PSYCHOPHARMACOLOGICAL TREATMENT OF PATIENTS WITH HIV AND AIDS

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Psychopharmacological treatment of patients with HIV/AIDS is an important aspect of managing distress and enhancing quality of life. This article reviews the psychopharmacological management of depression, anxiety, mania, and psychosis in the context of HIV/AIDS, with a discussion of psychotropic–antiretroviral drug interactions. While psychopharmacological management of HIV/AIDS patients may be complex, there is a substantial amount of clinical and research information describing both conventional and novel approaches that are safe and effective.

KEY WORDS: HIV; AIDS; psychopharmacology; drug interactions.

INTRODUCTION

Knowledge of psychopharmacology is critical to the management of patients with HIV infection, due to the prevalence of premorbid psychopathology and substance abuse, HIV-associated neurocognitive...
disorders and somatic symptoms such as pain and fatigue that seriously impact quality of life. However, the psychopharmacological management of HIV-infected patients is complicated by numerous factors, including broad differential diagnosis of psychiatric symptoms, the potential for adverse effects to increase somatic distress, the possibility for drug interactions with HIV medications, abuse liability and lethality in overdose. Despite these potential complications, the preponderance of clinical and research data indicate that there is a much greater risk of underdiagnosing and undertreating psychiatric disorders in patients with HIV than of causing morbidity from psychopharmacological treatment.

This article will review the psychopharmacological management of the most commonly encountered psychiatric symptoms and disorders—depression, anxiety, mania and psychosis—and concludes with a discussion of psychotropic-antiretroviral drug interactions. It is not possible to adequately cover the pharmacotherapy of HIV-associated neurocognitive disorders, somatic symptoms (i.e., pain, fatigue, sexual dysfunction) and substance abuse, so the reader is referred to reviews of these specific topics and the American Psychiatric association Practice Guidelines for the Treatment of Patients With HIV/AIDS (1).

Depression

Depression is the most common psychiatric disorder for which HIV-positive individuals seek treatment. The prevalence of current major depression in HIV infection, in studies utilizing structured diagnostic interviews, ranges from 4 to 14%, depending on the setting and risk group studied, however exceeds 50% in those seeking psychiatric treatment (1). The diagnosis and psychopharmacological treatment of depression in HIV infection may be complicated by the somatic symptoms common to both disorders. These include fatigue, appetite loss, sleep disturbance and difficulty with attention/concentration.

Fortunately, a substantial number of open label and double-blind clinical trials of antidepressant treatment of depression in HIV have been conducted. In interpreting these studies, it is important to keep several issues in mind: studies have over-represented gay/bisexual males and under-represented women and intravenous drug users; inclusion and outcome criteria for clinical response have varied; stage of HIV illness has varied; duration has ranged from four weeks to one year; attrition rates have been high; and finally, there is often high placebo response rate of up to 50 percent, probably due to transient illness-related depressive symptoms experienced by persons with HIV.