8th International Conference on HIV TREATMENT AND PREVENTION ADHERENCE

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Psychiatric Comorbidity in Depressed HIV Individuals: Common and Clinically Consequential

Bradley N. Gaynes, MD, MPH
Professor of Psychiatry
Associate Chair of Research Training and Education
University of North Carolina School of Medicine

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Disclosure

- I have no real or apparent conflicts of interest to report

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Introduction

- Single psychiatric disorders have been associated with decreased access to highly active antiretroviral therapy (HAART) and poor antiretroviral adherence
- Yet, for many individuals with mental illness, having more than one psychiatric diagnosis concurrently is common

- There is limited literature addressing the effect of psychiatric comorbidity on HIV management and outcomes
- Of particular concern is the association of unmanaged psychiatric illness with nonadherence to HAART and the potential development of antiretroviral-resistant HIV

Aims

- To describe the prevalence of comorbid psychiatric disorders in a representative sample of HIV outpatients with MDD

- To identify sociodemographic and clinical/behavioral features associated with the number of concurrent psychiatric conditions

Methods

- Strategies to Link Antidepressant and Antiretroviral Management at Duke, UAB, and UNC
- NIMH-funded R01, 2009-2014 (PIs: Pence, Gaynes)
- RCT to test the effect of depression treatment on ARV adherence

SLAM DUNC

Pence *Contemp Clin Trials* 2012

SLAM DUNC Study

- Population: HIV clinic attendees with current major depression
- Selection Criteria
  - 18-65 years old
  - On ART, or expected to start soon
  - No current substance disorder requiring inpatient treatment
  - No failure to respond to ≥2 different antidepressants during the current episode
  - No confirmed history of bipolar disorder or psychosis

Exposure: Psychiatric comorbidity

- Mini-International Neuropsychiatric Interview
  - Dysthymia
  - Anxiety disorders
    - Panic Disorder
    - Generalized Anxiety Disorder
    - Posttraumatic Stress Disorder
  - Substance use disorders
    - Alcohol dependence/abuse
    - Substance dependence/abuse

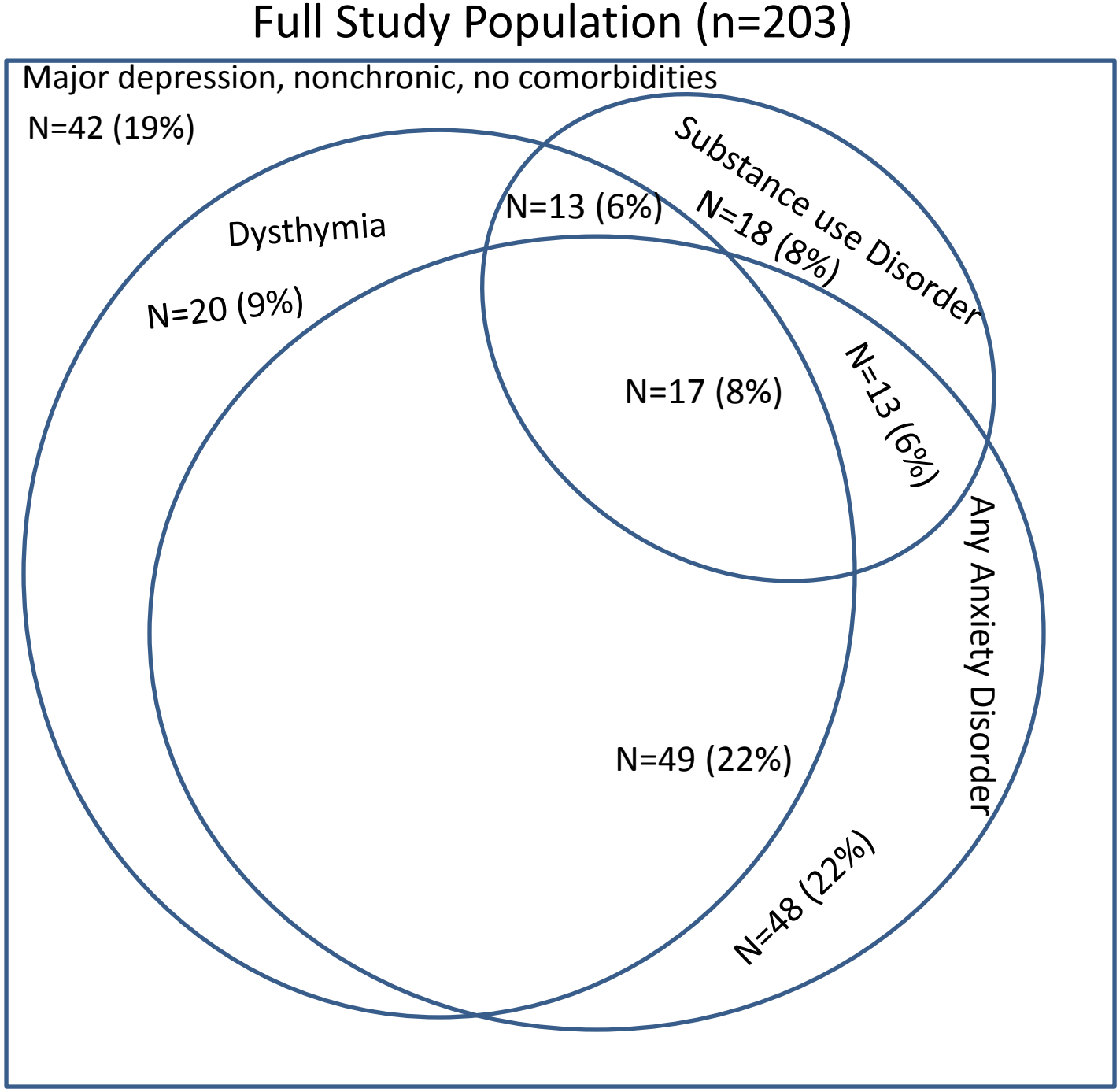
Associated variables of interest

- Sociodemographic measures
- Clinical/behavioral measures
  - Adherence
    - Baseline self report
    - 1 month pill count
  - HIV symptom count (self report)
  - Unprotected Sex (self-report)
  - Viral load

- We report data on the first 231 enrolled HIV patients with MDD

Results:
Complicated depression was common

- No comorbidity: 19%
  - Single episode MDD = 4%
  - Recurrent MDD = 15%
- Any comorbid dysthymia: 55%
- Any comorbid anxiety disorder: 58%
- Any comorbid substance use disorder: 28%
- All three: 8%
- Both substance use and anxiety: 14%


Full Study Population (n=203)
Major depression, nonchronic, no comorbidities
N=42 (19%)
Dysthymia
N=20 (9%)
Substance use Disorder
N=18 (8%)
N=13 (6%)
N=17 (8%)
N=13 (6%)
Any Anxiety Disorder
N=49 (22%)
N=48 (22%)

Multiple comorbidities were common

Number of comorbidities	%
0	18%
1	31%
2	24%
3	19%
4	5%
5	3%
Total	100%

Sociodemographic Features Associated with Comorbidity

# of Comorbidities	None	≥ 1	P value
Female	73%	68%	0.496
Race (Caucasian)	20%	36%	0.045
Sexual Orientation (heterosexual)	46%	47%	0.941
High school education or less	46%	53%	0.346
Unemployed	59%	75%	0.030

Clinical/Behavioral Features Associated with Any Comorbidity

# of Comorbidities	None	≥ 1	P value
Self-reported adherence, BL (continuous)	86%	86%	0.988
Month 1 pill count (continuous)	88%	90%	0.51
Mean # of HIV symptoms	3.9	5.5	0.006
SF-12 score (physical component)	47	43	0.053

Clinical/Behavioral Features Associated with Substance Abuse

Substance Abuse Comorbidity	No	Yes	P value
Any protected sex	15%	29%	0.04
HIV RNA VL >48 copies/ml	34%	48%	0.06

Limitations

- Limited sample size
- Missing values
- Preliminary findings

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Conclusions

- For HIV patients with MDD, chronic depression and psychiatric comorbidity are the rule rather than the exception
- This complexity is associated with greater HIV disease severity and worse prevention and treatment indicators
- Appreciating this comorbidity can help clinicians better target those at risk of harder-to-treat HIV disease, and underscores the challenge of treating depression in this population.

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Colleagues on SLAM DUNC

Duke

Brian Pence, MPH, PhD (PI)

Nathan Thielman, MD

Julie Adams, MD, MPH

Kristen Shirey, MD

Quinn Williams

Elise Nelson

Marcus Hawley

Scotty Elliott, MSW

UNC

Byrd Quinlivan, MD

Amy Heine, NP

Malaika Edwards, MA

Charita Montgomery

Katya Roytburd, MPH

UAB

Mike Mugavero, MD, MPH

Teena McGuinness, NP (Psychiatry)

Riddhi Modi, MBBS

Anne Zinski, PhD