

CONTROLLING THE HIV EPIDEMIC WITH
ANTIRETROVIRALS



From Consensus
to Implementation

22-24 September 2013
Queen Elizabeth II Conference Centre, London

High Impact Prevention – Why Pills Alone Are Not the Silverbullet.



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Silverbullets, PreP, TasP, Stigma and Serious Mental Ill-health.



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Hepatitis B/C

HIV

Schizophrenia

Depression
& Anxiety

Bipolar
Disorder



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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.^{16,17}
- Almost $\frac{1}{2}$ of adults will experience an episode of depression in their lifetime.¹⁸



HIV Prevalence in people with SMI

Author(s)	Country	Year of publication	Setting	Prevalence
Sacks, et al.	USA	1992	In-patient	7%
Susser, Valencia, & Conover	USA	1993	Community	19%
Ayuso-Mateos et al.	Spain	1997	In-patient	5%
Segal, Gomory, & Silverman	USA	1998	Community	4.5%
Blank et al.	USA	2002	In-patient	1.8%
Klinkenberg et al.	USA	2003	Community	6.2%
Rosenberg et al.	USA	2005	Community & In-patient	3%
Pirl et al.	USA	2005	In-patient	29%
Carey et al.	India	2007	In-patient	1.7%
Alvarado-Esquivel et al.	Mexico	2008	In-patient	0.9%
Rothbard et al.	USA	2009	In-patient	10%
Kakisi et al.	Greece	2009	In-Patient	0.7%
Collins et al.	South Africa	2009	In-patient	26.5%
Singh, Berkman, & Bresnehan	South Africa	2009	In-patient	29.1%
Sanger et al.	UK	2013	In-Patient	5.3%
King, Creighton, Nalabanda, Evans	UK - Hackney	Currently Unpublished	In-patient	1.6%



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 population¹⁹⁻²¹
- 7/10 women and 5/10 men recently surveyed reported experiencing a mental health problem in the last year⁴⁰
- People with HIV are about twice as likely to be diagnosed with depression as matched controls in the general population²²



Chicken or Egg?



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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** ^{2, 3, 7}
- High risk behaviours: **injecting drug use**, alcohol misuse,⁴ coercive sex, sex with multiple partners,⁵ commercial sex, and unprotected sex⁶.
- 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 minorities¹², 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 taking¹⁵.



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 practice²⁹⁻³⁴.
- 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.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 therapy³⁵
- increase rates of loss to follow-up³⁶
- 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.³⁸

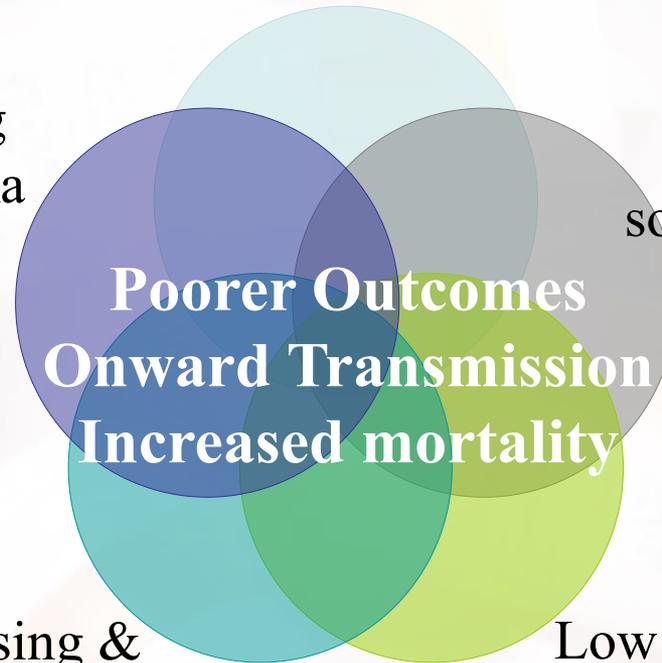


Complex factors affecting Outcomes

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



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

Low uptake & provision of
primary prevention &
health promotion



Silver bullet? Or One size fits all/Round hole, square peg?



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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

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