



HIV MENTAL HEALTH TREATMENT ISSUES

HIV and Clinical Depression

Why is clinical depression a concern for those who are HIV +

Mood disorders, particularly depression, are the most common psychiatric complication associated with HIV disease. Although some studies suggest that depression is no more common among HIV+ people than in those at risk for HIV infection, a large meta-analysis of 10 studies found HIV+ people had twice the risk for depression than those who were at risk for HIV but were not actually infected.

One study estimated the lifetime prevalence of depressive disorders in HIV+ individuals to range as high as 22%, compared to lifetime estimates of 5% to 17% and current major depression diagnoses of only 3% to 10% in the general population.

Groups at heightened risk for HIV—African-American men and women, gay and bisexual men of all races—may have higher risk for depression, which may lead to increased risk behavior.

Depression can also be a consequence of HIV-induced brain injury or antiretroviral medication.

Who is at risk for depression?

HIV+ individuals who have not disclosed their seropositive status, have lost loved ones to HIV, or are themselves in an advancing stage of the illness are at serious risk. Treatment failure, and even treatment success, should also be considered risk factors for depression.

Does HIV cause depression?

Many health care professionals believe that an HIV+ diagnosis will naturally result in depression. Although the diagnosis will certainly trigger anxiety and distress—sometimes so severe it impairs functioning and may even lead to suicide—this kind of situation-specific emotional response is not the same as depression. A person distressed by an HIV diagnosis may indeed need treatment, most likely for an adjustment reaction, but the distress will respond to supportive and other types of psychotherapy rather than medications.

HIV can damage subcortical areas of the brain and produce HIV dementia, resulting in states that are mistaken for clinical depression. HIV+ patients can also experience other medical and endocrine abnormalities that can create mood disturbances. Systemic illnesses secondary to HIV infection—such as hepatitis, *pneumocystis carinii* pneumonia and endocrinopathes can all look like depression. Malnourishment, specifically with deficiencies in vitamins B6 and B12, also mimics depression.

A number of HIV medications can also have side-effects that can cause depression and other psychological symptoms, as outlined in the table below.

HIV Medication	May trigger
Interleukin	Depression, disorientation, confusion and coma
Steroids	Mania or depression
Efavirenz (Sustiva)	Decreased concentration, depression, nervousness, nightmares
Stavudine (Zerit, d4T)	Depression or mania, asthenia
Zidovudine (Retrovir, AZT)	Mania, depression
Interferon	Neurasthenia fatigue syndrome, depression
Zalcitabine (Hivid)	Depression, cognitive impairment
Vinblastine	Depression, cognitive impairment

How can a clinician differentiate depression from other complications of HIV?

Symptoms of true clinical depression come in two categories: affective and somatic. **Affective symptoms** include depressed mood, loss of interest in normally pleasurable activities, feelings of guilt or worthlessness, hopelessness or suicidal ideation. **Somatic symptoms** include loss of weight or appetite, sleep disturbances, agitation/retardation, fatigue and loss of concentration.

Some symptoms of clinical depression (e.g., fatigue) can be “explained away” as the effects of HIV and the medications used to treat it. But the fatigue that accompanies depression will include a true loss of interest (as opposed to simply loss of ability) in formerly enjoyable activities.

It’s challenging to differentiate clinical depression from the effects of HIV, the side-effects of treatment and even other illnesses, all of which can affect mood. The surest way to finding the difference is in how someone responds to depression treatment. Conditions that are not actually depression will respond poorly to antidepressant treatment.

What kind of treatment is appropriate for an HIV+ person suffering from clinical depression?

The same treatments used with depression in the general population are effective in treating depression in HIV+ people. All the treatment options listed in the following table should be considered specifically for patients’ stage of illness and their particular HIV treatment plan.



Psychopharmacology must include monitoring for drug-drug interactions, especially the actions of HIV medications that can change the body's absorption of antidepressants, competition for protein binding affects, and induction/inhibition of CP450, which can alter drug levels.

Depression Therapy	Advantages	Drawbacks
SSRIs (Prozac, Paxil, Zoloft)	Relatively easy to use and well-tolerated by most patients.	Increased GI activity, anorgasmia, akathisia, apathy, anxiety, and when toxic, a serotonin syndrome.
Bupropion (Wellbutrin)	Rarely causes sexual dysfunction.	Contraindicated in patients with unstable seizure disorder; multiple divided dosings.
Venlafaxine (Effexor)	Raises CNS levels of both serotonin and norepinephrine; well-tolerated as first-line agent or in patients refractory to other antidepressants.	Initial stimulant side effects may disturb some patients, may increase blood pressure in hypertensives; GI side effects (also common with antiretrovirals).
Trazodone (Desyrel)	Can be used as sedative at low doses.	May cause sedation in a.m. at 50-100 mg when taken at night; 1/7000 incidence of priapism.
Tricyclics	Weight gain and constipation can be helpful with marked weight loss or diarrhea. Sedation is useful with insomnia. Marked benefit on neuropathic pain, common in advanced HIV disease (AIDS).	Weight gain, constipation, orthostatic hypotension, dry mouth, sedation. Can be lethal in overdose.
Hormones (testosterone, DHEA)	Can be very helpful in alleviating fatigue, anorexia, and diminished libido, particularly in patients with hypogonadism.	Off-label for treating depression, side effects with hormone treatment impact biological functions.
Electroconvulsive Therapy	May be especially useful for patients too medically ill to tolerate antidepressants or in severely suicidal, psychotic, or treatment resistant patients. May play a role in pregnant depressed patients.	Electroconvulsive therapy is associated with confusion just after the treatment is administered, and there is a greater likelihood of confusion in cases where a patient has a coexisting CNS disease.
Psychotherapies	Can effectively address quality of life issues, other emotional issues related to HIV.	May need to be used in combination with psychopharmacology for optimal effectiveness.

Once an HIV+ patient is diagnosed with clinical depression, the clinician should be mindful that the individual's risk of suicide is higher than in the general population, and that this is true at all stages of HIV disease.

As always, clinicians are advised to take a conservative approach to pharmacology, "start low and go slow" with dosage, particularly for patients with advanced HIV disease (AIDS).

How important is it for HIV+ people to get needed treatment for depression?

HIV+ patients with depressive symptoms will benefit from treatment beyond getting relief from the depression. In fact, studies suggest that depressed HIV+ patients who are given treatment may be more likely to adhere to, and benefit from, their treatment. Antidepressant therapy for treatment of depression has actually been associated with a significantly lower monthly cost of medical care services.

Recent research suggests that social support is highly associated with better treatment adherence for individuals with depression or anxiety.

A physician treating any HIV+ patient who is depressed must weigh the benefits of treatment—and the potential to relieve symptoms of depression—against the side-effects of the chosen treatment and the likelihood of adverse drug-drug interactions. Each patient, and each case, is individual, and must be approached as such. Treatment for depression can make a significant difference in the physical and emotional well-being of individuals living with HIV.

References

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About this Fact Sheet

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