

# HIV & The Treatment of Depression

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Last Updated: [12/7/2023](#)

# Disclosures

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I have no conflicts of interest or relationships to disclose

# Data Considerations

*Data in this presentation offer a limited perspective of how systemic, social, and economic factors impact health. We recognize that racism, not race, creates and perpetuates health disparities.*



To Learn More:

<https://www.cdc.gov/minorityhealth/racism-disparities>

# Objectives

- Describe the burden of depression in people with HIV (PWH)
- List some of the validated screeners for depression in the primary care setting
- Describe the general treatment algorithm for depression

# Depression and HIV Infection

- Depression is the most common psychiatric comorbidity among PWH
- Prevalence of depression among PWH is 3 times greater than the general population
- Past month prevalence of depression ranges between 21% to 25.6%
- Consequences of Untreated Depression on HIV Care
  - Lower antiretroviral adherence (2x greater risk than non-depressed PWH)
  - Increased odds of dropping out of care
  - Length of depressive episode increases risk losing viral suppression

# Screening for Depression

- Patient Health Questionnaires
  - PHQ-2/PHQ-9
  - PHQ-2 = Items 1 & 2 of PHQ-9 = cardinal symptoms of depression
  - Validated in many medical settings including HIV Clinics
  - 4-point Likert Scale
  - Patient self report
- Geriatric Depression Scale (GDS-30 and GDS-15)
  - Validated in adults 65 and older; and PWH
  - Less focus on somatic symptoms than other screeners which may be a benefit in PWH
  - Somewhat more sensitive and specific than PHQ-9
  - Lacks suicidality question
  - Yes/No Scale
  - Patient self-report

# PHQ-9

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?	Not at all	Several Days	More than half the days	Nearly everyday
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 asleep or staying asleep	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

# GDS-15

No.	Question	Answer	Score
1.	Are you basically satisfied with your life?	YES / <b>No</b>	
2.	Have you dropped many of your activities and interests?	<b>YES</b> / NO	
3.	Do you feel that your life is empty?	<b>YES</b> / NO	
4.	Do you often get bored?	<b>YES</b> / NO	
5.	Are you in good spirits most of the time?	YES / <b>No</b>	
6.	Are you afraid that something bad is going to happen to you?	<b>YES</b> / NO	
7.	Do you feel happy most of the time?	YES / <b>No</b>	
8.	Do you often feel helpless?	<b>YES</b> / NO	
9.	Do you prefer to stay at home, rather than going out and doing new things?	<b>YES</b> / NO	
10.	Do you feel you have more problems with memory than most people?	<b>YES</b> / NO	
11.	Do you think it is wonderful to be alive?	YES / <b>No</b>	
12.	Do you feel pretty worthless the way you are now?	<b>YES</b> / NO	
13.	Do you feel full of energy?	YES / <b>No</b>	
14.	Do you feel that your situation is hopeless?	<b>YES</b> / NO	
15.	Do you think that most people are better off than you are?	<b>YES</b> / NO	
		TOTAL	



# Severity Scores

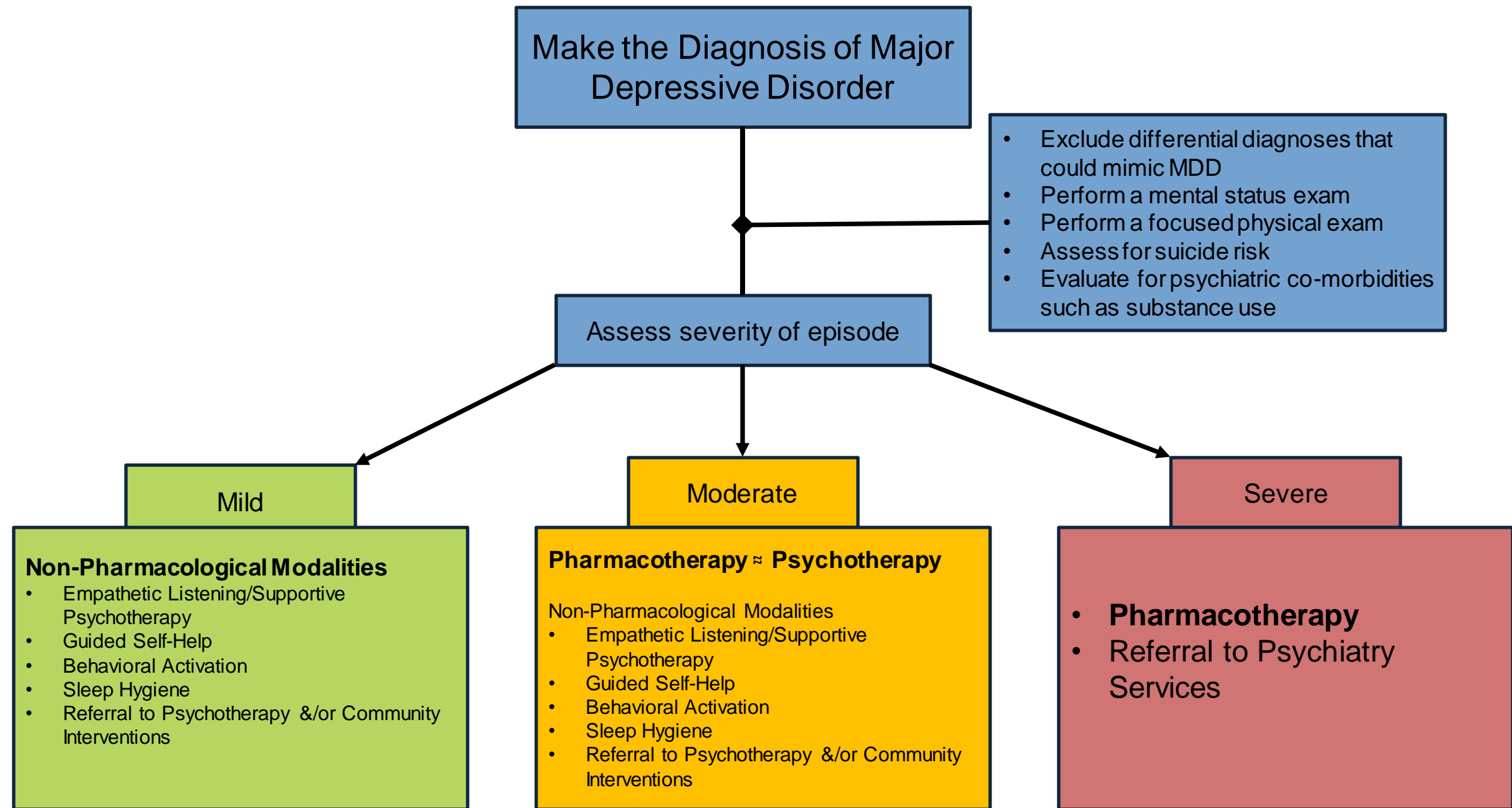
PHQ-9	
0-4	No Depression
5-9	Mild Depression
10-14	Moderate Depression
15-19	Moderate-Severe Depression
20-27	Severe Depression

GDS-15	
0-4	No Depression
5-8	Mild Depression
9-11	Moderate Depression
12-15	Severe Depression

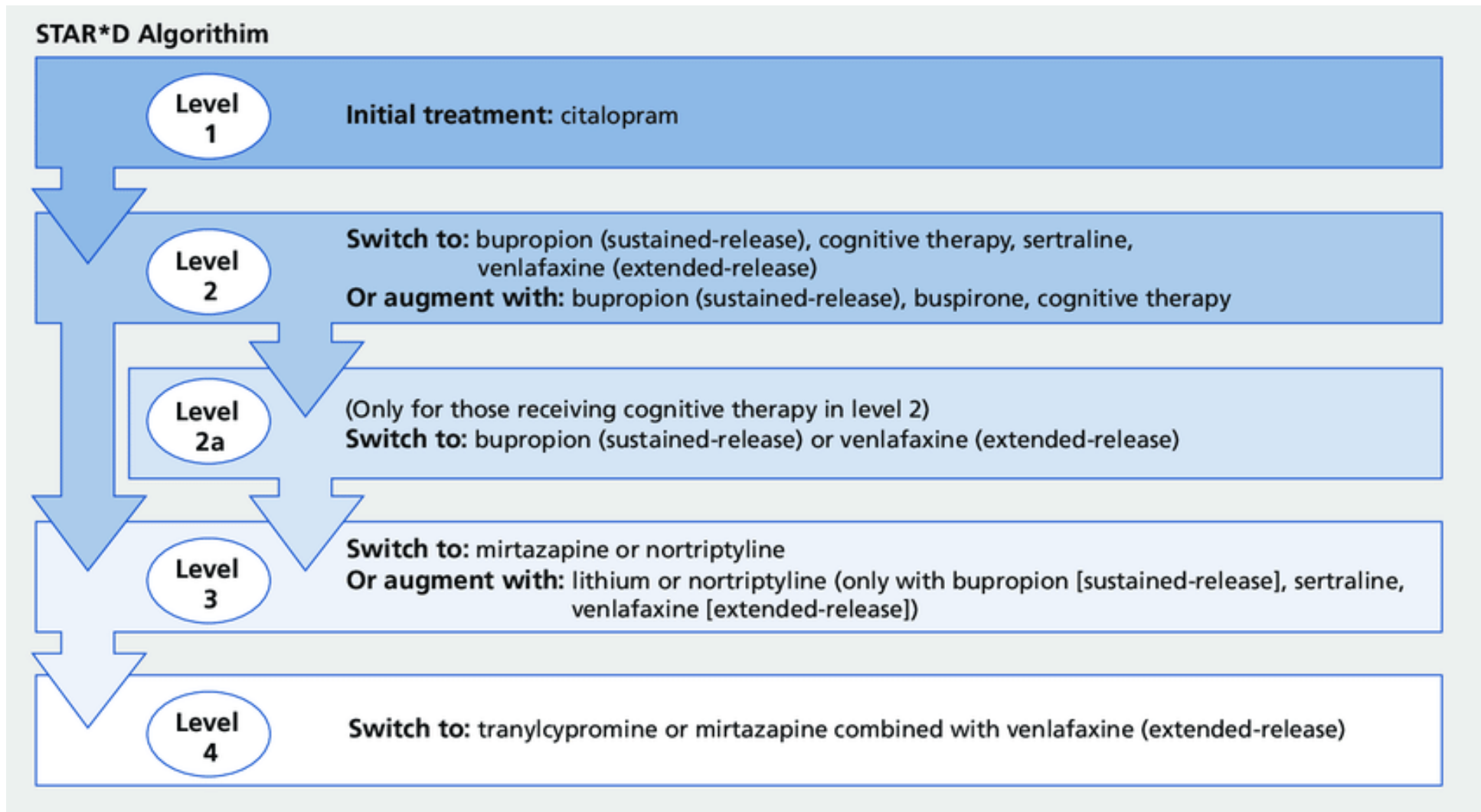
Scores are only indicative of severity; clinical judgement must be utilized

# SIG E CAPS in Persons with HIV

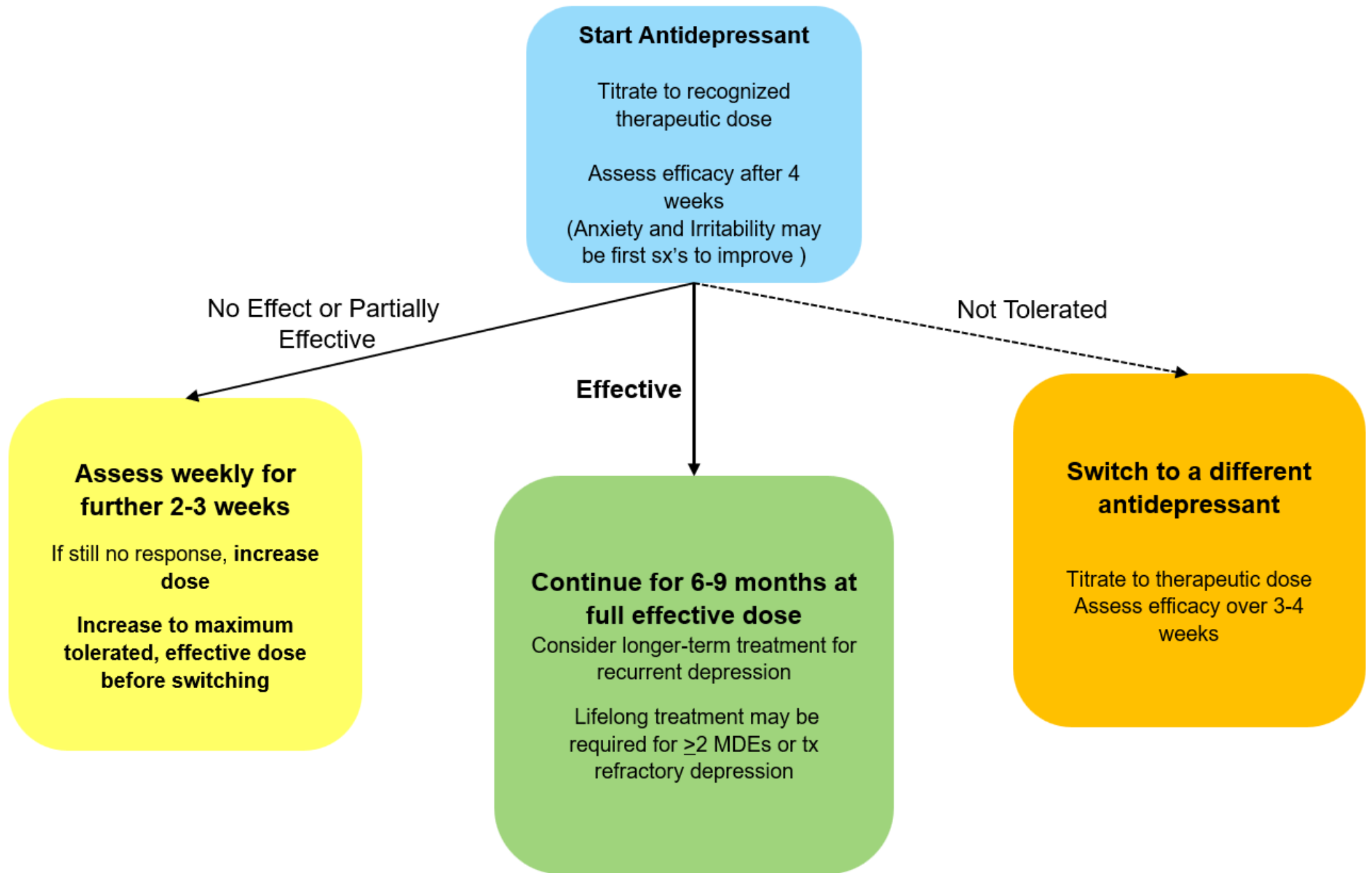
S	Sleep changes (↑or↓)	70% of PWH suffer from insomnia
I	Decreased Interest (Anhedonia)	
G	Guilt / Worthlessness	
E	Low Energy / Fatigue	Fatigue is one of the most common complaints in PWH. Fatigue is more common in clinical AIDS, depression, and low hemoglobin. Fatigue remains common in virally suppressed PWH. Fatigue can be a complication of antiretroviral medications.
C	Decreased Concentration	Concentration deficits can be related to HIV disease severity
A	Appetite Changes (↑or↓)	Decreased appetite common in PWH who are not virally suppressed; some antiretroviral medications may decrease appetite
P	Psychomotor Changes	Psychomotor slowing is common in HAND; especially in gait velocity, finger tapping, and manual dexterity
S	Suicidality	PWH are 100x more likely to die by suicide than the general population

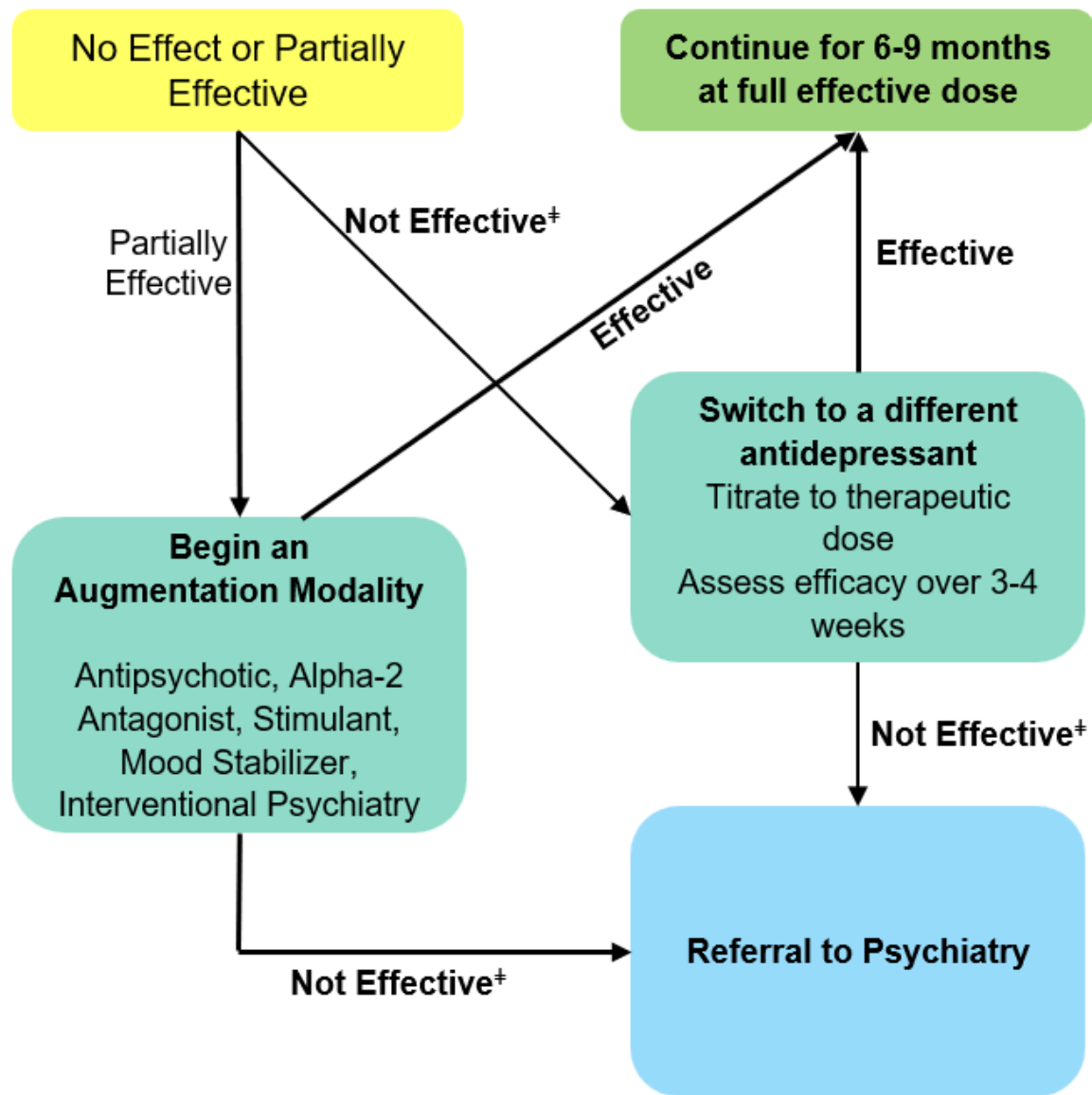


# Evidence Based Treatment of Depression



Warden, D., Rush, A. J., Trivedi, M. H., Fava, M., & Wisniewski, S. R. (2007). The STAR\* D Project results: a comprehensive review of findings. *Current psychiatry reports*, 9(6), 449-459.





‡At every stage of “Not Effective,” review diagnosis to ensure your diagnosis is correct

# First Line Antidepressant Agents

## SSRIs

- Fluoxetine
- Sertraline
- Escitalopram
- Citalopram

## SNRIs

- Venlafaxine
- Desvenlafaxine
- Duloxetine

## Atypicals

- Bupropion
- Mirtazapine
- Vortioxetine
- Vilazodone

**Questions?**



# Acknowledgment

This Mountain West AIDS Education and Training (MWAETC) program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3,333,289 with 0% financed with non-governmental sources.

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