

The Triply Diagnosed Person: HIV Infection, Mental Illness and Alcohol/Other Drug Use Disorders

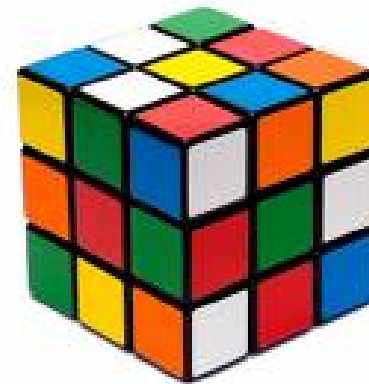
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Overview

- ❑ **Statistics**
- ❑ **Defining Who They Are**
- ❑ **Diagnostic Issues**
- ❑ **Treatment Issues**
- ❑ **Conclusion**





Current Reality & HIV Risk Factors

- ❑ **33 million people globally live with HIV/AIDS**
 - **Only 2 million actually receive HIV medications**

- ❑ **Demographic**
 - **Communities of color -African American & Hispanic**
 - ❑ **77% of PLWAs are persons of color**
 - **Men who have sex with men**
 - **Increasingly women**

Demographic Risk Factors for HIV

(Rates of New Infections)

- ❑ **CDC estimates 56, 300 new HIV infections occurred in the US in 2006**
- ❑ **New Infections in 2005 by Race/Ethnicity**
 - **African Americans 49%**
 - **Whites 31%**
 - **Hispanics 18%**
 - **Native Americans 1%**
- ❑ **Women represent 27% of all new AIDS cases**
- ❑ **Native Americans ranked 3rd in rates (per 100, 000) of new HIV/AIDS diagnoses, after blacks and Hispanics**



Risk Factors for HIV continued

- ❑ Mental Illness**
- ❑ Alcohol/Substance Use or Induced Disorders**

Impact of Mental Illness

- ❑ Nearly *half* of all Americans who have a severe mental illness do not receive any treatment
- ❑ Can interfere with HIV treatment adherence and self-care behaviors (plus child care)
- ❑ Mental health problems may be associated with unsafe sexual and drug use behaviors
- ❑ Especially among people living with HIV, lack of treatment associated with increased
 - suffering
 - impaired quality of life
 - premature mortality





Triply Diagnosed Patients: Defining Who They Are

Majority

Alcohol / substance use disorders and HIV with comorbid depressive, anxiety, personality disorders.

Minority

Recurrent psychotic disorders (schizophrenia, mania, depression with psychosis, psychosis NOS) with comorbid alcohol / substance use disorders and HIV.

RAND HCSUS (Bing et al 2001) Study: 2,864 HIV+ Medical Patients

- Any Psychiatric Disorder 48%**
 - Major Depressive Disorder 36%**
 - Dysthymia 27%**
 - Generalized Anxiety Disorder 16%**
 - Panic Attack 11%**
 - PTSD (Vitiello, 2003) 10.4%**

- Illicit Drug Use (not marijuana) 40%**
 - Drug Dependence 12%**
 - Heavy Alcohol Use 8%**
 - Problematic Alcohol Use 19%**

- Triply Diagnosed 13%**

Six Sides to a Rubix Cube

- ❑ 1. HIV/Medical
- ❑ 2. Mental Health
- ❑ 3. Alcohol/Substance Use Disorders
- ❑ 4. Family/Support
- ❑ 5. Environment
- ❑ 6. Life Stressors



The Triply Diagnosed Person

The Case of Ms. P

(49 Year-Old Hispanic Woman)

MEDICAL

- HIV/AIDS
- HCV/Cirrhosis/liver failure
- Diabetes Mellitis
- Hypertension
- Obesity
- Deep Vein Thrombosis
- Asthma
- Lipodystrophy
- MRSA / C-Diff Infections
- Poor Adherence

PSYCHIATRIC

- Past h/o sexual/physical abuse, DV
- Anxiety (PTSD, Panic Disorder)
- Bipolar depression
- Auditory/visual hallucinations
- Suicidal/homicidal ideation/attempts
- Severe memory and cognitive deficits
- Borderline personality traits

ALCOHOL/SUBSTANCE USE

- Benzodiazepine dependence
- Alcohol dependence
- Opioid dependence with past h/o IVDU
- Methadone Maintenance Therapy

DSM-V-TR Diagnostic Impressions

- Axis I:** **Bipolar Mood Disorder Type I w/Psychotic Features**
Post Traumatic Stress Disorder
Panic Disorder with agoraphobia
Opioid Dependence (on Methadone Therapy)
Benzodiazepine Dependence
Alcohol Dependence
r/o Dementia secondary to HIV/SA
- Axis II:** **r/o Mental Retardation**
r/o Borderline Personality Disorder
- Axis III:** **HIV/AIDS, HCV/Cirrhosis, Diabetes Mellitus, Hypertension, Obesity, Asthma, Lipodystrophy, MRSA and c-diff infections**
- Axis IV** **severe stressors- chronic illness, multiple losses, legal history, no formal educational or vocational history, financial problems**
- Axis V** **GAF 40**

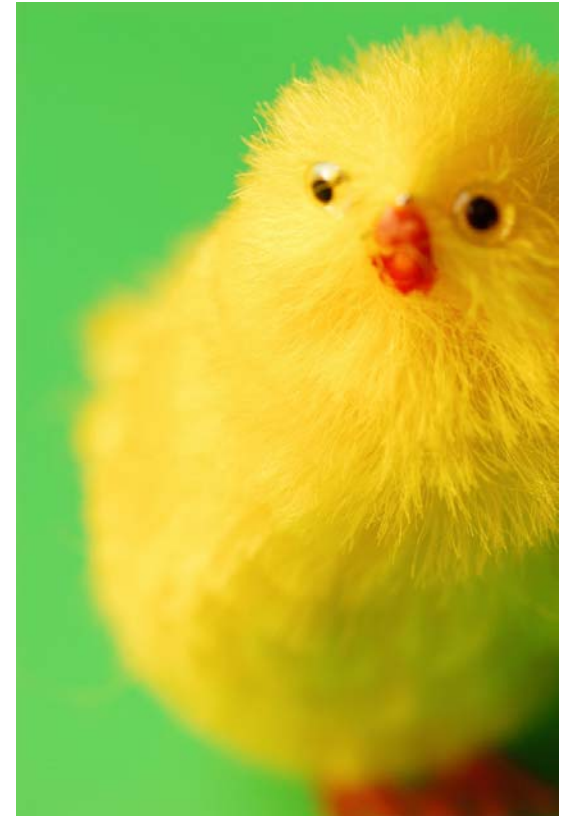


The Stigma of the Triply Diagnosed Person

- ❑ **Human behavior**— unsafe sex, sexual violence, sex to obtain money or goods, and drug use and injection—drive the epidemic.
- ❑ **Human reactions**— fear, denial, stigma, myths, unsafe sexual traditions, discrimination, indifference, greed, and ineffective responses—limit our ability to contain the epidemic.

Diagnostic Dilemmas

- ❑ **What comes first, the chicken or the egg?**



Focusing on Each Part of the Pie

- ❑ **HIV**
- ❑ **Mental Illness**
- ❑ **Alcohol and Substance Abuse**



Differential Diagnosis of the Triply Diagnosed Person

Look for Underlying Biological Cause

- 1. Medications:** HIV, psychiatric, other
- 2. Substances:** Alcohol, drugs, herbal remedies, other
- 3. Non-HIV Medical problems:** Vitamin deficiencies, metabolic disturbances, etc
- 4. HIV-Related Illnesses:** CNS lesions, infections
Non-CNS medical problems

and/or

Psychiatric Syndromes

depression, anxiety,
Personality Disorder

Neuropsychiatric Manifestations of HIV:
Minor Cog Motor Disorder
HIV Associated Dementia
Other Cognitive Issues

Differential Diagnosis continued...

- ❑ **Comorbidity of Substance Use and Mental Illness**
 - **Co-occur at much higher than chance levels.**
 - **51% of people with lifetime alcohol/substance use disorders met criteria for at least one other lifetime mental disorder, and vice-versa.**

- ❑ **What Comes First? Possible Explanations:**
 - **One disorder is a marker for the other.**
 - **Mental illness leads to self-medication with substances.**
 - **Substance use and withdrawal lead to symptoms of mental illness.**
 - **Mental and physical health are inseparable**



The Mental Health Assessment

- ❑ **Psychiatric History – individual and family**
- ❑ **Developmental and Psychosocial History**
- ❑ **Trauma History**
- ❑ **Past/Current Danger to Self and Others**
 - **Suicidality and Potential for Violence**
- ❑ **Alcohol/Substance Use Disorders and Treatment**
- ❑ **Current Psychosocial Status**
 - **Housing, Financial, Legal, Social Support Resources**
- ❑ **Cognitive Impairment or Literacy Issues**

Common DSM-IV-TR Diagnoses in HIV

- ❑ **Mood Disorders**
 - **Major Depression**
 - **Bipolar Disorders**
- ❑ **Anxiety Disorders**
 - **Panic Disorder**
 - **Generalized Anxiety Disorder**
 - **Post Traumatic Stress Disorder**
- ❑ **Psychotic Disorders**
- ❑ **Cognitive Disorders**
- ❑ **Axis II Personality Disorders**
- ❑ **Adjustment Disorders**
- ❑ **Alcohol/Substance Use Disorders**

Prevalence of Depression

- ❑ **Current Disorder**

- **Major Depression: 29 – 36%**

- ❑ Mellins, 2001; HCSUS, 2001, Atkinson et al 1988, Perkins et al 1994, Satz et al 1997

- ❑ **Lifetime Disorder**

- **Major Depression: 58%**

- ❑ Mellins, 1997

- ❑ **Depression can be the silent killer**

- **HIV treatment failure**

- **Suicide risk**

Depression - Clinical Features

- Low mood**
- Loss of pleasure from activities**
- Appetite/weight change (5%)**
- Insomnia/hypersomnia**
- Psychomotor retardation/ agitation**
- Fatigue or loss of energy**
- Memory/concentration problems**
- Worthlessness/guilt**
- Thoughts of suicide**
- Frequent thoughts of death**
- Functional impairment**
- Rule out other causes**
 - **medical condition**
 - **medication**
 - **alcohol/illicit drugs**
 - **bereavement**

What's Unique to Depression and HIV?

- ❑ Symptoms of depression are also physical symptoms of HIV (e.g., weight loss, low energy)
- ❑ Depressed mood can be triggered by HIV-related psychological stressors (e.g., grief)
- ❑ Symptoms may have biological cause (e.g., hypothyroidism)
- ❑ Psychomotor retardation or apathy of HIV dementia may be confused with depression
- ❑ Symptoms can be first sign of HIV Neurocognitive Disorder
- ❑ Symptoms may be due to substance use (e.g., alcohol & sedative-hypnotics)
- ❑ Symptoms may be side effects of medications (e.g., HCV)

Anxiety Disorders - Clinical Features

- ❑ Broad spectrum of symptoms, ranging from mild to pronounced**
- ❑ Mild symptoms may include stress, worry or fear (e.g., anxiety about HIV test)**
- ❑ More pronounced symptoms can include catastrophic thinking and panic symptoms - breathing problems, chest palpitations, muscle tension, nausea, headache, dizziness, etc.**

Anxiety Disorders:

PTSD

- Symptoms must be associated with a specific traumatic event**
- Re-experiencing must be persistent and intrusive**
- Avoidance of stimulus, thoughts, and associations**
- Feelings of isolation and numbing**
- Recurrent intrusive flashbacks**
- Nightmares**
- Reliving experience**
- Intense distress to cues**
- Hyperarousal**
 - Disrupted sleep**
 - Anger outbursts**
 - Poor concentration**
 - Hypervigilance**
- Duration = one month**

What's Unique to Anxiety and HIV?

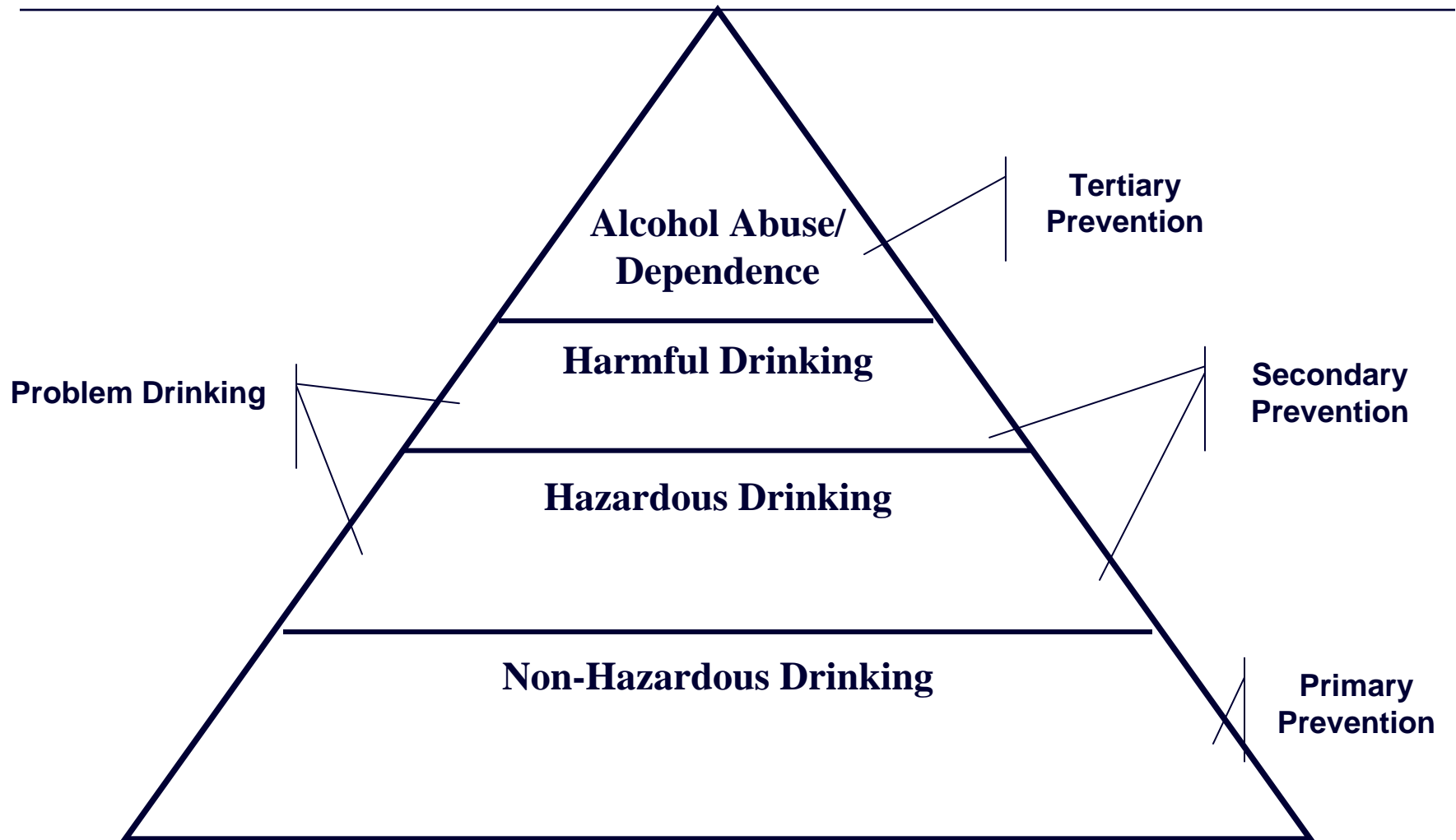
- ❑ **Pivotal points of living with HIV**
- ❑ **PTSD symptoms may precede or be the result of the HIV diagnosis or be due to harm caused by others in response to HIV status**
- ❑ **Anxiety can be a side effect of medication**
- ❑ **Anxiety can be a symptom of HIV illness**
- ❑ **Anxiety symptoms can indicate drug intoxication or withdrawal**
- ❑ **Anxiety can indicate CNS lesions**



Alcohol /Substance Abuse Disorders

- ❑ A maladaptive pattern of alcohol or substance use leading to clinically significant impairment or distress**
- ❑ Significant behavior or psychological changes associated with intoxication (e.g., cognitive impairment, mood lability)**
- ❑ Clinically significant distress or impairment associated with withdrawal**

Spectrum of Alcohol Problems



What's Unique to Alcohol Abuse and HIV?

- ❑ **Alcohol abuse complicates the clinical management of HIV-infected patients by:**
 - **Delaying or interfering with needed treatment**
 - **Causing cognitive and behavioral impairment**
 - **Reducing ability to practice safer sex**
 - **Mimicking psychiatric and biologic disorders**
 - **Increasing the risk of side effects from medications**
 - **Changing pharmacokinetics of prescribed drugs**
 - **Increasing risk of hepatic injury or fatal pancreatitis**
 - **Destabilizing psychosocial supports**

Adherence of the Triply Diagnosed Person

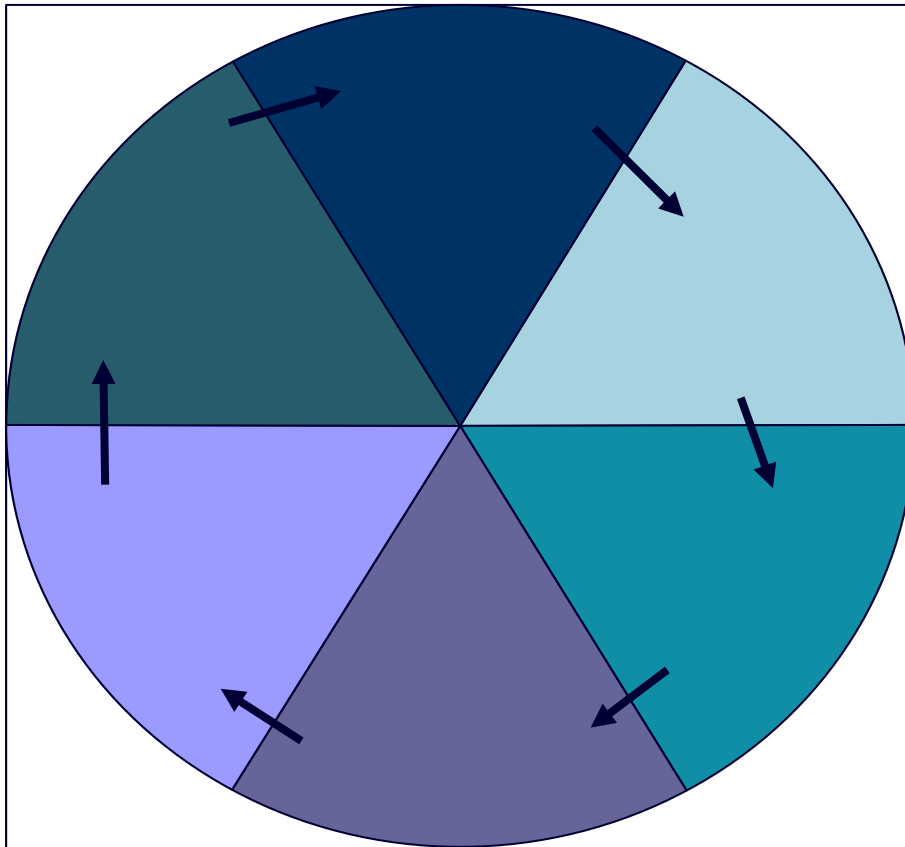
- ❑ **Substance use, depression, and other mental illnesses can undermine adherence - Treat these disorders!**
- ❑ **Most common referral question related to adherence is to rule out a psychiatric disorder-
emotional/behavior/cognitive/substance/environment**
- ❑ **Consider adherence support factors:**
 - **Creating stable life conditions**
 - **Patient's readiness to adhere to HIV care**
 - **Individual/peer/family/spiritual support**
 - **Balancing harm reduction approaches with sensible limit-setting**

Treatment of the Triply diagnosed

- ❑ Treatment is extremely complex
- ❑ Appreciate the whole person!
- ❑ Integrated care is the best treatment option
- ❑ Share the work with a TEAM



Creating Stable Change: Transtheoretical Model*



- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse & Recycle

* Prochaska & Diclemente (1984)

Patient-Provider Communication as a Collaborative Process

- ❑ **Build trust**
 - Get to know your patients - ask about their treatment goals
 - Be explicit about how you intend to provide treatment for the patient
 - Be consistent and respectful
 - Meet the patient “where they’re at”
- ❑ **Avoid shaming the patient in any way**
 - Address ongoing drug use or relapse in a non-punitive fashion
 - Avoid judgmental and stigmatizing language (“Drug Abuser”)
- ❑ **Provide positive feedback**
 - Improved clinical results when applicable
 - Adoption of healthful behaviors
 - Elimination or reduction of less healthful behaviors

Lessons Learned

- ❑ **Triply diagnosed persons can be very complicated medically and psychiatrically**
- ❑ **Need a team oriented and multidisciplinary approach:**
 - **Medical**
 - **Mental health and psychiatry**
 - **Substance abuse treatment**
 - **Case management**
 - **Outreach and/or home-based services**
- ❑ **Interventions need to be individualized**
- ❑ **“One-Stop Shopping” is the best option**
- ❑ **Communication is the key to success!**



Final Thought

HIV Does

Not Discriminate

People Do!



“I’m looking for a workaholic who feels the great job he does is compensation enough.”



"I'm looking for a workaholic who feels the great job he does is compensation enough."

Training Topics

- THE TRIPLY DIAGNOSED CLIENT**
- NEUROPSYCHIATRIC ASPECTS OF HIV INFECTION**
- MENTAL HEALTH ISSUES FOR HIV/AIDS CLIENTS**
- HIV PREVENTION STRATEGIES**
- HIV AND POST-TRAUMATIC STRESS DISORDER**
- RECOGNIZING PERSONALITY DISORDERS AND HOW THEY CAN AFFECT HIV CAREGIVING**
- LEGAL/POLICY ASPECTS OF CARING FOR PEOPLE IN THE AIDS EPIDEMIC**
- MOTIVATIONAL INTERVIEWING WITH HIV CLIENTS**
- HIV AND CHILDREN/ADOLESCENTS**
- WORKING WITH SPECIAL POPULATIONS**
- SPECIAL TOPICS**
- ASK A PSYCHIATRIST**

Contact Information

- ❑ **To schedule a Psychiatric Consultation please contact James Satriano, PhD, at**
 - SATRIAN@PI.CPMC.COLUMBIA.EDU
 - 212/543-5591
- ❑ **To schedule a Training Activity, please contact Dusty Hackler, MA, at**
 - DRA2107@COLUMBIA.EDU
 - 212/543-6537
- ❑ **Visit us on the web at:**
 - www.columbia.edu/~fc15/

