

Psychiatric Symptomatology among Patients with HIV and Hepatitis C – the experience of a Romanian clinic

Background

Depression is considered as one key determinant of health outcomes for patients with chronic infectious diseases such as HIV and hepatitis C. For example, it can influence the patient's ability to adhere with the treatment and various behaviors or it can be associated with engagement in high risk behaviors. Depressive symptomatology can be secondary to biological changes (for example during the interferon based treatment for patients with hepatitis C) or it can be secondary to the psychological impact of being sick. Regardless of its cause, due to its impact on the health outcomes, routinely screening patients for depressive symptoms is recommended by many guidelines and best practices.

Information about the setting: Baylor clinic is situated in Constanta, Romania and it is taking care of approximately 1000 patients with HIV and 300 active cases with hepatitis C. Taking into consideration the above background, our team decided to assess if depressive symptomatology is common among our patients as well. A partnership with a psychiatrist was established, therefore, a psychiatric evaluation would follow the rapid screening and treatment would be instituted if needed.

Objectives

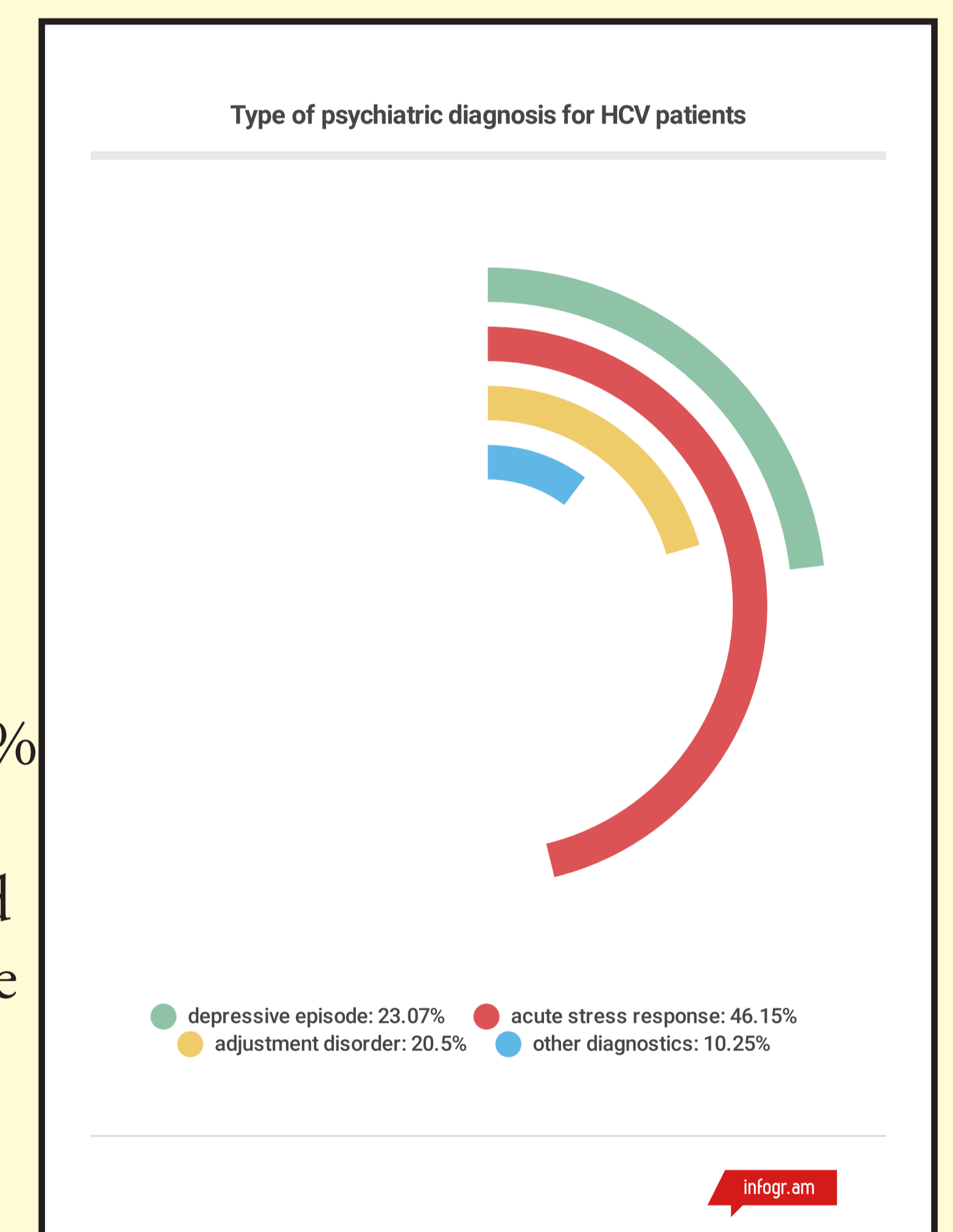
To identify the prevalence of depressive symptomatology among long term survivors living with HIV (PLWHA) and among the patients recently diagnosed with hepatitis C virus (PCHC) enrolled into care at Baylor Clinical Centre during the year 2015; and to assess the need for mental health care services (psychological support, psychiatric care) among those at risk for depression.

Methods

The Hamilton Depression Inventory (HDI), Romanian version was used in order to screen 349 adult PLWHA (average age 26.7 years old) and 128 PCHC (average age 54.5 years old) that were in the care of the clinic psychosocial team at the time of the assessment. Patients were dichotomized on whether they had high HDI scores and needed referral for a psychiatric evaluation or low scores and were not referred.

Results

PLWHA have been in care for an average of 9.8 years, while PCHC were generally new cases (enrolled in average for 2 months). 29% (37) PCHC and 4% PLWHA (13) were referred for further psychiatric evaluation. As a result of the assessment, 12 PCHC were diagnosed with adjustment disorder with depressed mood, or with depressive episode, and received treatment, while 25 PCHC were recommended psychological support; all PLWHA referred were diagnosed with various psychiatric disorders and 10 received medication.



Conclusion

HDI is a convenient screening tool. Mental health screening should be included in standard care procedures. Newly enrolled PCHC might be at higher risk due to both challenges associated with adjustment to a new diagnosis and the linkages reported in the literature about the effect of hepatitis C virus on the brain. PLWHA who had been diagnosed a decade ago have significantly lower rates of depressive symptomatology. A liaison psychiatrist is a valuable addition to the multidisciplinary team that cares for patients with HIV and hepatitis at the Baylor clinic.



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