HIV/AIDS & Mental Health: Treatment as Prevention

Andrew Moore, LPC | Sarah Renfro, LPC
University of Oklahoma Health Sciences Center
Objectives

When we’re finished, you will be able to:

• Understand the impact of HIV/AIDS on the mental health and substance abuse fields in Oklahoma.

• Understand the relationship between HIV/AIDS, mental illness, and substance abuse.

• Describe the benefits of providing integrated treatment services.
HIV/AIDS in Oklahoma

At the end of 2012:
- 5,127 persons living with HIV/AIDS
  - 82% Male
  - 58% White
  - 36% age 30-39 years old
  - 53% primary risk factor MSM
  - 70% live in either Oklahoma, Tulsa, or Cleveland counties

During 2012:
- 388 new cases diagnosed
  - 82% Male
  - 53% White
  - 38% age 20-29 years old
  - 55% primary risk factor MSM
  - 73% live in either Oklahoma, Tulsa, or Cleveland counties
HIV/AIDS & Mental Health

• 1983: Hotlz & colleagues first to address psychiatric aspects of AIDS

• Elevated risk for psychiatric conditions may be:
  o A precursor to HIV/AIDS
  o Exacerbated by HIV/AIDS
  o Directly caused by HIV/AIDS

• Majority of PLWHA experience some sort of serious MH issue during their lifetime.
  o Major Depression (36%)
  o Dysthymia (26%)
  o GAD (16%)
  o Panic attacks (11%)

It’s All Connected

- Dual, Triple, and Quadruple Diagnoses, *plus*
  - Poverty
  - Cultural & geographic barriers
  - A heaping dose of stigma

- We treat a highly stigmatized population and these stigmas, when untreated, serve to worsen the client’s health and wellness.

- Berger HIV Stigma Scale
  - 40-item, self-administered Likert scale questionnaire
HIV/AIDS

Mental Illness

Substance Abuse

It’s all connected!
Hitting the Highlights

- Depression
- Anxiety
- Personality Disorders
- Substance Abuse
- Treatment Recommendations
Depressive Disorders

• Most frequently occurring psychiatric disorder in HIV.

• Lifetime prevalence in HIV infected patients is 22–45%.

• The Multicenter AIDS Cohort Study (MACS) showed that there is a two & half fold increase in rates of depression as patient CD4 < 200.

• Up to 15–20% of all patients with recurrent depressive episodes end up in suicide

Depressive Disorders

• Depression is a risk factor for HIV
  o Impacts behavior and choices
  o Intensification of substance use
  o Exacerbation of self-destructive behaviors
  o Lower self-esteem effects negotiation skills regarding use of condoms

• HIV increases the risk of Depressive Symptoms
  o Direct injury to subcortical areas of the brain
  o Chronic stress
  o Social isolation
  o Intense demoralization
  o HIV related medical conditions and medications

• Medication plus Psychotherapy
  o Interpersonal and CBT
  o Meds and Therapy - more effective than either modality alone
Suicide and HIV Infection

- 16-17 times higher than general population
- Accounts for .8% of all AIDS death

Risk Factors:
- Inadequate pre/post HIV test counseling
- Lack of support / guidance
- Stage of disease at diagnosis
- Stress
- Isolation
- Denial
- Alcohol / Drug use
- Lack of social/family support
Anxiety Disorders

• 4x more common among PLWHA than gen pop
  o Up to 40% of PLWHA report symptoms of anxiety

• Broad spectrum of symptoms, ranging from mild to pronounced.
  o Mild may include stress or worry (such as about initial HIV test)
  o Pronounced can include breathing problems, chest palpitations, muscle tension, nausea, headaches, dizziness, etc.

• Be sure to rule out HIV-related medical conditions, substance abuse/withdrawl, and malingering.
Personality Disorders

- Disruptive behaviors may be symptoms of HIV dementia and may also mimic symptoms of personality disorders.

- Cognitive impairment may lead to exaggeration of underlying or prior personality disorders.

- Victims of domestic violence may appear inhibited, avoidant, excessively emotional, or submissive; however, once their safety needs are addressed, these behaviors may disappear.

- Some patients may try to mask their inability to process information due to low or borderline intelligence.

- Clinicians who are unaware of the patient’s cognitive deficits may interpret these behaviors to be symptoms of a personality disorder.
Personality Disorders

• At an APA 2009 Annual Convention session, Durvasula and others discussed how psychologists' interventions can improve care for these patients—and prevent them from engaging in virus-transmitting behaviors:

"What often happens in treating these patients is that we address the acute Axis I disorders and then walk away, but often it's the chronic personality disorder symptoms that contribute more to risk behaviors, such as not choosing partners wisely and not using condoms."

• In addition, she found nearly half met criteria for at least one personality disorder, primarily Antisocial personality disorder, Borderline personality disorder or Narcissistic personality disorder.
Personality Disorders

• **Cluster A**
  o Characterized as odd, eccentric
  o Paranoid, Schizoid, Schizotypal

• **Cluster B**
  o Characterized as dramatic, emotional, erratic
  o Antisocial, Borderline, Histrionic, Narcissistic

• **Cluster C**
  o Characterized as anxious, compulsive, fearful
  o Dependent, Obsessive-compulsive, Avoidant
Personality Disorders

• Antisocial Personality Disorder
  o 3:1 male/female ratio (DSM-IV-TR)
  o Defined as having impulsive and aggressive behavior, a lack of remorse, and a disregard for the consequences of their behavior and for the rights of others.

• Borderline Personality Disorder
  o 3:1 female/male ratio (DSM-IV-TR)
  o It is a relational disorder.
    • Attachment issues
    • Fear of abandonment
    • Self harm
    • Depression
Personality Disorders

• Possible Barriers to Treatment:
  o Erratic behavior
  o Poor emotional regulation
  o Reality testing
  o Fear
  o Extreme beliefs
  o Resistance to medication compliance
  o Excessive need for control
  o Power plays
Treatment

• Integrated, multidisciplinary team-based approach preferable.
  - HIV medical provider
  - Mental health / Substance Abuse counselor
  - Psychiatrist
  - Social worker / Case Manager
  - Others (housing, DHS, PCP, personal support network, etc.)
  - Reminder! Don’t forget the role of administrative staff

• Benefits of open communication & shared documentation.
  - Internal team members
  - External team members
Why All of This Matters

• Estimated 1.1 million Americans living with HIV/AIDS

• Someone in the US is infected every 9.5 minutes
  o That’s 50,000 new infections every year
  o 15,000 PLWHA die annually

• People with untreated MH/SA issues are more likely to engage in high-risk behavior.

The Bottom Line:

Treating mental health & substance abuse issues reduces the chance someone will become infected with or transmit HIV.
And this other thing...

Patients who are adherent to their medications and have a suppressed viral load are *96% less likely* to transmit the virus.

So how do we get that to happen more often?
Overall:
Of the 1.1 million Americans living with HIV, only 25% are virally suppressed.
<table>
<thead>
<tr>
<th>Continuum Category</th>
<th>Impact of MH/SA Treatment</th>
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<tbody>
<tr>
<td>Diagnosed</td>
<td>- Outreach &amp; testing opportunities</td>
</tr>
<tr>
<td></td>
<td>- Reduce anxiety (about testing, disclosure, etc.)</td>
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<tr>
<td></td>
<td>- Reduce stigma</td>
</tr>
<tr>
<td>Linked to Care</td>
<td>- Address barriers to care &amp; facilitate access to medical services</td>
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<tr>
<td></td>
<td>- Coordinate services</td>
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<tr>
<td>Retained in Care</td>
<td>- Continue to facilitate access and coordinate services</td>
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<tr>
<td></td>
<td>- Reduce symptoms that inhibit adherence (e.g. anxiety, depression, drug use, etc.)</td>
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<tr>
<td>Prescribed Anti-Retroviral Therapy</td>
<td>- Educate regarding side-effects</td>
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<tr>
<td></td>
<td>- Provide medication adherence counseling</td>
</tr>
<tr>
<td>Virally Suppressed</td>
<td>- Adherence counseling</td>
</tr>
<tr>
<td></td>
<td>- Continued risk reduction counseling</td>
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In Summary

• Healthy people are healthy; let’s get ‘em healthy.
  o Treating MH & SA helps prevent the spread of HIV.
  o Treating HIV helps prevent the spread of HIV.

• It takes a village.
  o Treatment as a team helps prevent miscommunication and increases the efficacy of positive health messages.

• We’re all in this together.
  o Open communication between individuals and organizations helps unify messages and can facilitate community-level change.
  o Knowledge is power. Fight stigma.
Resources - OKC

University of Oklahoma Health Sciences Center
Infectious Diseases Institute
711 Stanton L. Young Blvd., Suite 430
Oklahoma City, OK 73104
(405) 271-6434
id.ouhsc.edu

RAIN Oklahoma
5001 N. Pennsylvania Ave., Suite 100
Oklahoma City, OK 73112
(405) 232-2437
rainoklahoma.org
Resources - Tulsa

Oklahoma State University College of Medicine
Internal Medicine Specialty Clinic
635 W 11th Street
Tulsa, OK 74127
(918) 382-5058

Tulsa CARES
3507 E. Admiral Place
Tulsa, OK 74115
(918) 834-4194
tulsacares.org
Resources – Other

Oklahoma State Department of Health
HIV/STD Services Division
1000 NE 10th Street, Room 614
Oklahoma City, OK 73117
(405) 271-4636
http://www.ok.gov/health/Disease,_Prevention,_Preparedness/HIV_STD_Service/

When all else fails: AIDS.gov or call 2-1-1.
Speaker Contact Info

- Andrew Moore: andrew-moore@ouhsc.edu
- Sarah Renfro: sarah-renfro@ouhsc.edu