Fidelity of integration of antidepressant management into HIV primary care in Malawi

Brian W. Pence, PhD
The University of North Carolina at Chapel Hill

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Appreciation

Collaborators
• Michael Udedi, Malawi MOH
• Steve Mphonda, UNC Project Malawi
• Kaz Kulisewa, Malawi College of Medicine
• Mina Hosseinipour, UNC
• Melissa Stockton, UNC
• Brad Gaynes, UNC
• And many other partners at UNC and in Malawi

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Posters: 1003, 1004, 1031, 1032, 1033, 1034
Overview

• Motivation
• The SOAR-Malawi Mental Health Project
• Fidelity of integration of depression treatment with HIV care
• Reflections
MOTIVATION: WHY INTEGRATE DEPRESSION CARE WITH HIV CARE?
Why integrate depression care and HIV care?

• Somewhere between 1 in 3 and 1 in 6 people living with HIV in Africa also have mild, moderate, or severe depression.
Why integrate depression care and HIV care?

• Depression interferes with engagement in HIV care and negatively affects HIV treatment outcomes
Why integrate depression care and HIV care?

- Integration presents an opportunity to meet patients where they are already accessing care

B. Gaynes 2009
Why integrate depression care and HIV care?

- Integration presents an opportunity to address the enormous mental health treatment gap.

Mental health treatment need

Address gap by developing capacity among staff already interacting with patients.

Integration presents an opportunity to address the enormous mental health treatment gap.
WHAT IS THE SOAR MALAWI MENTAL HEALTH PROJECT?
Objectives

- Funding: USAID / PEPFAR

- Evaluate the feasibility and fidelity of integrating
  - Depression screening and assessment
  - Psychosocial counseling
  - Antidepressant management

- Into routine HIV primary care using existing staff in two public health clinics in Malawi

- Evaluate the integrated program’s impact on mental health and HIV outcomes using a staggered pre-post design
Depression program components

<table>
<thead>
<tr>
<th>When?</th>
<th>Who?</th>
<th>How?</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV post-test counseling</td>
<td>HIV counselor</td>
<td>PHQ-2</td>
</tr>
<tr>
<td>Initial HIV clinical assessment</td>
<td>HIV provider (nurse, medical officer)</td>
<td>PHQ-9</td>
</tr>
<tr>
<td>After clinical assessment</td>
<td>Lay health worker</td>
<td>Triage tool</td>
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<tr>
<td>Follow-up HIV appts</td>
<td>HIV provider</td>
<td>Decision tree</td>
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<td>Bi-weekly</td>
<td>Lay health worker</td>
<td>Dosing algorithm</td>
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<td></td>
<td>HIV provider</td>
<td>PST protocol*</td>
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<td></td>
<td>Study team</td>
<td>Documentation</td>
</tr>
</tbody>
</table>

* PST: Problem-solving therapy
Program fidelity assessment framework

- Administration of PHQ-2 screening
- Administration of PHQ-9 assessment
- Assessment of and response to suicidal thoughts
- Initiation of counseling or medication when indicated
- Re-assessment at follow-up appointments
- Treatment continuation or adjustment at follow-up appointments
FIDELITY OUTCOMES
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Completed PHQ-2</td>
<td>92%</td>
</tr>
<tr>
<td>Of PHQ-2 positives completed PHQ-9</td>
<td>91%</td>
</tr>
<tr>
<td>Of evaluated patients had mild depressive symptoms (PHQ-9=5-9)</td>
<td>24%</td>
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<tr>
<td>Of those with mild depressive symptoms started counseling</td>
<td>87%</td>
</tr>
<tr>
<td>Of patients had moderate / severe symptoms (PHQ-9=10-27)</td>
<td>6%</td>
</tr>
<tr>
<td>Of those with moderate / severe symptoms started antidepressant</td>
<td>96%</td>
</tr>
<tr>
<td>Of patients indicated some level of suicidal thoughts</td>
<td>5%</td>
</tr>
<tr>
<td>Of those with suicidal thoughts were triaged</td>
<td>89%</td>
</tr>
</tbody>
</table>
Program indicators: Treatment follow-up

- Of return visits for patients within 3 months of antidepressant initiation included a new PHQ-9 (54%)
- Of those return visits resulted in the patient staying on the antidepressant (31%)
- Of those return visits resulted in the patient stopping or switching the antidepressant (69%)
- Of patients starting counseling attended at least 2 sessions (57%)
- Of patients starting counseling attended at least 4 sessions (31%)

* Most stops and switches were due to medication stockouts
REFLECTIONS
Successes

- Qualitative interviews: Patients and providers universally recognize prevalence of depression and importance of support
- Effective integration of screening and assessment into routine care
- Treatment initiation
- Patient improvement
Challenges

• Reaching all providers

• Action at follow-up appointments
  ▪ Poor systems make it challenging to identify returning patients who need re-assessment.

• Engagement of providers in ongoing supervision and refreshers

• Staff and leadership rotation and turnover

• Building long-term site engagement
Was this study a failure?

• Not an efficacy or even effectiveness study
• Goal was not to ensure high fidelity with a strong research presence
• Goal was to assess what fidelity would be achieved in a routine care setting in a sustainable way, in particular without payments to clinical staff
Lessons (to date) from SOAR Mental Health

• One dedicated person, with a lot of persistence and creativity, can effectively integrate depression screening, detection, and treatment initiation in general care settings in Malawi

• When working with a large number of providers, especially in the spirit of implementation rather than research, engagement will vary

• Poor systems pose a major barrier to chronic disease management

• Fundamentally, clinicians and leaders see lots of barriers, but also embrace importance and are fundamentally committed to wellbeing of patients

• However, ongoing support and “championing” are critical
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Through operations research, Project SOAR will determine how best to address challenges and gaps that remain in the delivery of HIV and AIDS care and support, treatment, and prevention services. Project SOAR is producing a large, multifaceted body of high-quality evidence to guide the planning and implementation of HIV and AIDS programs and policies. Led by the Population Council, Project SOAR is implemented in collaboration with Avenir Health, Elizabeth Glaser Pediatric AIDS Foundation, Johns Hopkins University, Palladium, and The University of North Carolina at Chapel Hill.

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- Engagement
- Patience
- Persistence
- Long view