

NORTHWEST AIDS EDUCATION AND TRAINING CENTER

Mental Health and HIV

Christine Yuodelis-Flores M.D.
Associate Professor
UW Psychiatry and Behavioral Sciences
Director of Psychiatry, Madison Clinic
Harborview Medical Center

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Outline

- Prevalence of mental disorders in HIV+
- Screening Tools
- Mental Illness, Addiction and Adherence
- Psychopharmacology
- P450 Drug interactions w/ ARVs

No Disclosures



Prevalence of HIV in mentally ill

 Prevalence rates of HIV in mentally ill inpatients & outpatients are reported to be between 3% and 23% (0.4-0.6% in general U.S. pop)*

 ↑ Behavioral risk factors and increased victimization of mentally ill → ↑ risk of infection



Prevalence of mental illness in HIV infected individuals

- 48% screened positive for psychiatric illness according to National HIV Costs and Service Utilization Study (1,2)
- Depression: 36% prevalence in HIV+ [5-fold increase in prevalence compared to general U.S. pop] (2)
- PTSD: 20% prevalence (3)
- Generalized Anxiety Disorder: 16% [8-fold increase] (2)
- Substance Use Disorders: 40% reported using an illicit drug other than marijuana
- Drug Dependence: 12% screened positive during the previous 12 months [4-6-fold increase] (1).
- 1. Bing EG et al 2001
- 2. HIV Cost and Services Utilization Study. Fact sheet. Agency for Health Care Policy and Research, Rockville, MD. Available at http://www.ahrq.gov/data/hcsus.htm



3. Vranceanu AM et al. AIDS Patient Care STDS. 2008 Apr;22(4):313-21.

Screening tools for mental illness in the primary care setting

- PHQ-9
- GAD-7
- Primary Care PTSD Screen (PC-PTSD) (1)
 - In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:
 - Have had nightmares about it or thought about it when you did not want to?

YES / NO

 Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

YES / NO

Were constantly on guard, watchful, or easily startled?

YFS / NO

Felt numb or detached from others, activities, or your surroundings?

YES / NO

 Current research suggests that the results of the PC-PTSD should be considered "positive" if a patient answers "yes" to any three items



Screening tools for addiction in the primary care setting

A Single-Question Screening Test for Drug Use in Primary Care (1)

- "How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?"
- 100% sensitive and 73.5% specific for the detection of a drug use disorder.

CAGE-AID: C (cut down) G (guilty)

A (annoyed) E (eye-opener)

AUDIT DAST



Adherence and HIV

- Adherence is lowered by
 - Depression and Mental Illness
 - Cognitive impairment (HAND & HAD)
 - Substance use disorders (including alcohol)
- Treatment of mental illness or SUD improves adherence



ARV pharmacology: CYP 450 enzymes

- Protease Inhibitors & NNRTIs
 - Ritonavir
 - Potent inhibitor of 3A4 / 2D6 / 2C9 / 2C19 isoenzymes
 - Increases glucuronidation
 - Amprenivir, Indinavir, Nelfinavir inhibits 3A4
 - Nevirapine, Efavirenz inducer of 3A4



Psychopharmacology in HIV: Antidepressants

- SSRIs
 - Fluoxetine (Prozac) & Paroxetine (Paxil) are potent inhibitors of CYP2D6 and thus may increase plasma levels of PIs
 - Competitive inhibition with Ritonavir and can increase each other's plasma levels
 - Sertraline (Zoloft), citalopram (Celexa), & escitalopram (Lexapro) little effect on PI metabolism
 - Fluvoxamine (Luvox): potent inhibitor of 1A2→
 ↑ plasma levels of PIs?



Psychopharmacology in HIV: Antidepressants

- SNRIs (venlafaxine & duloxetine) –2D6
 - Metabolism may be inhibited by ritonavir?
- Bupropion: 2B6 metabolism
 - NNRTIs (efavirenz) & PIs (ritonavir, indinavir & saquinavir) induce CYP2B6 →
 - ↓ plasma levels of bupropion
 - PI combination of Lopinavir + Ritonavir induces CYP2B6 & UDP-GT → decreases plasma level of bupropion



Psychopharmacology in HIV: Antidepressants

- TCAs- 3A4 and 2D6 substrates → ↑ plasma levels w/ potent inhibitors (ritonavir)
- Trazodone 3A4 & 2D6
 - Ritonavir / Iopinavir / darunivir / indinavir → ↑ plasma
 level of trazodone

- Mirtazapine
 - Metabolism inhibited by ritonavir?



Mood stabilizers and HIV

- Lithium renal clearance. Caution w/ tenofovir.
- Divalproex sodium (Depakote) inhibits glucuonidation
 †zidovudine levels
- Carbamazepine potent inducer of 3A4→
 - ↓ plasma levels of some PIs
 - Ritonavir potent inhibitor of CYP3A4→ ↑ carbamazepine
 - Efavirenz is inducer → ↓ level of both E&C
- Lamotrigine-glucuronidation
 - Lopinavir and ritonovir induce glucuronidation ->
 - ↓ lamotrigine plasma levels



Source: www.hivinsite.ucsf.edu

Antipsychotics and HIV

- Antipsychotics: atypical and neuroleptics
- Pls and especially Ritonavir inhibits 3A4 metabolism of clozapine, pimozide, chlorpromazine, haloperidol, risperidone
 - →(↑ levels)
- Metabolic syndrome w/ atypicals
- Tardive Dyskinesia w/ neuroleptics



Drugs of abuse and ARVs

- Methadone 3A4
 - Efavirenz, nevirapine, nelfinavir, ritonavir and lopinavir-ritonavir induces 3A4 → opiate withdrawal
 - Methadone increases zidovudine levels
 - QT prolongation: be careful when combining methadone w/ antipsychotics, antidepressants and Ritonavir.
- Amphetamines & MDMA ↑ levels w/ ritonavir
- Cocaine Pls & NNRTIs may increase plasma levels norcocaine



Anxiety disorders and HIV

- Antidepressants: SSRIs, SNRIs, TCAs, mirtazapine, trazodone & nefazodone
- Buspirone
- Gabapentin
- Prazosin & clonidine
- Beta-blockers
- Benzodiazepines
- Antipsychotics



Anxiety disorders and HIV

- Benzodiazepines & sedative-hypnotics
 - Alprazolam, diazepam, midazolam, triazolam & zolpidem: 3A4 substrates (PIs, Ritonavir & NNRTIs → ↑levels)
 - Oxazepam, lorazepam, temazepam: metabolized by glucuronidation (ritonavir & nelfinavir increases plasma clearance)
 - Clonazepam: 3A4→?



Efavirenz

- CNS side effects
 - Depression
 - Suicidal behavior
 - Nervousness
 - Euphoria / mania
 - Insomnia / nightmares
 - Psychosis



Resources for ARV Drug Interactions

- http://www.madisonclinic.org
- http://www.hivinsite.ucsf.edu
- http://www.hiv-druginteractions.org

