Depression Is Common, Often Undertreated, in People With HIV

Drug users, especially if they have panic symptoms, are the most likely to be depressed and least likely to be treated.

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The HIV population has a high rate of depression along with significant gaps in psychiatric treatment for the condition. Those currently using drugs, in particular if they have panic symptoms, are the most likely to be depressed but the least likely to be treated for the mental illness.

Publishing their findings in AIDS and Behavior, researchers analyzed data on 12,776 HIV-positive members of the Center for AIDS Research Network of Integrated Clinical Systems observational clinical cohort. The study members had completed at least one assessment of depression and panic symptoms as well as drug and alcohol use.

The study relied on the PHQ-9 scoring system to determine depression; a score of at least 10 was considered indicative of probable major depressive disorder. If individuals were on treatment for depression and had a score of less than 5, their depression was considered to have gone into remission. The study members were considered to have an indication for antidepressant treatment if they had a PHQ-9 score of 10 or above or were currently taking antidepressants.

Twenty-three percent of the cohort had probable major depression and 19 percent were taking antidepressants. Thirteen percent had full panic symptoms, 17 percent were classified as having high-risk alcohol use and 16 percent reported currently using drugs.

Among those with an indication for depression treatment, 29 percent had evidence of panic symptoms, 18 percent had high-risk alcohol use and 21 percent reported currently using drugs.

A total of 34.7 percent of the cohort had an indication for depression treatment, 55.3 percent of whom were receiving antidepressants. Of those receiving antidepressants, 33 percent had evidence that their depression was in remission.

Looking at a subsample of 5,484 people for whom there were data on the dosing of antidepressants, the study authors found that among those receiving such medications who had a PHQ-9 score that justified a dosing adjustment, only 8.8 percent had received such an adjustment

within 30 days.

A total of 45.8 percent of current drug users and 75 percent of those reporting symptoms of panic disorder had an indication for antidepressant treatment. And yet, despite these being the two groups with the highest rates of having such an indication, they were the least likely to receive antidepressant treatment; a respective 47.6 percent and 50.8 percent of the drug users and those with panic symptoms received antidepressants in concordance with an indication for such medications. These two groups were also the least likely to have evidence of depression going into remission while on antidepressants; among those receiving antidepressants, a respective 22.3 percent and 7.3 percent of drug users and those with panic symptoms had depression that had gone into remission.

After adjusting the data for various factors, the researchers found that drug use and panic symptoms were each independently associated with poorer outcomes along the continuum of depression treatment, or treatment cascade, charted in this study. Such an association was even starker among those using drugs who also had symptoms of panic disorder.

“Achieving improvements in the depression treatment cascade will likely require attention to substance use and psychiatric comorbidities,” the study authors concluded. (Comorbidities are conditions that individuals have in addition to another condition, which in this context refers to having any psychiatric conditions in addition to living with HIV.)

To read the study abstract, click here.

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