Mental Health: Screening and Referral

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Presenter Info and Disclosures

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- Adam Metcalf has nothing to disclose
Learning Objectives

Participants will be able to:

1. Recognize rationale for screening for mental health disorders in the HIV/HCV setting.
2. Describe and Demonstrate use of the MOCA and Lawton IADLs for screening for HAND.
3. Describe use of PHQ-9, GAD-7, and PC-PTSD screening tools.
4. Identify solutions for challenges related to referral.

Why Screen?

**Recognition:**
- Depression is a common problem seen in primary care setting but physicians recognize the disorder in only half of their depressed patients.
- Somatic presentation and lack of time are some of the most cited explanations.

**Adherence:**
- Untreated mental health disorders impact adherence to HAART.
- Depression, generalized anxiety, and panic disorders more likely to cause non-adherence.

-Perez-Stable et al, 1990; Cepoiu et al, 2008
-Tucker et al, 2003, analysis of data from 1996-98 HIV Costs and Services Utilization Study which interviewed 2864 adults engaged in care
Transmission Risk

- MSM: alcohol and/or drug use before sex and depression are independent predictors of contracting HIV.

- HIV transmission risk increased with IV drug use.

- Strong evidence that depression, young age, sildenafil use predict transmission rates in HIV positive males. Moderate evidence for alcohol.

Rates of Depression in PLW HIV

- Meta-analysis: Compared to HIV-negative control:
  - 8.1% prevalence vs. 5.2% in HIV-negative group
  - Highly significant relationship between HIV and MDD
  - No association between stage of HIV infection and rates of depression

- Convenience Study of 1216 patients in 2 HIV primary care clinics administered PHQ-9:
  - 21.3% prevalence of patients with moderate to severe depression symptom scores on PHQ-9
  - 14% indicated suicidal ideation, 2.7% nearly every day (33 Pts.)
  - Risk for suicidal ideation associated with increasing severity of depression and active substance abuse


Ceisla & Roberts, 2001; Lawrence et al, 2010
PHQ-9 Tool

Administration & Scoring

- Self-Administered
- Scoring:
  - Sub-clinical to Mild: 5-9
  - Mild to Moderate: 10-19
  - Severe: 20+
- May use touch screen tablets with coded entry\(^1\)
- Social desirability bias may be decreased
- SI of “nearly every day” triggers automated page to designated personal for further suicide risk assessment.

\(^1\)Lawrence et al, 2010
Positive PHQ-9 Screen

- Discuss past episodes of depression and treatment received
- Follow-up with re-administration to track progress

Education on Depression

- Major Depressive Disorder and treatment options
- Basic mental health ingredients:
  - Sleep hygiene, avoidance of substances, exercise, nutrition, morning light (or light box therapy), behavioral activation
- May include family and/or significant others in the treatment process
- Warning signs of suicide, suicide safety planning
Medication Side Effects

- Sexual side-effects:
  - Monitor with the ASEX (Arizona Sexual Experiences Scale)
  - The most common sexual side-effects are decreased libido and delayed orgasm.
  - Evidence suggests that 50% of patients with sexual side effects from SSRI treatment will experience an improvement if bupropion is added. Another option is to add sildenafil, even in females.

Rates of Anxiety in PLW HIV

- 25% of patients in an urban HIV primary care clinic reported generalized anxiety symptoms
- Younger, unemployed, and less educated individuals are more likely to express more severe anxiety symptoms
- Patients not receiving ART more likely to experience severe anxiety symptoms
- Higher levels of anxiety are associated with less adherence, higher viral loads and lower CD4 counts

Shacham et al. 2012
GAD-7 Administration and Scoring

- Self-administered
- Further assessment needed to rule out panic disorder, social anxiety and PTSD
- Increasing scores strongly associated with impairment:
  - ≥5: mild
  - ≥10: moderate
  - ≥15: severe
PTSD and HIV

- Convenience samples show PTSD rates greater than 50% in some HIV positive populations.
- 1/3 of those with PTSD and HIV may have a co-occurring substance use disorder which further impacts adherence.
- PLWHIV, especially women, with PTSD may have a more rapid deterioration of health, including CD4 count.

PC-PTSD

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

1. Have had nightmares about it or thought about it when you did not want to?  □ No  □ Yes
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?  □ No  □ Yes
3. Were constantly on guard, watchful, or easily startled?  □ No  □ Yes
4. Felt numb or detached from others, activities, or your surroundings?  □ No  □ Yes

Positive Screen = 3/4 Yes
Cognitive Disorders (HAND)

- Associated with unemployment, disability, reduced antiretroviral adherence and increased mortality
- HAND is found in up to 50% of patients on HAART
- Associated with low nadir CD4
- Risk of impairment lowest for those that start ART before their CD4 drops to a low level
- Important to identify HIV-seropositive patients early in the course of their illness and encourage ART use to prevent later complications

MOCA

- Validated for use in assessing HAND
- Active drug use, depression, unemployment, low education level and associated comorbidities can also affect cognition
- <26 should be referred for evaluation by a neuropsychologist and an MRI
- http://www.mocatest.org
## ADLs

- Impairment in Activities of Daily Living can be a sign of worsening cognitive disorders and need for assistance.
Referral

- Possible referrals include:
  - Counseling/psychotherapy
  - PCP or Psychiatrist for Rx of psychotropic medication
  - Neuropsychological evaluation and MRI
  - Acupuncture
  - Personal care assistance
  - Transportation assistance (e.g., Sun Van)

- Offer a community resource list.
- Offer crisis hotlines.

- Develop protocols for suicide risk assessment and intervention. Include crisis safety planning.
Referral Recommendations

- Develop script on how to discuss a positive screen
- Make sure the patient knows what they are being referred for and to whom
- Collaborate with the provider you are referring to and send a documented referral
- Follow-up with patient and provider

Referral

What are challenges you face with referral?
References

- ECHO Unipolar Depression Management Protocol:
References

