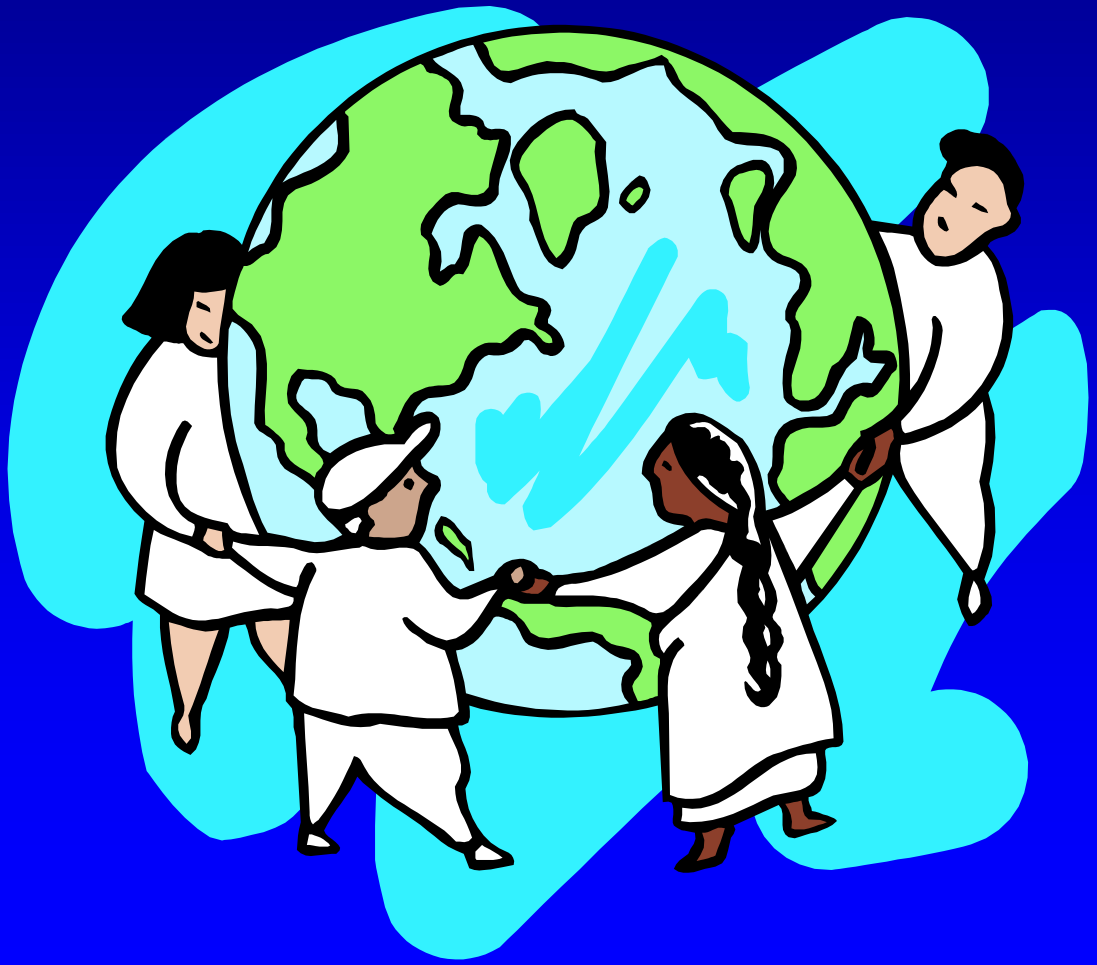
The USF Psychiatry Department

in cooperation with

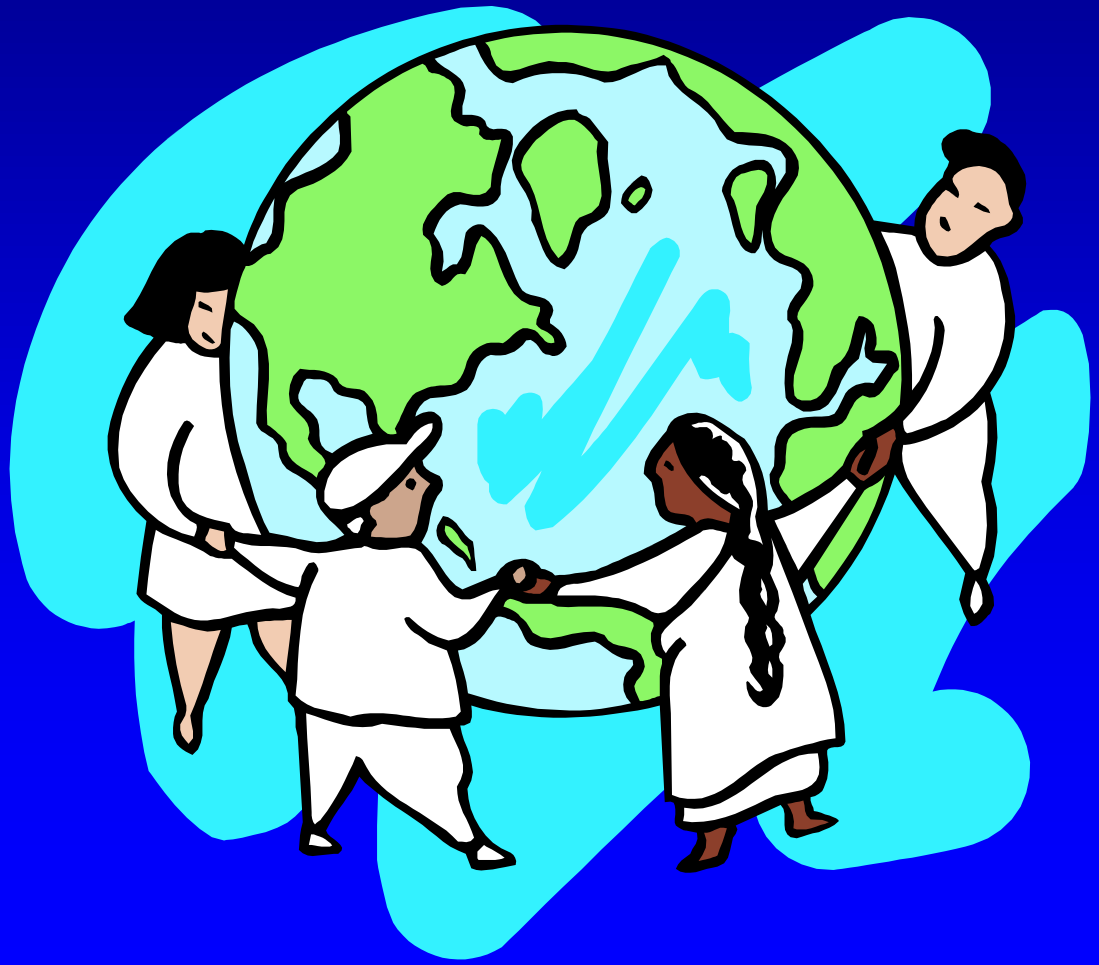
The Carter–Jenkins Center

presents



Pedro Ruiz, M.D.

TENURED PROFESSOR & VICE CHAIR
DEPARTMENT OF PSYCHIATRY & BEHAVIORAL SCIENCES
UNIVERSITY OF TEXAS MEDICAL SCHOOL AT HOUSTON



HIV- Related Mood Disorders

Pedro Ruiz, M.D.

TENURED PROFESSOR & VICE CHAIR
DEPARTMENT OF PSYCHIATRY & BEHAVIORAL SCIENCES
UNIVERSITY OF TEXAS MEDICAL SCHOOL AT HOUSTON

PRESIDENT (2006-2007)
AMERICAN PSYCHIATRIC ASSOCIATION

PRESIDENT ELECT (2008-2011)
WORLD PSYCHIATRIC ASSOCIATION

Overview

- Mood disorders are the most frequent psychiatric complications associated with HIV disease
- Mood disorders may be secondary to HIV complications or its treatment
- Multiple effective therapeutic strategies are available to manage the psychiatric complications of HIV-mood disorders
- Suicide risk is elevated across the trajectory of HIV disease

Probable Risk Factors for Depression in HIV

- Personal history of prior mood disorders
- Personal history of alcoholism, substance use, suicide attempt, anxiety disorders
- Family history of the above conditions
- Current alcohol or drug use
- Inadequate social support

Probable Risk Factors for Depression in HIV (Cont'd)

- Non-disclosure of HIV status
- Multiple losses
- Advancing illness
- Treatment failure (or success)

Affective vs. Somatic Symptoms

AFFECTIVE

- Depressed mood
- Loss of interest
- Guilt, worthlessness
- Hopelessness
- Suicidal ideation

SOMATIC

- Appetite/Weight loss
- Sleep disturbances
- Agitation/retardation
- Fatigue
- Loss of concentration

Agents Used for Depression in Patients with HIV

- Antidepressants
  - Selective Serotonin Reuptake Inhibitors (SSRIs)
  - Novel antidepressants
  - Tricyclic Antidepressants (TCAs)
- Psychostimulants
- Hormonal treatment

Antidepressants

- SSRIs: All are equally effective, no change on CD4 count
  - Fluoxetine (10-60 mg/day)
    - Highly protein bound, long half-life, inhibits 2D6
  - Paroxetine (10-40 mg/day)
    - Highly protein bound, induces its own metabolism, most potent inhibitor of 2D6
  - Sertraline (25-200 mg/day)
    - High protein bound, shortest half life of all SSRIs
  - Citalopram (20-40 mg/day)
    - Least protein bound and least P-450 affinity of all SSRIs

Antidepressants (Cont'd)

- Novel antidepressants
  - Bupropion (75 - 150 mg bid)
    - Avoid in persons with advanced HIV or dementia
  - Nefazodone (50 - 200 mg bid)
    - Highly protein bound, 3A4 significant interactions (ketoconazole, protease inhibitors)
  - Venlafaxine (75 - 150 mg bid)
    - Low protein binding, low affinity for P-450
  - Mirtazapine (7.5 - 45 mg)
    - Low affinity for P-450, sedating, weight gain

Potential Useful Properties of Tricyclic Antidepressants

- Anti-diarrhea
- Weight gain
- Sedation
- Anti-nausea
- Anti-anxiety
- Anti-neuropathic pain
- Meaningful therapeutic blood levels

Psychostimulants

- Methylphenidate and dextroamphetamine
- Often useful in depression among medically ill patients (adult equivalent of failure to thrive)
- Ameliorates mild cognitive dysfunctions
- Use with caution in patients with seizures
- Avoid in psychotically ill patients
- Most helpful in patients with significant fatigue

Psychostimulants (Cont'd)

- Try antidepressants first
  - Early HIV disease
  - Previous history of depression
  - No cognitive impairment
  - History of substance abuse
- Try psychostimulants first
  - Mid to late HIV disease
  - Depression coexisting with cognitive impairment
  - Significant fatigue
  - Cognitive impairment whether or not depression is present

Hormonal Treatment

- Testosterone
- Dehydroandrosterone (DHEA)

Antidepressant Studies: Psychotherapy and Medication

- Interpersonal therapy (46% response)
- Cognitive behavioral therapy (30%)
- Supportive therapy + imipramine (50%)
- Supportive therapy (20%)
- Group + fluoxetine (64%) vs group + placebo (48%)

Psychotherapies

- Insight-oriented
- Interpersonal therapy
- Cognitive behavioral
- Supportive
- Group/family/couples
- Combination of the above

Common Themes in Psychotherapy with HIV Patients

- Loss
- Anger
- Control issues (decision making)
- Death and dying
- Impact on partners, children, etc.
- Fear (rejection, dependency, dementia, pain)
- Disclosure of HIV

Common Themes in Psychotherapy with HIV Patients (Cont'd)

- Sexuality
- Spirituality
- Guilt, regret
- Low self-esteem, self-criticism
- Stigma and discrimination
- Suicide
  - Rational vs impulsive
  - Physician assisted

Inpatient Care

- Suicide risk
- Inability to care for self at home
- Need to start pharmacotherapy in a controlled environment
- Medically frail person
- History of bipolar disease with rapid cycling

Electroconvulsive Treatment

- Used successfully in HIV infected individuals
- May be especially useful for patients who are too medically ill to tolerate antidepressants, severely suicidal patients, psychotic patients or treatment resistance patients
- May be associated with increased confusion
- Worse in the presence of coexisting CNS diseases

Treatment of HIV Related Mania

- Lithium carbonate
  - Poorly tolerated
  - Monitor closely for neurotoxicity and GI side-effects
  - Serum levels may easily change due to diarrhea or poor fluid intake
  - HIV nephropathy

Treatment of HIV Related Mania (Cont'd)

- Valproic acid
  - Effective
    - Edged out lithium in patients with organic mania
  - Fewer GI side effects
  - May need to monitor liver functions more often
  - Co-administration with zidovudine will raise zidovudine levels
  - Recent reports of increase viral replication worrisome

Treatment of HIV Related Mania (Cont'd)

- Carbamazepine
  - Elevated risk of pancytopenia in HIV infected patients receiving marrow toxic therapies
  - Must check CBC weekly when given concomitantly with zidovudine
  - Induces its own metabolism via induction of hepatic enzyme system
  - May decrease its own levels as well as that of other drugs

Treatment of HIV Related Mania (Cont'd)

- Clonazepam
  - Often effective as second or third agent for added stabilization
  - Relatively safe
    - Caution with protease inhibitors
      - May decrease its effectiveness
  - Good adjuvant for sleep disturbance in acute mania

Treatment of HIV Related Mania (Cont'd)

- Gabapentin
  - Up to 900 mg bid (1800/day maximun)
  - Effective as other agents
  - Excellent with patients who also suffer from neuropathy
- Lamotrogine and topiramate
  - No reports

Treatment of HIV Related Mania (Cont'd)

- Neuroleptics
  - Caution is warranted with traditional neuroleptics
  - HIV patients extremely sensitive to side effects
    - Severe Parkinsonism (in some cases irreversible)
    - Low potency neuroleptics: anticholinergic effects may worsen cognitive dysfunction
    - High potency neuroleptics: increased incidence of neuroleptic malignant syndrome (NMS)
  - Atypicals (olanzepine, risperidone)
    - All tried with good results

Risk Factors

- Prior attempt
- African American, Hispanic Men
- Ages 25-54
- Personal/Family history of suicide attempts
- Family history of psychiatric disorders
- History of psychiatric disorders
- History of drug/alcohol abuse or dependence
- Higher levels of distress, hopelessness

Suicide Risk Factors (Cont'd)

- Presence of more HIV symptoms
- Multiple losses
  - Including loss of employment and insurance
- Lack of social support
- Conflicts around sexual orientation
- Poorly controlled pain
- Stage of HIV disease
- Presence of cognitive dysfunction

Completed Suicide

- There is a increased rate of completed suicides in AIDS patients compared to other populations
- Studies have demonstrated 3-6 fold increase in this population
- Since development of antiretroviral treatment, suicide rates are only moderately elevated and comparable to other medical illnesses

Summary

- Mood disorders are the most frequent psychiatric complication associated with HIV disease
- Mood disorders may be secondary to HIV complications or its treatment
- Suicide risk could be elevated across the trajectory of HIV disease

Summary (Cont'd)

- Multiple effective therapeutic strategies are available to manage the psychiatric complications of HIV-mood disorders
- Timely treatment of mood disorders may slow progression of cognitive impairments and enhance the quality of life
- Aggressive treatment of any mood disorder or other psychiatric conditions should be offered to the patient as psychiatric disorders profoundly impact patients' decisions regarding treatment

HIV- Related Mood Disorders

Pedro Ruiz, M.D.

TENURED PROFESSOR & VICE CHAIR
DEPARTMENT OF PSYCHIATRY & BEHAVIORAL SCIENCES
UNIVERSITY OF TEXAS MEDICAL SCHOOL AT HOUSTON

PRESIDENT (2006-2007)
AMERICAN PSYCHIATRIC ASSOCIATION

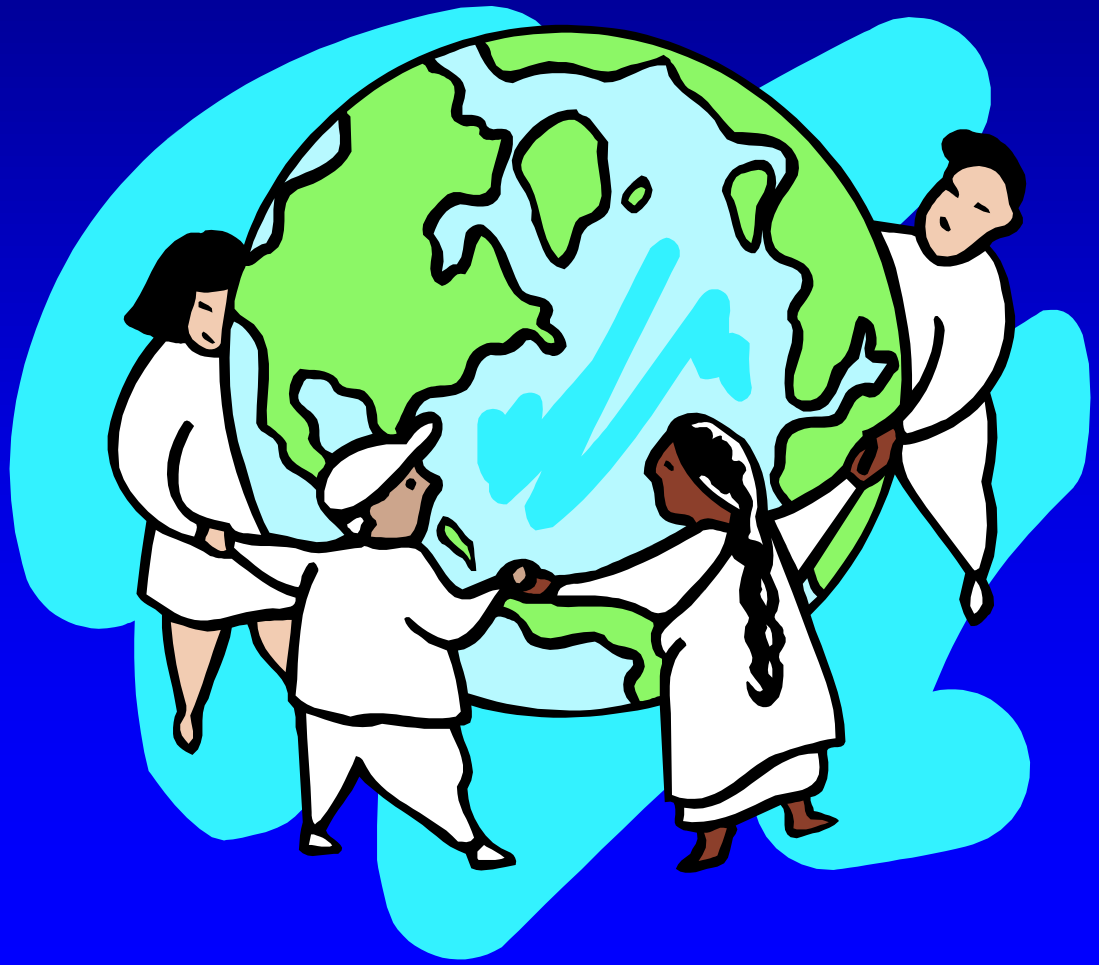
PRESIDENT ELECT (2008-2011)
WORLD PSYCHIATRIC ASSOCIATION

A production of

The USF Psychiatry Department

in cooperation with

The Carter–Jenkins Center



The End