HIV and Mental Health

Psychotherapy and medications can help manage anxiety and depression.

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Many people living with HIV experience anxiety or depression—either temporary or long-term—but you can take steps to ease your mind and elevate your mood.

While occasional worry and sadness are normal, living with HIV can lead to persistent changes in mental well-being. Fear of worsening illness or death, loss of loved ones, survivor's guilt, concerns about disclosure, worry about transmitting the virus, stigma, financial stress, chronic pain and difficulty performing daily activities can all contribute to anxiety and depression.

Anxiety can range from mild apprehension to a disabling sense of dread that interferes with daily life. Depression, likewise, can range from feeling down to persistent depressive disorder (dysthymia) to more severe major depressive disorder. Clinical depression is distinct from temporary grief related to an event such as the death of a loved one.

People living with chronic illnesses—including HIV—are more likely to experience anxiety and depression compared with the general population. Feelings of hopelessness or low self-esteem can lead to poor treatment adherence and worse disease outcomes. What's more, some people with anxiety or depression seek relief through excessive use of alcohol, recreational drugs or risky sex, which can have detrimental effects on mental and overall health.

On the other hand, starting anti-retroviral treatment, achieving good adherence and maintaining an undetectable viral load can help alleviate concerns about disease progression and HIV transmission.

Symptoms of anxiety may include restlessness or agitation, a racing heart, chest pain, muscle tension, difficulty concentrating and trouble falling or staying asleep. Symptoms of depression can include irritability, inability to find pleasure in most activities, loss of interest in sex, changes in appetite, fatigue, brain fog, insomnia and recurrent thoughts about death or suicide.

If you’re experiencing persistent anxiety or depression, it may be time to seek help. Start by talking with your primary care provider or HIV doctor. You may be referred to a psychiatrist, psychologist, clinical social worker or other mental health specialist.

Diagnosing anxiety or depression involves ruling out physical problems that can affect mood—for example, a low testosterone level or an underactive thyroid gland. Uncontrolled HIV and opportunistic infections that attack the brain can lead to changes in mood and behavior. Medication side effects may also play a role.

Talking with a psychologist or other trained therapist may be enough to improve your mood. Evidence-based approaches include cognitive behavioral therapy and interpersonal therapy. Many people find group therapy or peer support groups to be helpful.

Various medications are used to treat anxiety and depression. These conditions are often related to chemical imbalances in the brain, and many of these drugs affect neurotransmitters that neurons use to communicate.

Antidepressants can take several weeks to start working, and they are not equally effective for everyone. But many people who don’t respond to one drug will do well on another. It may take trial and error to find the right regimen, but in most cases, anxiety and depression can be successfully treated.

Combining talk therapy and medications may offer the best results. Other steps to relieve anxiety and improve your mood include exercise, meditation or prayer, eating a healthy diet, getting enough sleep, engaging in enjoyable activities and spending time with others. Studies show that people with HIV who have little social support are more prone to anxiety and depression, and these, in turn, can worsen social isolation.

If you have thoughts about self-harm or suicide, dial 988 for the national Suicide and Crisis Lifeline, available 24 hours.
