by SAMHSA and is intended to represent a range of risk levels and interventions, not actual determinations.

Source: SAMHSA

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DETERMINING LEVEL OF RISK

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Discussion

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Resources

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