



AMERICAN ACADEMY OF
HIV MEDICINE

Mental Health & HIV

Tracy Hicks DNP, FNP-BC, PMHNP-BC, CARN-AP, FIAAN

About this Activity

This activity is jointly provided by the Annenberg Center for Health Sciences at Eisenhower and the American Academy of HIV Medicine, in collaboration with Postgraduate Institute for Medicine.



This activity is supported by independent educational grants from Gilead Sciences, Janssen Therapeutics, Merck Pharmaceuticals and ViiV Healthcare.

CE Information

Target Audience

This activity has been designed to meet the educational needs of physicians, physician assistants, nurse practitioners, registered nurses and pharmacists.

Statement of Need/Program Overview

Learners are expected to leave the webinars with a clear understanding of what treatment options are available to address a number of topics related to treatment of HIV and the needs of various populations. Learners should feel more comfortable choosing appropriate treatment plans for a number of topics, with the goal of improving quality of life while decreasing disease-related morbidity and mortality. Potential uses, drawbacks, barriers, and advantages of various interventions and treatment plans should be well understood following each webinar. Providers participating in a given webinar should be able to more accurately tailor treatment needs to their individual patients with co-existing conditions, taking into account their unique needs and situations

CE Information

Accreditation Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Annenberg Center for Health Sciences at Eisenhower and the American Academy of HIV Medicine. The Annenberg Center for Health Sciences at Eisenhower is accredited by the ACCME to provide continuing medical education for physicians.

Physician Continuing Medical Education

The Annenberg Center for Health Sciences at Eisenhower designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CE Information

Continuing Pharmacy Education

The Annenberg Center for Health Sciences at Eisenhower is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.



Credit Designation

This program has been developed according to the ACPE Criteria for Quality and is assigned ACPE Universal Activity 0797-9999-21-045-L05-P This program is designated for up to 1.0 contact hours (0.1 CEUs) of continuing pharmacy education credit.

Type of Activity

Knowledge

Continuing Nursing Education

The Annenberg Center for Health Sciences at Eisenhower is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Credit Designation

1.0 contact hours may be earned for successful completion of this activity. Designated for 0.1 contact hours of pharmacotherapy credit for Advanced Practice Registered Nurses

Disclosure of Unlabeled Use



This educational activity may contain discussion of published and/or investigational uses of agents that are not indicated by the FDA. The planners of this activity do not recommend the use of any agent outside of the labeled indications.

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DISCLOSURES

- The planners, our presenters, and their spouses/partners wish to disclose they have no financial interests or other relationships with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters

Disclaimers



Participants have an implied responsibility to use the newly acquired information to enhance patient outcomes and their own professional development. The information presented in this activity is not meant to serve as a guideline for patient management. Any procedures, medications, or other courses of diagnosis or treatment discussed or suggested in this activity should not be used by clinicians without evaluation of their patient's conditions and possible contraindications on dangers in use, review of any applicable manufacturer's product information, and comparison with recommendations of other authorities.



There is no fee for this activity.

Learning Objectives

- Discuss emotional intelligence and Implicit Bias as they relate to HIV and mental health care
- Analyze social determinants of health; Diversity, Equity, & Inclusion and the relationship to health equity in HIV and mental illness
- Discuss and provide an overview of psychotropic medication interactions
- Discuss substance use disorder in HIV
- Discuss neurological illnesses common in HIV

Overview

- Emotional Intelligence
- Implicit Bias
- Social Determinants of Health & HIV
- Health Equity in HIV
- Substance Use Disorders
- Medication Interactions
- Neurological Illness

Mental Health in HIV

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane”

Dr. Martin Luther King Jr.

Emotional Intelligence

- Self Awareness- knowing your emotions, strengths/weakness, drives values goals- and impact on others and those you care for
- Self-regulation- Controlling/redirecting disruptive emotions. biases and impulses
- Motivation- what is it? Passion? Energy? Optimism in the face of failure
- Empathy- considering others when making decisions, see other's perspectives, sensitivity to cross-cultural differences, valuing people
- Social Skills- Ability to manage relationships
- Knowing when to interject and when to listen- should this be said by me? Should this be said right now? Should I just listen for a moment
- SBI- Situation, Background, Intent

What is Implicit Bias

Hidden Bias guides our behavior without our awareness- The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.

- HIV prejudice has been associated with psychological distress in those living with HIV
- Pervasive- everyone has them, even those with avowed commitments
- Implicit associations do not necessarily align with our stated beliefs
- “Implicit and explicit biases are related **but distinct mental constructs**. They are not mutually exclusive and may even reinforce each other”
- We tend to favor implicit biases of our own ingroup, but research supports biases against our own ingroup
- Implicit associations may be unlearned by debiasing techniques

Addressing Stigma/Bias/Caste

Known history- Hx dictates non-white/heterosexual males are superior, persons who live contrary to gender norms or people of color/immigrants were/are considered inferior.

Gender, weight, age sexual preference, disease, skin tones signify implicit/explicit bias - this thought process has transcended over 400 years. Who is better? Who is Superior? The Have and Have nots.

Caste System- the idea that some lives are more valuable than others- this concept contributes to the superiority/inferiority dynamic in the clinical encounter

Mental Illness, HIV, and associated intersectionality are considered inferior, stigmatized, are low rank in the caste system.

Social Determinants of Health

- Conditions in places we are born, live, learn, work and play
 - Systemic Racism
 - Poverty- limited access to healthy food and adequate housing
 - Education- limited resources and funding allocation
 - Limited access to health care
 - Lack of Diversity, Equity & Inclusion (DI)
 - Toxins in Environment
 - Exposure to Crime and Injustice
 - Residential Segregation
 - Lack of Transportation
 - Limited social supports
 - Language and Cultural Issues

<https://www.cdc.gov/socialdeterminants/index.htm>

Social and Cultural Factors Fueling the HIV Epidemic

- Neglecting the constructs of Diversity, Equity, & Inclusion (DEI)
- Race/Ethnicity
- Sex and Gender
- Immigrants
- Access to health care
- Education
- Poverty/unemployment
- Crime
- Devaluing or Dehumanizing
- Specifically PrEP Bias
- Oppression
- Meaning of Illness, Family/Community Role, Communication Patterns, Trust/Mistrust of System, Value of Autonomy

Equity, Inclusion, and Diversity

- Bringing DEI/EID concepts to the clinical encounter
 - Recognize diversity
 - Treat clients with respect to individuality, while instituting equality
 - Including the client in the decision- making- empowerment- shared decision making (SDM)

In order to achieve health equity and optimal health outcomes, we must address Bias and DEI- again this requires emotional intelligence, SDM, and crucial/fierce conversations

Prevalence of Mental Illness in HIV in the Southeast

- Objective: Mental illness and substance abuse have been consistently associated with poor HIV-medication adherence and other negative health outcomes.
- High Frequencies of mental illness at 60%
- Substance Use Disorder (SUD) 32%
- Co-Occurring mental illness SUD 23%
- Conclusion- Increased stigma and limited access to care for mental health and substance use disorder
- If behaviors are not addressed adequately the full benefit of antiretrovirals can not be reached

Prevalence of Mental Illness in HIV in the Southeast

“Mental health refers to a person's overall emotional, psychological, and social well-being. Good mental health helps people make healthy choices, reach personal goals, develop healthy relationships, and cope with stress.”

- The National Institute of Health (NIH) estimated that 1:5 people are affected by mental illness
- NIH also estimates that people living with HIV are twice as likely to be affected by mental illness
- Mental health equates to healthier choices
- It is estimated that 50% of mental illness conditions in HIV go untreated

Mental Illness in HIV

Goals

- Increased access to care
- Psychological/Psychosocial/Physical Wellness
- Healthy relationships
- Priorities/Goals discussed
- Conflicts resolved/addressed

Barriers/Issues related to HIV Diagnoses

- Stigma/discrimination
- Social isolation
- Fear of death
- Guilt
- Grief
- Anger

Interventions

- Advocacy
- Holistic Assessment
- Care Coordination
- Crisis Intervention
- Empowerment
- Active Listening
- Appropriate referrals.ie psychotherapy

HIV Associated Neurocognitive Disorder (HAND)

- HIV Associated Dementia (HAD)- more severe form including motor, memory and personality changes
- Mild Neurocognitive Disorder (MND)- Charter study indicates as much as 45%
- CNS penetration effectiveness index (CPE) can aid clinicians in choosing the correct treatment
- HIV encephalitis- found on autopsy

Predictor-

CD4 nadir avg 172- identified as best indicator for HAND

Franscati Criteria- developed in 2007- neurological testing across several cognitive domains

Treatment goal- To prevent viral replication in the CNS

Neurological Disorders/AIDS Defining

- CMV Encephalitis
- Progressive Multifocal Leukoencephalopathy (PML)
- *Toxoplasma* Encephalitis
- Primary CNS Lymphoma
- Cryptococcal Meningitis
- Rarely TB Meningitis and Kaposi's Sarcoma

Other Neurological Disorders

- Viral/Bacterial Meningitis
- Neurosyphilis
- Herpes Simplex Encephalitis
- Varicella-Zoster Encephalitis
- Rarely Histoplasmosis and Coccidioidomycosis

Goal- HAART initiation and adherence , Care Retention, Viral load Suppression, Optimal CD4

Mental Illness in HIV

- “A report from the National Epidemiologic Survey of Alcohol and Related **Disorders** found that the 12-month **prevalence** of major depressive **disorder** (MDD) and **bipolar disorder** (BD) among **HIV**-infected respondents was 9.0% and 10.8%, respectively, compared to 6.2% and 3.7% among **HIV**-negative respondents”
- Untreated Bipolar disorder is related to poor adherence is associated resulting in nonadherence and poor HIV outcomes
- Depression has been associated with suboptimal adherence
- Prevalence on HIV is increased in BD as much as 10% due to impulsivity, mood lability and risky behaviors
- Up to 7% have preexisting Schizophrenia

Substance Use Disorder(SUD) and HIV

- Abuse versus dependence
- Co-morbid hepatitis C- IV Drug Use (IVD)
- Relationship to risk behaviors i.e. untreated BD/SMI
- Relationship to adherence
- Risk of adverse medication/drug events
- Appropriate referrals- Medication Assisted Treatment, Inpatient/Patient programs

Comprehensive Mental Health Assessment

- Suicidal Ideation/Intent/History of Attempts
- Hx of Mental Illness/Substance Use
- Life stressors/Social Implications
- History of treatments – what worked, what didn't work
- Family history
- Hospitalizations
- Outpatient treatment
- Client/patient goals for treatment
- Access to resources
- Comorbid conditions
- Medications
- Consider the social history collection first. It is vital to incorporate Emotional Intelligence, DEI , and shared- decision- making (SDM) to address Bias to promote optimal psychological, psychosocial, and physical well-being in the clinical encounter

Suicide

- HIV/AIDS Risk Factors
 - Stage of disease
 - Number of losses
 - Social isolation
 - Disease progression/fear of progression
 - Uncontrolled pain/Comorbid conditions
 - Support System
 - Access to weapons/means

Treatment Options

Psychotherapy

- Supportive, interpersonal, cognitive-behavioral, group
- Ongoing crises
- Countertransference issues
- Grief

Psychopharmacological

- Antidepressants
- Mood stabilizers
- Antipsychotics/Dopamine modulators
- Antianxiety

Medication Interactions

- Polypharmacy
- Comorbid conditions
- Renal or hepatic disease
- Age considerations
- Drug Metabolism
- Specific liver metabolism inhibitors/inducers/P450

Tips/Considerations for Prescribing Psychotropics

- Up to 40% of HIV positive persons experience Depression
- Approximately 27.2% taking at least one psychotropic drug
- Attention to Cytochrome P450 pathway
- Common Interactions with Protease Inhibitors (Pis)- increasing risk for increased concentration of SSRIs
- NIH guidelines recommend avoiding St. John's Wort in combinations with NNRTIs and PIs
- Avoid Quetiapine with potent CYP3A4
- Bupropion SR appears to be well tolerated- attention to hx of seizure activity
- Carbamazepine has the greatest potential for drug-drug interactions
- Key point- **LOWEST** effective dosing

Resources

- Ryan White Program
- MAT/ Buprenorphine
- Substance Abuse Mental Health Services Administration
- Health Resources and Services Administration (HRSA)
- HIVinfo
- National Institute of Mental Health- Chronic Illness and Mental Health
- HIV.gov
- HIV/AIDS and Mental health: Mental Health America
- Mental Health/TargetHIV- targethiv.org
- Unaids.org

Summary

- Treatment requires a holist approach
- Emotional intelligence in integral to treatment approach
- Understanding the adverse affects of Implicit Bias and the importance of acknowledgement, action, and accountability
- Health equity can be achieved by considering social determinants of health and DEI
- SUD and SI/Intent must be addressed
- Psychopharmacological treatment is often required and requires attention to potential reactions

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