CONTROLLING THE HIV EPIDEMIC WITH ANTIRETROVIRALS

From Consensus to Implementation

22-24 September 2013
Queen Elizabeth II Conference Centre, London
Silverbullets, PreP, TasP, Stigma and Serious Mental Ill-health.
Hepatitis B/C

HIV

Schizophrenia

Bipolar Disorder

Depression & Anxiety

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From Consensus to Implementation
Serious Mental Ill-health (SMI)

• 1 in 4 people in the UK will experience a mental health problem in their lifetime, and 1 in 6 adults have a mental health problem at any given time.\textsuperscript{16,17}

• Almost $\frac{1}{2}$ of adults will experience an episode of depression in their lifetime.\textsuperscript{18}
# HIV Prevalence in people with SMI

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Country</th>
<th>Year of publication</th>
<th>Setting</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sacks, et al.</td>
<td>USA</td>
<td>1992</td>
<td>In-patient</td>
<td>7%</td>
</tr>
<tr>
<td>Susser, Valencia, &amp; Conover</td>
<td>USA</td>
<td>1993</td>
<td>Community</td>
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<tr>
<td>Ayuso-Mateos et al.</td>
<td>Spain</td>
<td>1997</td>
<td>In-patient</td>
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<tr>
<td>Segal, Gomory, &amp; Silverman</td>
<td>USA</td>
<td>1998</td>
<td>Community</td>
<td>4.5%</td>
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<tr>
<td>Blank et al.</td>
<td>USA</td>
<td>2002</td>
<td>In-patient</td>
<td>1.8%</td>
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<tr>
<td>Klinkenberg et al.</td>
<td>USA</td>
<td>2003</td>
<td>Community</td>
<td>6.2%</td>
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<tr>
<td>Rosenberg et al.</td>
<td>USA</td>
<td>2005</td>
<td>Community &amp; In-patient</td>
<td>3%</td>
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<tr>
<td>Pirl et al.</td>
<td>USA</td>
<td>2005</td>
<td>In-patient</td>
<td>29%</td>
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<tr>
<td>Carey et al.</td>
<td>India</td>
<td>2007</td>
<td>In-patient</td>
<td>1.7%</td>
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<tr>
<td>Alvarado-Esquivel et al.</td>
<td>Mexico</td>
<td>2008</td>
<td>In-patient</td>
<td>0.9%</td>
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<tr>
<td>Rothbard et al.</td>
<td>USA</td>
<td>2009</td>
<td>In-patient</td>
<td>10%</td>
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<td>Kakisi et al.</td>
<td>Greece</td>
<td>2009</td>
<td>In-Patient</td>
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<tr>
<td>Collins et al.</td>
<td>South Africa</td>
<td>2009</td>
<td>In-patient</td>
<td>26.5%</td>
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<tr>
<td>Singh, Berkman, &amp; Bresnehan</td>
<td>South Africa</td>
<td>2009</td>
<td>In-patient</td>
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<tr>
<td>Sanger et al.</td>
<td>UK</td>
<td>2013</td>
<td>In-Patient</td>
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<tr>
<td>King, Creighton, Nalabanda, Evans</td>
<td>UK - Hackney</td>
<td>Currently Unpublished</td>
<td>In-patient</td>
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</tbody>
</table>

**CONTROLLING THE HIV EPIDEMIC WITH ANTIRETROVIRALS**

*From Consensus to Implementation*
Prevalence of SMI in people with HIV

- The prevalence of psychological and psychiatric problems among people living with HIV is substantially higher than in the general population.\(^{19-21}\)
- 7/10 women and 5/10 men recently surveyed reported experiencing a mental health problem in the last year.\(^{40}\)
- People with HIV are about twice as likely to be diagnosed with depression as matched controls in the general population.\(^{22}\)
Chicken or Egg?

NOT SURE IF I'M DEPRESSED BECAUSE I LISTEN TO DEPRESSING MUSIC

OR LISTEN TO DEPRESSING MUSIC BECAUSE I'M DEPRESSED
Risk Factors associated with HIV infection in people with SMI

- Characteristic risks: substance misuse, psychiatric illness severity and symptoms, poverty, homelessness, incarceration, urban residence, and ethnic minority status, history of traumatic abuse

- High risk behaviours: injecting drug use, alcohol misuse, coercive sex, sex with multiple partners, commercial sex, and unprotected sex.

- Similar to everyone else, right?
Diagnosis of SMI & risk

SMI diagnosis associated with:

- impaired judgment
- decreased cognitive function
- impaired reality testing
- decreased impulse control
- self-destructive behaviour
- difficulties with interpersonal relationships
- impaired condom negotiation
- higher risk sexual behavior \(7, 8\)
Risk & Mental Ill-Health

• During acute phase of illness, sexual activity increased for people living with bipolar affective disorder and schizophrenia. ¹⁰

• Mental Health Stigma has been described as playing a role in HIV risk-taking in women ¹¹, ethnic minorities ¹², WSW ¹³, and young MSM with depressive symptoms ¹⁴.

• Link described between relationship discrimination, (perceiving that one’s mental illness restricts opportunities for romantic relationships) and increased sexual risk taking ¹⁵.
SMI & HIV Testing

• Screening services are not routinely offered by mental health providers to address HIV and other BBVs, despite strong clinical support for this screening to become routine practice\textsuperscript{29-34}.

• Local audit in London has shown very low rates of testing in psychiatric settings.

• Barriers to testing include:
  – Provider barriers around discussion of HIV risk, sexuality, consent.
  – Service user refusal of tests
  – Systemic barriers to timely testing and pathways to HIV care
SMI & Health Promotion

• People living with SMI were found to have significantly lower HIV knowledge than the general population with regard to risk, transmission and prevention strategies.\textsuperscript{23-27}

• Risk behaviors for HIV are the same for people living with SMI as the rest of the general population (UPSI with multiple partners, IVDU).

• The frequency of risk behaviors, associated stigma, and apparent reduced knowledge of prevention methods converge to develop a high-risk profile for this group.
SMI, Adherence & Engagement

Mental health problems complicate the care and clinical management of people with HIV:

- decrease rates of adherence to antiretroviral therapy\textsuperscript{35}
- increase rates of loss to follow-up\textsuperscript{36}
- Frequent hospital admissions and periods of mental health crisis and medication interruption.
- Perceived stigma and poorly adapted services act as barriers to attending conventional clinic settings.\textsuperscript{38}
Complex factors affecting Outcomes

Difficulty with adherence to complex medication regimens

Low Rates of Testing
Health provider stigma
Systemic barriers

Stigma, high risk behaviour, socio-demographic and lifestyle factors

Low uptake & provision of primary prevention & health promotion

Difficulty accessing & engaging with usual models of care (i.e. Primary Care, Specialist Appointments)

Poorer Outcomes
Onward Transmission
Increased mortality

Increased mortality
Silver bullet? Or One size fits all/Round hole, square peg?
Future Directions

While TasP & PreP may provide a large piece of the puzzle of stopping the HIV epidemic, there remains a need for:

• Improved access to testing & sexual health services, (outreach into services that people with SMI access).
• Increased specialized prevention efforts for people with SMI, aimed at improving motivation and skills that are needed for HIV prevention, and maintenance on treatment.\(^{28}\)
• Challenging stigma across professions to create integrated care pathways between mental health services & HIV treatment.
Acknowledgements


References


References


References


