Trouble in Mind

Helping HIVers with mental or emotional issues: Treat creatively, and keep it under one roof.

December 1, 2004 By Carmen Retzlaff

Living with HIV is hard enough—but add cognitive or emotional disorders, and your days can be truly lousy. Such folks in Rochester, New York, find help at the AIDS Community Health Center, with social workers; a dietitian; and medical, mentalhealth and chemical-dependency staff all on one floor. That way, says ACHC medical director Michael Christie, MD, HIVers with multiple diagnoses, like brain damage and schizophrenia, needn't tackle a maze of buses and elevators to get from one appointment to the next—and they get help from a full-time treatment-adherence team.

Christie says it's crucial to "meet people where they are and match our resources to [their] needs." This includes visiting HIVers who've moved from group homes into individual apartments to help them take their meds ("without making them feel they're being treated like children," he adds). It also requires a generous dose of outside-the-box thinking: "The reality is [we have to] deal with everything at once," Christie says. "So we use a kind of risk-reduction model—frequently making it up as we go."

You might expect Christie to avoid prescribing Sustiva (efavirenz) to this group of HIVers, because of its psychotropic side effects—from "vivid dreams" to depression. But he says it's often a good choice because it can be dosed once daily, helping with adherence. Christie makes it work by "close monitoring"—arranging regular phone calls from doctors to Sustiva-takers, sticking close by while they go through the (often temporary) complications.

Flexibility counts. "We consider variations in the standard or ideal treatment," says Christie. "We might be willing to settle for [meds taken] five days out of seven, knowing that on the weekend when someone is not handing them a pill, they won't get it." He adds, "I'm willing to settle for detectable [viral loads] rather than seeing the person end up in the ICU." Now, that's reality HIV.

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