



# Depression

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## WHAT IS DEPRESSION?

Depression is a mood disorder. It is more than sadness or grief. Depression is sadness or grief that is more intense and lasts longer than it should. It has various causes:

- Events in your daily life
- Chemical changes in the brain
- [Side effect](#) of medications
- Several physical disorders

About 5-10% of the general population gets depressed. However, rates of depression in people with [HIV](#) are as high as 60%. People assigned female at birth (AFAB) with HIV are twice as likely as people assigned male at birth (AMAB) to be depressed.

Being depressed is **not** a sign of weakness. It doesn't mean you're going crazy. You cannot "just get over it."

Don't expect to be depressed because you are dealing with HIV and don't think that you have to be depressed because you have HIV.

## IS DEPRESSION IMPORTANT?

Depression can cause people to not stay engaged in their care, miss appointments, or miss/skip doses of their medications. It can increase [high-risk behaviors](#) that transmit HIV infection to others. Overall, depression can make HIV disease progress faster. It also interferes with your ability to enjoy life. A study in 2012 showed that people with depression, especially AFAB people, were more likely to stop receiving care and to not achieve [undetectable viral loads](#).

Depression often gets overlooked. Also, many HIV specialists have not been adequately trained to recognize or treat depression. Depression can also be mistaken for signs of advancing HIV.

## WHAT ARE THE SIGNS OF DEPRESSION?

Symptoms of depression vary from person to person. Most healthcare providers suspect depression if people report feeling blue or having very little interest in daily activities. If these feelings go on for two weeks or longer, and the person also has some of the following symptoms, they are probably depressed:

- Fatigue or feeling slow and sluggish
- Problems concentrating
- Low sex drive
- Problems sleeping such as insomnia, waking very early, or excessive sleeping

- Feeling guilty, worthless, or hopeless
- Decreased appetite or weight loss
- Overeating

## WHAT CAUSES DEPRESSION?

There are many causes of depression. Having the diagnosis of a chronic disease, like HIV or [AIDS](#), can make depressive symptoms worse. Some [antiretroviral medications \(ARVs\)](#) used to treat HIV can cause or worsen depression, especially [efavirenz \(Sustiva\)](#). Diseases such as [anemia](#) or [diabetes](#) can cause symptoms that look like depression. So can [drug use](#), or low levels of testosterone, vitamin B6, or vitamin B12. People who have both HIV and [hepatitis](#) are more likely to be depressed.

Other risk factors include:

- Being assigned female at birth (AFAB)
- Having personal or family history of mental illness and/or alcohol or substance abuse
- Not having enough social support
- Not [telling others you have HIV](#)
- Treatment failure (HIV or other)

## TREATMENT FOR DEPRESSION

Depression can be treated with lifestyle changes, alternative therapies, and/or with medications. Many medications and therapies for depression can interfere with HIV treatment. Your healthcare provider can help you select the therapy or combination of therapies most appropriate for you. **Do not try to self-medicate with alcohol or recreational drugs**, as these can increase depression and create additional problems.

**Lifestyle changes:** Some people experience improvement in symptoms from simple lifestyle changes. These include:

- Regular [exercise](#)
- Increased exposure to sunlight
- Stress management
- Counseling
- Improved sleep habits

**Alternative therapies:** Some people get good results from massage, acupuncture, or exercise. The herb St. John's wort may help treat mild depression, but it [interacts](#) with many ARVs. **Be sure to tell your healthcare provider if you are taking St. John's wort.**

Valerian or melatonin may help improve your sleep. Supplements of vitamins B6 or B12 can help if you have low levels of these vitamins.

**Antidepressants:** Some people with depression respond best to medications. Antidepressants can interact with some ARVs. They must be used under the supervision of a healthcare provider who is familiar with HIV treatment. [Protease inhibitors \(PIs\)](#) have many interactions with antidepressants.

The most common antidepressants used are **Selective Serotonin Reuptake Inhibitors (SSRIs)**. They can cause loss of sexual desire and function, lack of appetite, headache, insomnia, fatigue, upset stomach,

diarrhea, and restlessness or anxiety.

The **tricyclic antidepressants** have more side effects than the SSRIs. They can also cause sedation, constipation, and erratic heartbeat.

Some healthcare providers also use **psychostimulants**, the drugs used to treat attention deficit disorder (ADD).

A recent study showed that treatment with **dehydroepiandrosterone (DHEA)** can reduce depression in some people with HIV.

### **THE BOTTOM LINE**

Depression is a very common condition for people with HIV. Untreated depression can cause you to miss medication doses and lower your quality of life.

Depression is a “whole body” issue that can interfere with your physical health, thinking, feeling, and behavior.

Depression can be treated with lifestyle changes, alternative therapies, and/or with medications. The earlier you contact your healthcare provider, the sooner you can both plan an appropriate strategy for dealing with this very real health issue.

### **MORE INFORMATION**

National Institute of Mental Health: [Depression](#)

POZ: [HIV and Depression](#)

Substance Abuse and Mental Health Services Administration: [Behavioral Health Treatment Services Locator](#)

[National Suicide Prevention Lifeline](#) or call 1-800-273-8255

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