

## Psychiatric aspects of HIV

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In this module we have addressed the following topics:

- **the medical background to HIV/AIDS with particular reference to the history of HIV infection, its epidemiology, mode of transmission and clinical features**

Transmission through heterosexual intercourse is now replacing homosexual transmission of HIV infection as the commonest mode of infection.

We summarised the laboratory investigations which are routinely used to diagnose the infection, to assess its severity and to monitor response to treatment.

We also described the various measures which can be taken to reduce transmission, including advice on safe sex, not sharing needles for IV drug use, testing of blood products, avoidance on needlestick injuries and antenatal testing of pregnant women.

- **the antiretroviral drugs which are used in treatment**

Several have psychiatric side-effects, which we have listed. Efavirenz appears to be the drug most commonly associated with psychiatric side-effects.

- **the prevalence of psychiatric disorders in patients with HIV/AIDS, their predisposing factors and the individual disorders which are seen in clinical practice**

Adjustment disorders, depression and anxiety disorders are the commonest conditions.

- **the neuropsychiatric disorders which are well-recognised complications of HIV/AIDS**

We have listed the diagnostic criteria for HIV-associated minor motor and cognitive disorder and HIV-associated dementia. No specific treatment is currently available for HIV dementia.

- **the provision of psychiatric services for people with HIV/AIDS.**

We have reviewed the psychotropic drugs which can be used for treating specific psychiatric disorders and the role of psychological treatments.

Ideally a multidisciplinary team should be available to manage the psychiatric disorders which complicate treatment of HIV/AIDS.

## Reflection questions

**(1.6) Reflection:** What do you know about the epidemiology of HIV? Think about the following questions:

- In which countries is it most prevalent?
- What numbers of people are infected globally?
- In which population groups is it most prevalent?
- What are the numbers of deaths from HIV in the UK each year?

**(1.12) Reflection:** Think about the patients you have seen with AIDS in your clinical practice. What clinical features and/or AIDS defining conditions have they presented with?

**(2.4) Reflection:** What psychiatric effects of antiretrovirals might be reported? Make a list of the symptoms you might expect. If one of your patients were experiencing psychiatric effects from antiretroviral drugs what might you do as their clinician?

**(3.5) Reflection:** Think about some of the predisposing, precipitating or maintaining factors associated with psychiatric morbidity in patients infected with HIV. Divide these into biological, psychological and social.

**(3.8) Reflection:** Think about the HIV patients you may have seen with specific psychiatric disorders such as:

- adjustment disorder
- depressive disorders
- anxiety disorders
- mania
- psychotic disorders.

As you work through the following pages, consider how your experiences and the patients' case histories compare with the information provided here.

**(5.4) Reflection:** Think about psychotropic medication you may have prescribed to HIV patients. What precautions did you (or would you) consider in view of their HIV infection?

## Links to tables

[\(1.5\) Table 1: AIDS-defining conditions](#)

[\(1.11\) Table 2: Natural history](#)

[\(2.2\) Table 3: Classification of antiretrovirals](#)

[\(2.6\) Table 4: Psychiatric effects of antiretrovirals](#)

[\(3.6\) Table 5: Predisposing factors](#)

[\(4.3\) Table 6: Diagnostic criteria for HIV-associated minor cognitive and motor disorder](#)

[\(4.4\) Table 7: Diagnostic criteria for HIV-associated dementia](#)

[\(5.7\) Table 8: Biological treatment](#)

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