1…2…3…Depression & HIV

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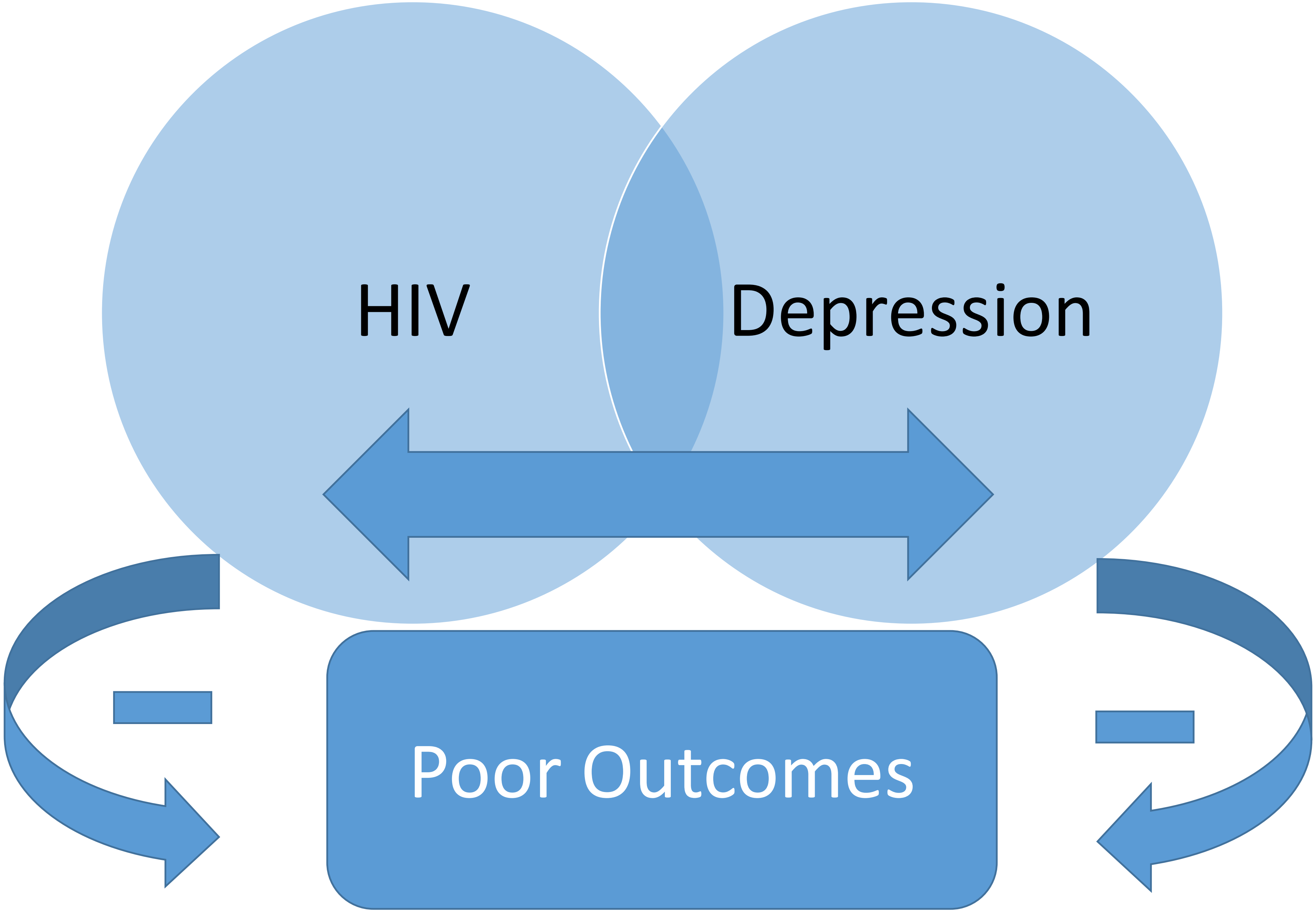
22nd Aug, 2021



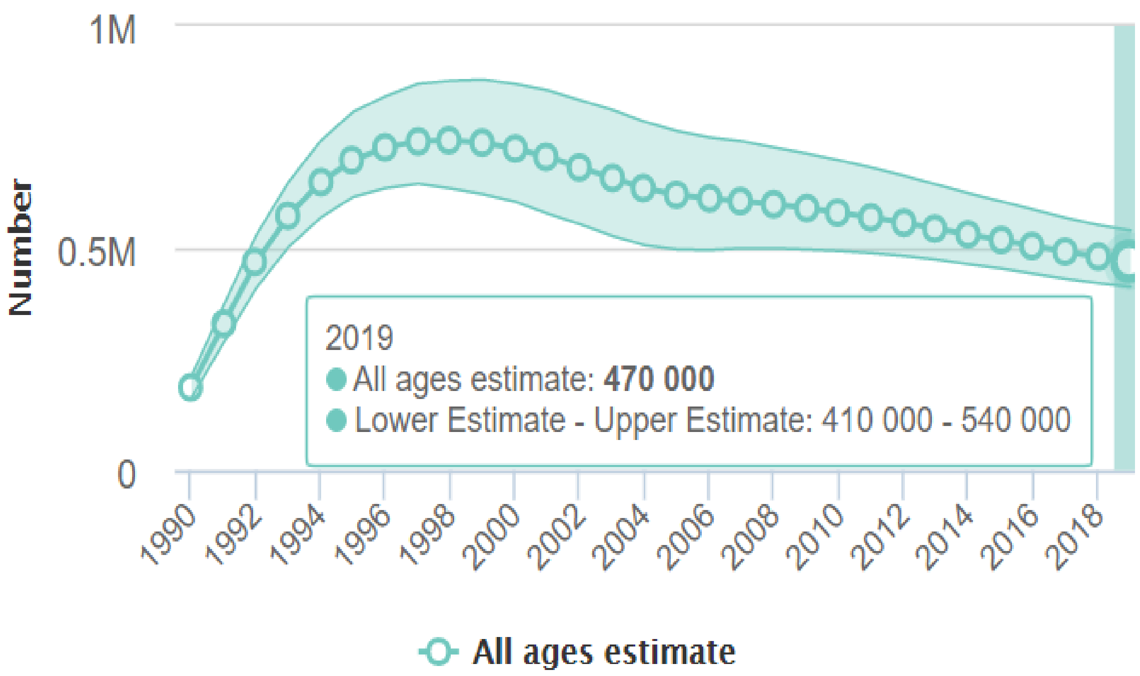
Maria Giulia Nanni,et al. Curr Psychiatry Rep. 2015 Jan;17(1):530.

Benton TD.Curr Psychiatry Rep. 2008 Jun;10(3):280-5.

UNAIDS | AIDSinfo

Country factsheets
THAILAND | 2019

People living with HIV (all ages)



Source: UNAIDS epidemiological estimates, 2020

https://www.unaids.org/en/regionscountries/countries/thailand

My rough calculation!!!

- Thai total population: 66,374,000
- Thai PLHIV: 470,000 (0.71% of total)
- Estimated Thai PLHIV who might suffer from clinical depression (lower depressive prevalence 28%) : 131,600
- Thai psychiatrist: 1,142
- Psychiatrist : Depressive PLHIV ratio = 1:115!!!

https://www.tmc.or.th/statistics.php

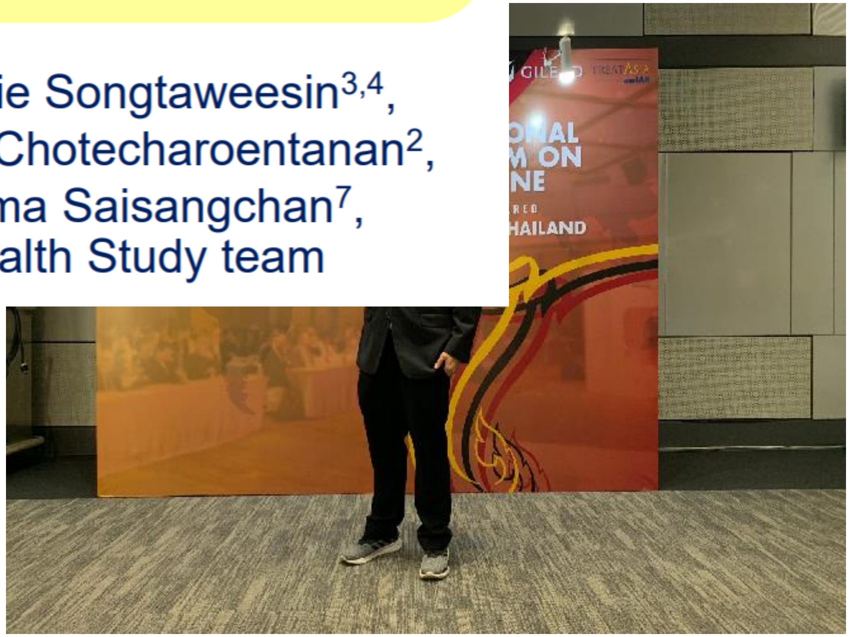
1…2…3…10 Depression & HIV

1. Buy in the Psychiatrist
2. Case manager
3. Emergency Plan
4. Screening
5. Diagnosis
6. Counseling
7. Medication
8. Monitoring/Goal/Duration
9. Referral
10. Integrative Model

1. Buy-in the Psychiatrist!!!

Prevalence of depressive symptoms among Thai adolescents living with HIV using the Patient Health Questionnaire-9 (PHQ-9) screening tool

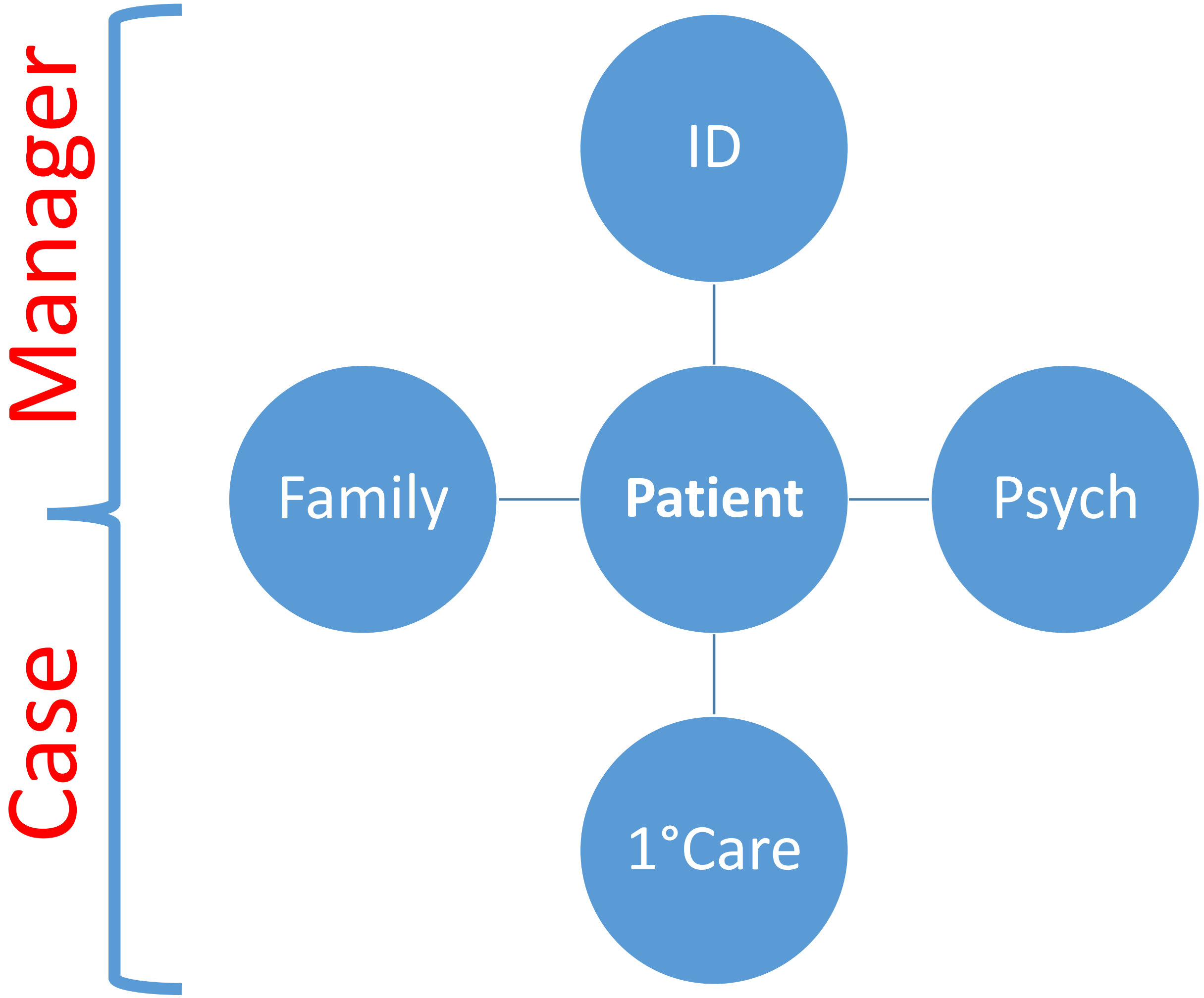
Tavitiya Sudjaritruk[1,2], Linda Aurpibul[2], Wipaporn Natalie Songtaweesin[3,4], Assawin Narkpongphun[5], Paul Thisayakorn[6], Tawalchaya Chotecharoentanan[2], Rachaneekorn Nadsasarn[4], Prapaporn Janjing[2], Chutima Saisangchan[7], Thanyawee Puthanakit[3,4], on behalf of the Mental Health Study team



2. Case manager (The Key)

- RN, SW, Medical assistant, Volunteer, Expert patient.
- Under psychiatrist's supervision.
- Implementation, facilitation, coordination, & assistance.

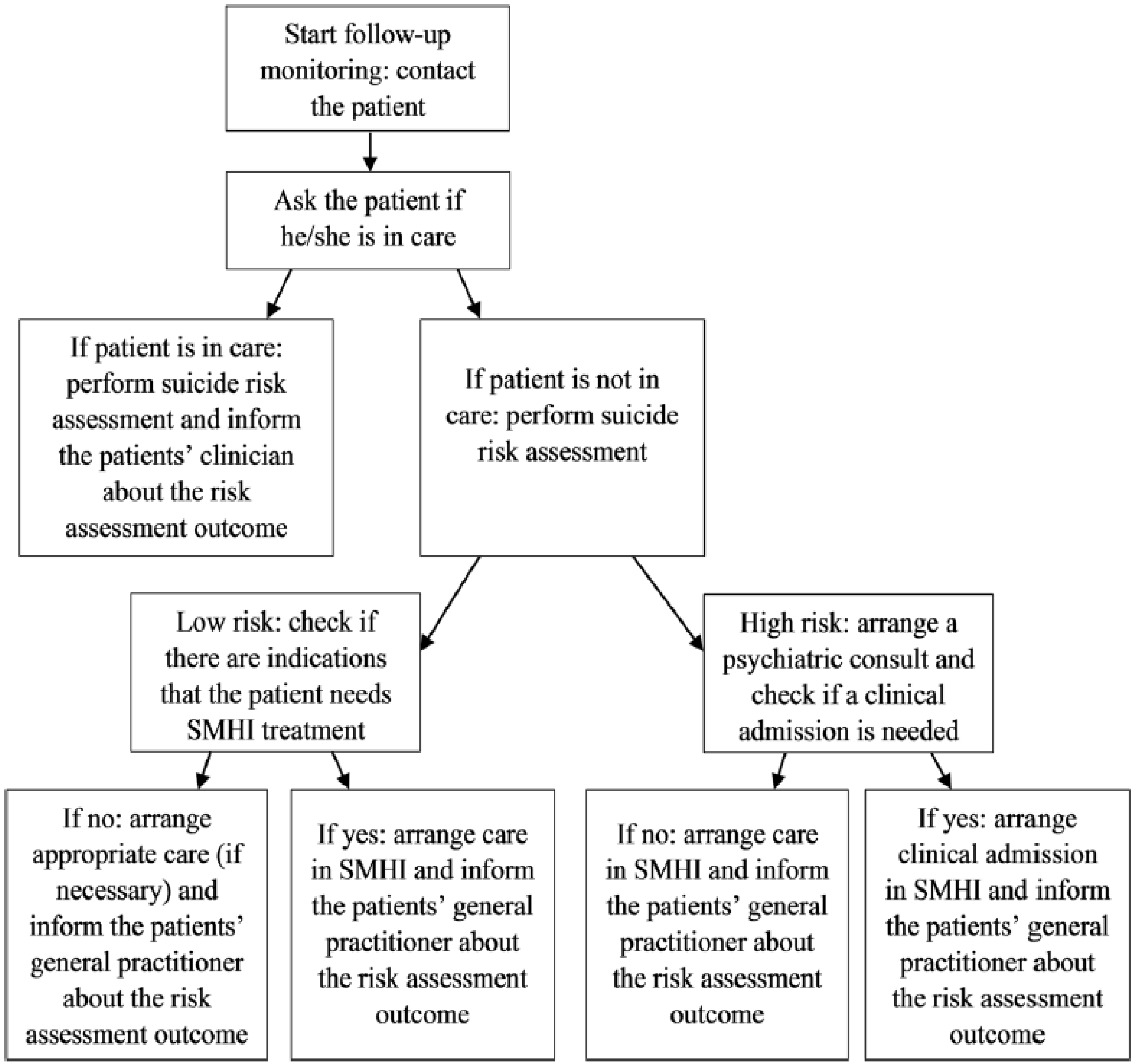
- Intervention; Screening, diagnosis, monitoring, education, counseling, patient & family support, home-visit, treatment & resource allocation/access, adherence enhancement, emergency management.



L Garland-Baird, K Fraser. Home Healthc Now. Nov/Dec 2018;36(6):379-385
FLH Chuah, et al. Health Policy and Planning, 2017, Vol. 32, Suppl. 4

3. Emergency plan

- Safety plan
- Safety protocol
- Safety contact/telephone call
- Safety/suicide risk assessment
- Safety crisis intervention
- Safety urgent home/clinic visit
- Safety emergency room visit
- Safety psychiatric admission



Hofstra et al. BMC Psychiatry (2019) 19:364

4. Screening; PHQ-9, BDI-II, HAD, CES-D, K-10, etc.

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	half the days	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

- **European AIDS Clinical Society Guideline 2019;** PHQ-2 every 1-2 years.

- **PHQ-9 scoring** → Stepped care

-5-9 (mild); watchful, repeat PHQ-9 annually
-10-14 (moderate); considering counseling and/or pharmacotherapy, F/U
-15-19 (moderately severe); active pharmacotherapy and/or psychotherapy
-20-27 (severe); immediate initiation of pharmacotherapy and psychotherapy, considering mental health or collaborative care referral

Kroenke K, et al. J Gen Intern Med. 2001 Sep;16(9):606-13.
https://www.ons.org/sites/default/files/PHQandGAD7_InstructionManual.pdf
EACS Guidelines 9.1, 2019.
THE NICE GUIDELINE ON THE TREATMENT AND MANAGEMENT OF DEPRESSION IN ADULTS UPDATED EDITION, 2020.

5. MDD Diagnosis (DSM-5)

A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) or (2).

1. Depressed mood
2. Markedly diminished interest or pleasure
3. Significant weight loss, or decrease or increase in appetite
4. Insomnia or hypersomnia
5. Psychomotor agitation or retardation
6. Fatigue or loss of energy
7. Feelings of worthlessness or excessive guilt
8. Diminished ability to think or concentrate, or indecisiveness
9. Recurrent thoughts of death, recurrent suicidal ideation, or a suicide attempt

- Irritability
- Tearfulness
- Depressed appearance
- Withdrawal
- Pessimism
- Rumination

Endicott J. Cancer. 1984 May 15;53

B. The symptoms cause clinically significant distress or impairment . C & D & E. The episode is not attributable to the physiological effects of a substance or to another medical condition, is not better explained by other psychiatric disorders, and there has never been a manic episode or a hypomanic episode.

6. Counseling & Psychotherapy

(Supportive, CBT, IPT, Group, etc.)

L. Sherr et al. PSYCHOLOGY, HEALTH & MEDICINE. 2011 Oct;16(5):493-527
Y Shi et al. PSYCHOLOGY, HEALTH & MEDICINE. 2019, VOL. 24, NO. 5, 578–594

- Empathic listening
- Opening for ventilation
- Supportive always
- Hope always
- Validating the feelings
- Accepting the difficulties
- Normalization of guilt
- Exploring the strength
- Using the past copings
- Simple recommendations

- Educating the uncertainty
- Focusing with self first
- Keeping the routines
- Motivating the healthy behaviors
- Encouraging the exercises
- Teaching the relaxation techniques
- Praising with all the attempts/changes
- Reassuring for continuous support
- Telling the success patient story
- Finding the support persons

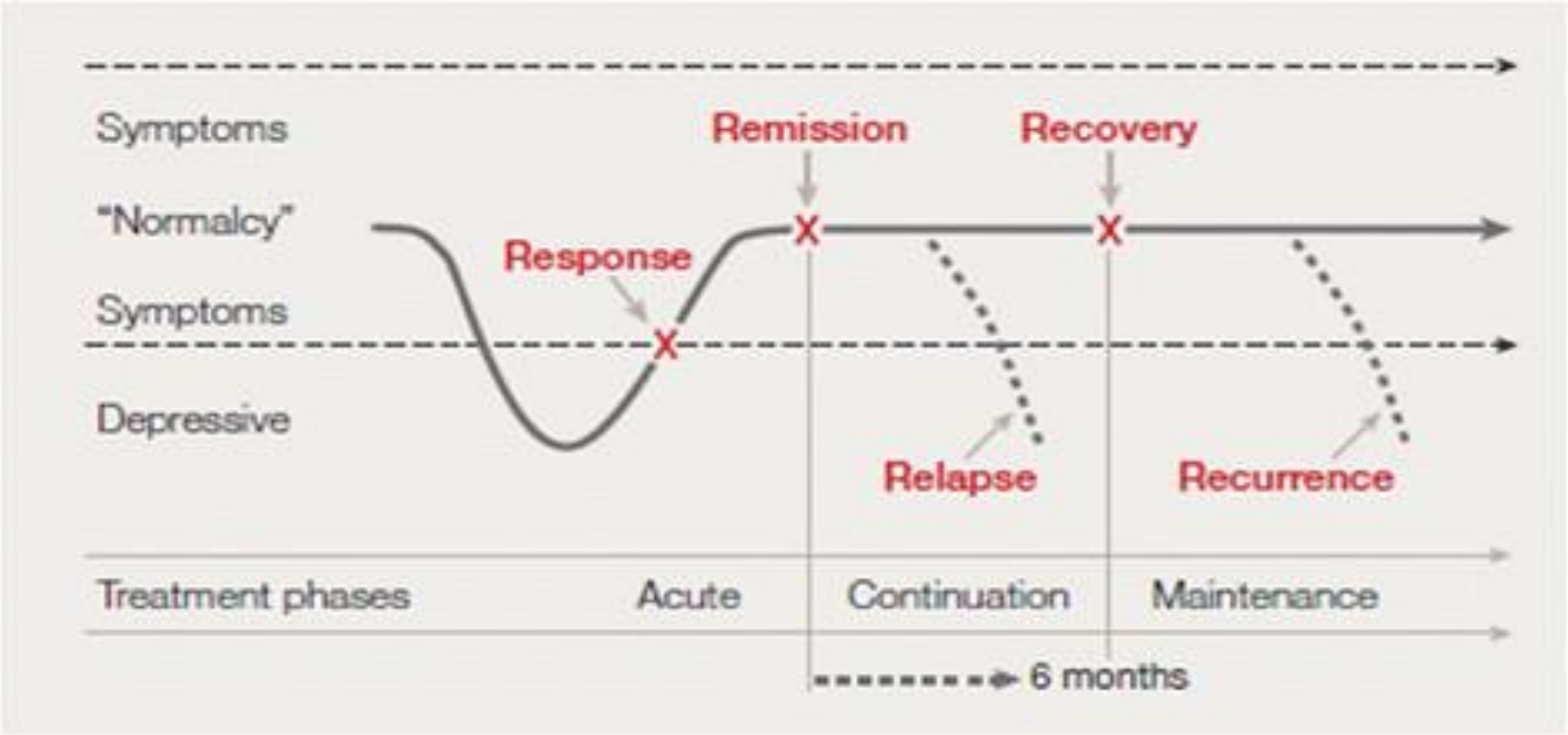
7. Medications

Drugs	Dose mg/day	AD on ARV	ARV on AD	Side effects
Sertraline	(25) 50-200	-	PI inhibit 3A4/2D6 → ↑Sert. Nevirapine induce 3A4/2D6/2C19 → ↓Sert. Efavirenz induce 3A4/2D6 → ↓Sert.	10-30%; GI, Neuro, Insomnia
Escitalopram	(5) 10-20	-	-	10-20%; GI, Neuro, Insomnia
Fluoxetine	(10) 20-60	Flu. Inhibit 2D6 → ↑Ritonavir	PI inhibit 2D6/2C9/2C19/3A4 → ↑↑Flu. Nevirapine induce 3A4/2D6/2C19 → ↓ Flu.	10-30%; GI, Neuro, Insomnia

- Start low, Go slow, But go!!!
- ½ tablet for 1 week, then up to 1 tablet.
- Titrate dose up in every 6-8 weeks according to the clinical response.
- Side effects commonly occur over the first week, mostly tolerable, then subside.
- Night time dose with ARV may be more convenient for some clients.
- Lorazepam 0.5-1 mg hs to address initial insomnia, anxiety, N/V.

L Hill, KC Lee. Ann Pharmacother. 2013 Jan;47(1):75-89.

8. Monitoring-Goal-Duration



Modified after Tohen et al. (2009) © 2009 Blackwell Munksgaard

9. Psychiatric Referral

- **Persistent severe depressive symptoms despite adequate treatments;**

  -adequate dose/time/psychosocial intervention.

  -but still not reaching response nor remission.

- **Complex psychiatric differential diagnoses or comorbidities;**

  -Psychosis, Bipolar, PTSD, Anxiety, Personality disorders.

  -Substance use disorders.

  -HIV-associated neurocognitive disorder.

  -Other organic psychiatric disorders.

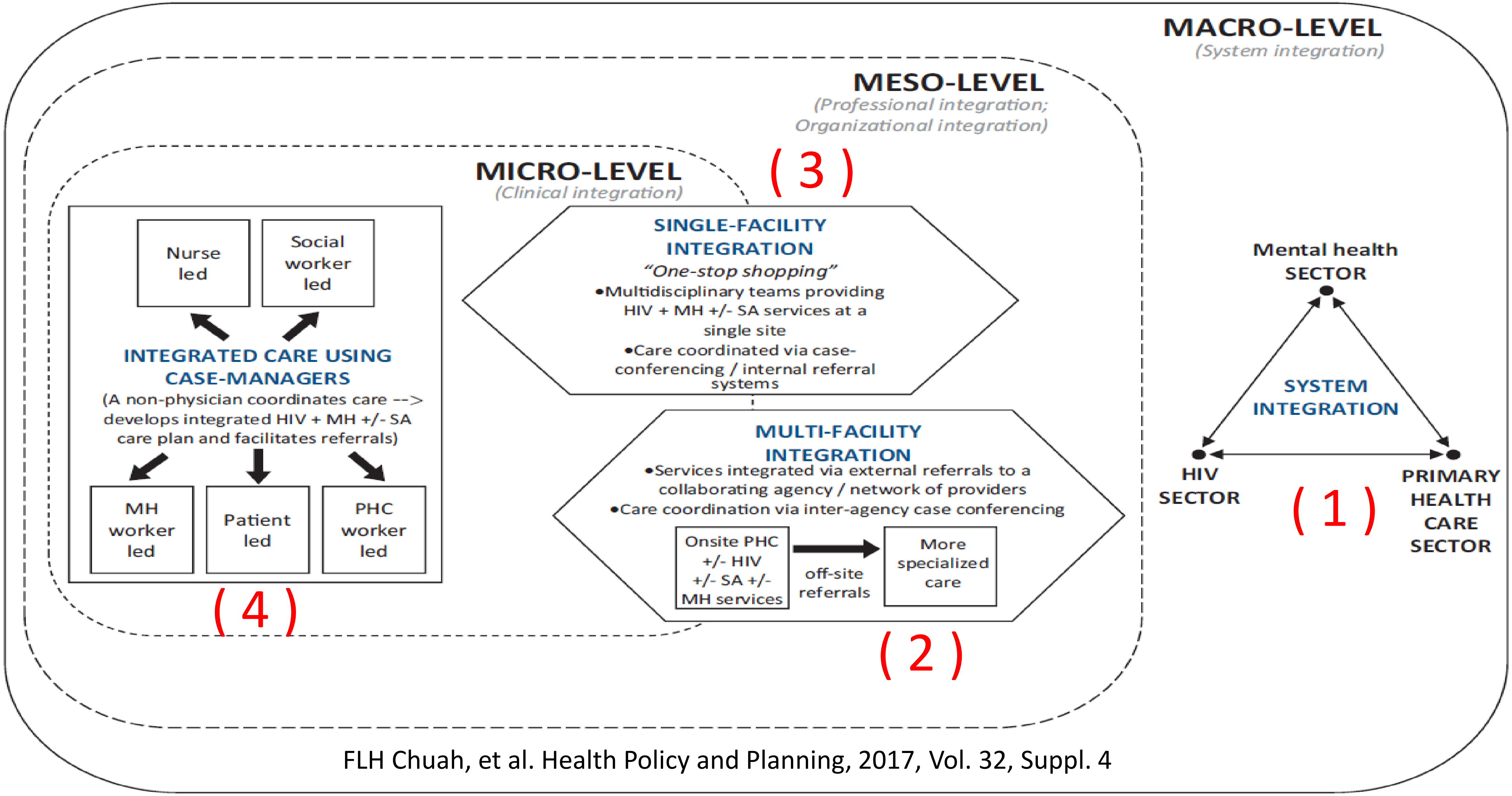
- **Significant risk of harm to self or others;**

  -Suicide/self-harm/other-harm.

  -Moderate risk → able to wait for urgent psych clinic visit.

Thota et al. Am J Prev Med. 2012 May;42(5):525-38.

10. The Integrative Model of HIV & Mental Health Care



FLH Chuah, et al. Health Policy and Planning, 2017, Vol. 32, Suppl. 4

Questions?

Thank You

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