

Ryan White Planning Council Psychiatric Care in the HIV Clinic

Glenn Treisman

Johns Hopkins University School of
Medicine

The stigmatized patient

- Our patients are triple stigmatized-they are impoverished, they are HIV infected, and they are mentally ill.
- 54% of patients coming into care for HIV have a mental illness other than substance abuse
- 20 % have major depression-the 4th most severe and disabling illness in the world

Psychiatric facilities are scarce

- Twenty-eight states and the District of Columbia reduced their mental health funding by a total of **\$1.6 billion** between fiscal 2009 and 2012.
- Maryland lost 145 — or 12 percent — of its public psychiatric beds between 2005 and 2010
- A 2012 report by the Treatment Advocacy Center says Maryland and Virginia have a “severe” bed shortage, with 12 to 19 beds per 100,000 people

Our patients are underserved

- ER visits increased by 32 percent from 1999 to 2009
- Psychiatric patients make up 7 to 10 percent of emergency room visits
- 10 % of patients wait in ER's longer than 7 days
- Psychiatric patients remain in the emergency department 3.2 times longer than non-psychiatric patients, preventing an average of 2.2 additional patients from accessing care during their stay and costing the emergency department an extra \$2,264 per patient.

Psychiatrists are unavailable and underpaid

- 57% of the psychiatrists still practicing are at least 55 years old
- Psychiatrists earnings rank 19th out of 25 medical specialties, and rose only 1% in 2012
- Only psychiatric visits require prior authorization, time consuming process
- It will take 1.2 FTE's in the next year to obtain prior authorizations for our patients-this will cut provided services by 60 %

Psychiatric disorders in new medical intakes

Overall Axis I (non-substance abuse)	54 %
Major depression	20 %
Adjustment disorder	18 %
Substance Abuse	74 %
Cognitive Impairment	18 %
Personality disorder	26 % *

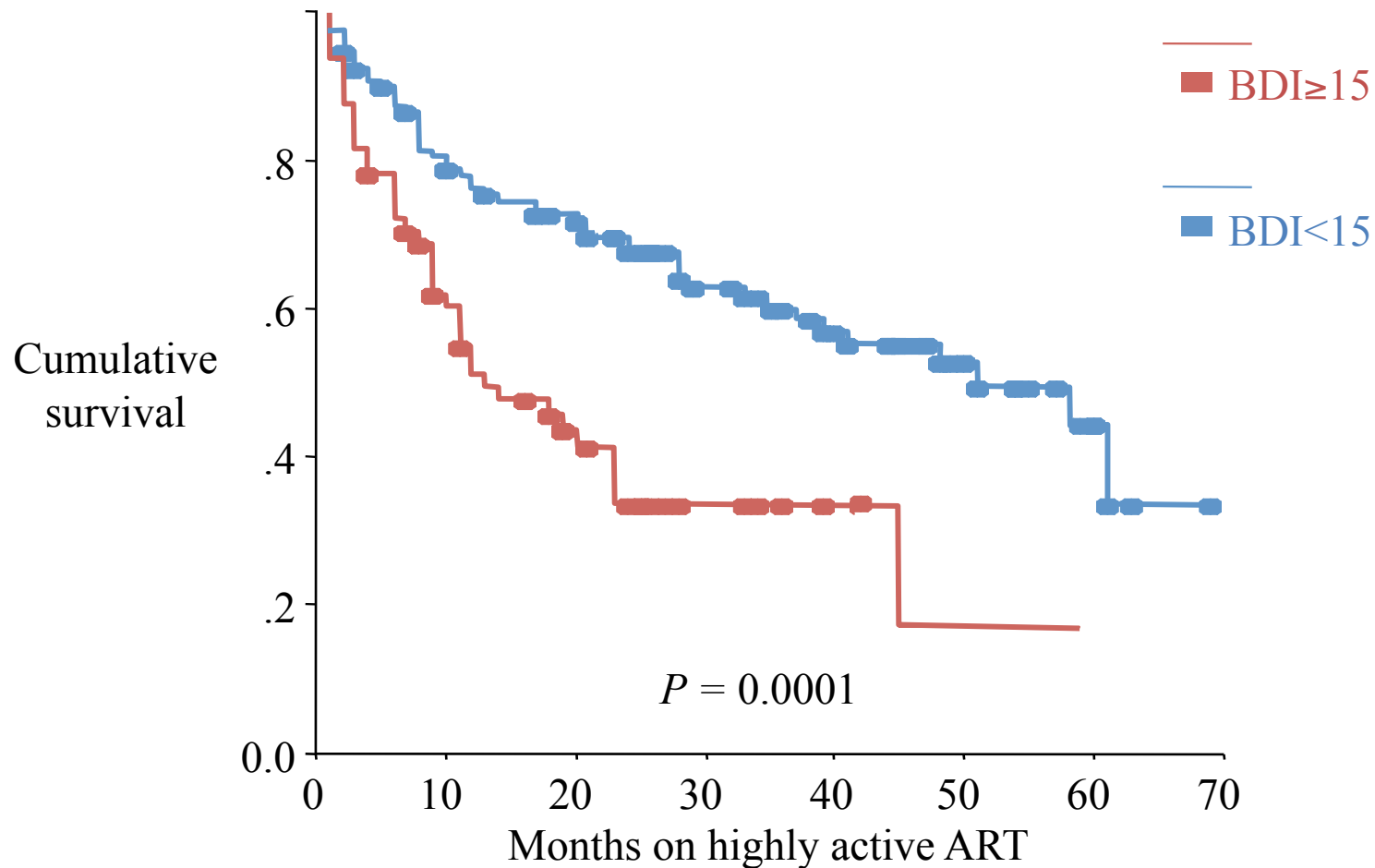
* unpublished observation

Lyketsos, C.G., Hutton, H., Fishman, M., Schwartz, J., Treisman, G. J., Psychiatric morbidity on entry to an HIV primary care clinic. *AIDS*: 1996; 20(3): 131-144

Most common psychiatric problems in the HIV clinic

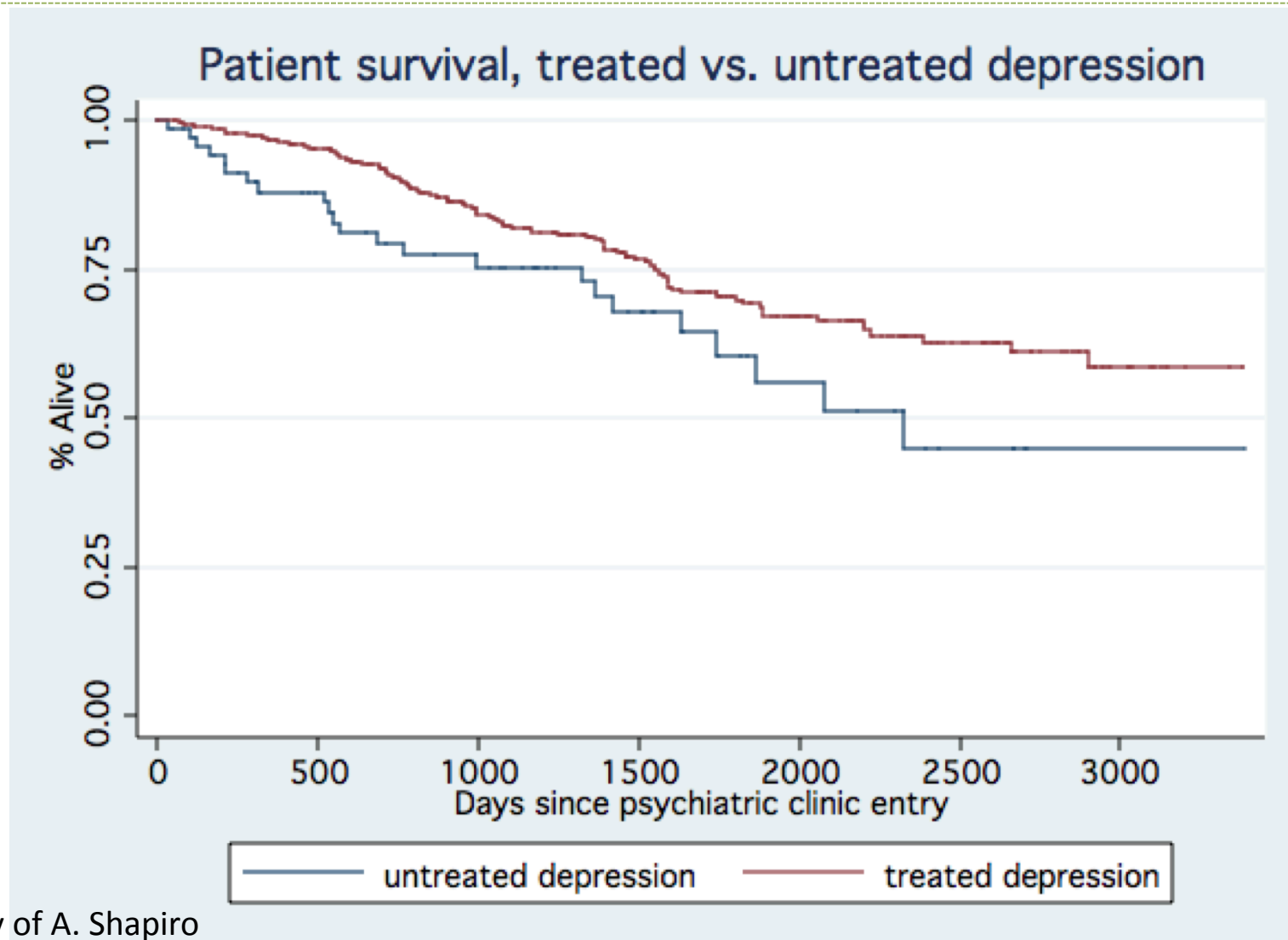
- Depression
- Negative Life Experiences
- Addiction
- Personality disorder

More Rapid Discontinuation of ART in Depressed Persons



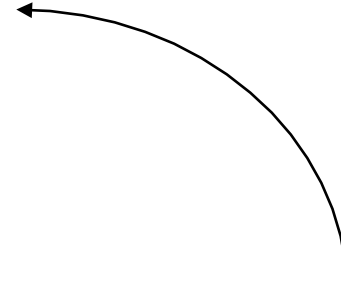
Bangsberg DR et al. 41st Interscience Conference on Antimicrobial Agents and Chemotherapy; December 16-21, 2001; Chicago, Ill. Abstract 1721.

Treatment of depression improves survival



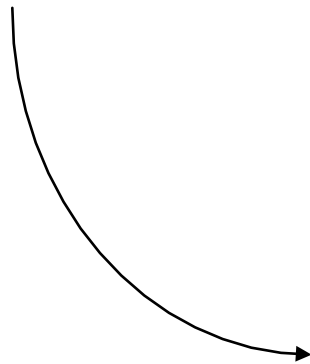
Courtesy of A. Shapiro

Impoverishment
Disenfranchisement
Demoralization
Substance abuse
Subcortical injury
Cognitive impairment
Inflammation

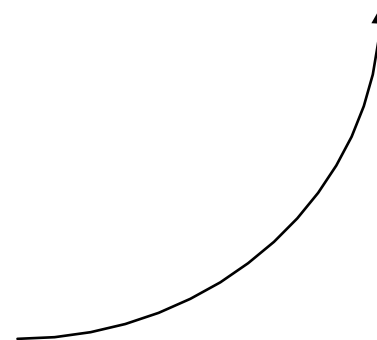


Depression

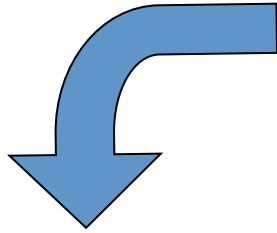
HIV



Impulsivity
Impoverishment
Hopelessness
Substance abuse
Cognitive impairment
Disenfranchisement
Pro-inflammatory?

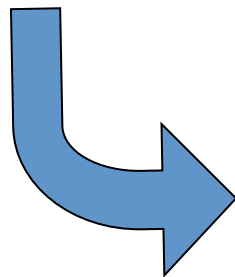
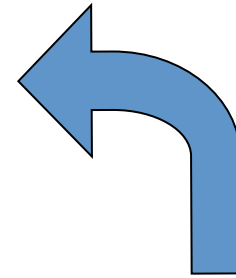


Depression

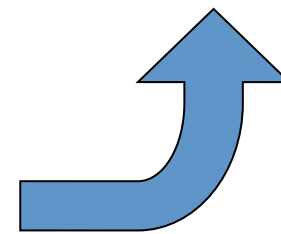


Dementia
Delirium
Demoralization
Inactivity
Physical Deconditioning
Social Isolation
Loss of Function
Toxicity
Inflammation

Physical Illness



Hopelessness
Inactivity
Physical Deconditioning
Social Isolation
Loss of Function
Poor Compliance
Impulsivity
Toxicity
Inflammation?



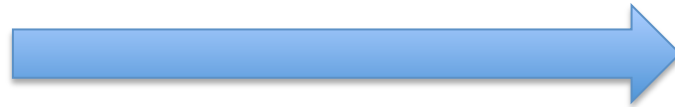
Depression

- People don't think I am sick. They think I am lazy or I should just try harder. The voices in my head call me names and tell me I am a loser, and that is what everyone thinks. I wish they could all have it for just one day. Anyone who gets up every day, takes their depression medication and then goes out and faces the world is a hero.

Impairment from Depression

Psych Dx	Sheehan Disability Score <small>(out of 30)</small>	Missed Work %	Marital Distress %
NONE	4.6	13.9	7.7
Major depression	13.0	40.0	42.1
Major depression + 2nd Dx	17.6	56.3	28.6

Behavior



Reward

