

# Do Antidepressants Work in People With HIV? A Foggy Picture Emerges

Researchers combed through relevant research and were not able to draw strong conclusions about the effectiveness of antidepressants.

May 18, 2018 By [Benjamin Ryan](#)

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Available research does not make a strong case for the effectiveness of antidepressants among people with HIV.

Publishing their findings in the Cochrane Database of Systematic Review, researchers searched for studies of adults living with HIV that compared antidepressant treatment with a placebo or another class of antidepressants. All told, they included 10 studies with 709 participants.

Eight of these studies were conducted in high-income nations (the United States and Italy), seven were conducted before 2000 and seven had predominantly men as participants. Seven of the studies pitted antidepressants against a placebo, two compared different antidepressant classes and one had three arms, including a placebo arm and two arms of different antidepressant classes.

When measuring depression according to a continuous scale known as the Hamilton Depression Rating Scale, antidepressants were moderately better than a placebo, resulting in a 41 percent average greater reduction in depression. This is according to six studies including 357 participants, research that produced what was considered low-quality evidence.

There was no evidence that antidepressants improved depression compared with a placebo when considered on an either/or scale according to the HAM-D scoring system or the Clinical Global Impression of Improvement scoring system. The HAM-D-based finding was based on five studies with 434 participants, research of low-quality evidence. The second was based on four studies with 346 participants, research of low-quality evidence.

The study authors were unable to determine whether there was a difference in the proportion of participants experiencing adverse health events based on whether they took an antidepressant or a placebo. That said, those taking the serotonin reuptake inhibitor (SSRI) class of antidepressants did report higher rates of sexual dysfunction, and those taking tricyclic antidepressants had higher rates of dry mouth and constipation. None of the participants in any study experienced grade 3 or 4 adverse health events.

There was no evidence that antidepressants were linked to differences in CD4 count. None of the studies reported data on viral load.

The study authors concluded that antidepressant treatment might be more beneficial than a placebo in treating depression among people with HIV (PLWH). “The low quality of the evidence contributing to this assessment and the lack of studies representing PLWH from generalized epidemics in low- to middle-income countries make the relevance of these finding in today’s context limited,” they wrote.

To read the study abstract, [click here](#).

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