

Psychiatric Needs Assessment among Lowcountry HIV Patients

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Abstract

Background: PSY disorders are common among HIV pts. We conducted a participant observer PSY needs assessment of our HIV cohort and describe characteristics and treatment approaches among those who engaged in PSY care.

Methods: A Psychiatry and Infectious Diseases collaborative established a nested PSY consultation and assessment process within the outpatient HIV clinic. Two PSY providers participated in the management discussion of pts to determine PSY needs and provide services as desired.

Results: From 7/1/14-5/7/15, PSY providers attended clinic weekly where 199 HIV pts (of an overall cohort of 1095) presented for medical care and participated in the management discussion of 73 (37%). Most were male (67%), AA (60%), >45 yrs old (52%) and had well controlled HIV (64%). 47 (64%) were identified as having a PSY need and 39 (53%) went on to formally engage in PSY care. Of those 39 pts, 54% were evaluated for PSY medical management in the context of complex antiretrovirals and 51% received psychotherapy as well. Psychotherapy included issues of self-acceptance, feelings of isolation within small communities and personal relationship instability as well as cognitive behavioral therapy for specific disorders. Among the 34 pts who did not formally engage in PSY care, 68% had no preexisting PSY disorder and of those who did, they had no acute issue or did not wish to engage in services. There were no differences in age, sex, sexual orientation, or proportion with VL <40 between those who engaged in PSY care and those who didn't but those who engaged in PSY care were significantly more likely to have a preexisting PSY disorder (100 vs 32% p<0.0001) or substance use (56 vs 18% p=0.0007). Significantly fewer AA were among those formally engaged in PSY care compared to those who weren't (49 vs 73% p=0.03) but compared to our entire cohort AA were underrepresented in our sample (70 vs 60% p=0.02).

Conclusion: Even among a cohort of well controlled HIV pts in the Deep South there were substantial PSY needs where among those evaluated 53% went on to formally engage in PSY care. Based on this assessment, we plan to expand our collaboration to reach additional pts with focus on pts with preexisting PSY disorders and substance use. AA were underrepresented among those engaged in PSY care but some of this disparity may be explained by having fewer AA in our sample.

Introduction

- SC ranks 8th in the U.S. for cases of HIV/AIDS¹
- AIDS case rate is 13.7 per 100,000 population²
- In 2013 SC averaged 62 new HIV cases per month²
- Psychiatric disorders are common among HIV patients
- In the Southeastern U.S. 50% of HIV patients had a psychiatric diagnosis in the past year³
 - Mood disorders, anxiety disorders and substance abuse are most common³
- Coexisting psychiatric disorders with HIV often result in worse outcomes³
- Barriers to effective psychiatric treatment exist for HIV patients at our institution
 - Outpatient scheduling
 - Poor patient compliance
 - Complex social situations and co-morbid conditions
 - Provider uncertainty

Methods

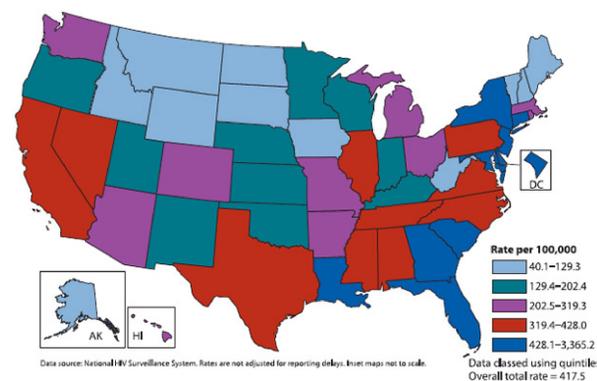
Objective

- Our objective was to conduct a participant observer psychiatric needs assessment of our HIV cohort and describe characteristics and treatment approaches among those who engaged in psychiatric care

Clinical Infrastructure

- One half day per week, a psychiatry resident and supervising faculty member worked in a collaborative team with infectious diseases fellows, faculty, pharmacists, nurses, social workers and counselors nested within the HIV outpatient setting
 - Initially observed HIV providers discussing the clinical assessment and management of HIV patients presenting for care
 - Began participating in management discussions followed by consultation service provision during the outpatient visit
- Patient demographics, HIV associated disease markers and pre-existing psychiatric disorders were recorded for HIV patients
 - These characteristics were compared between those patients who engaged in psychiatric care and those who did not utilizing chi-square analysis (Epi Info 7, Atlanta, GA)

Persons Aged 18–64 Years Living with a Diagnosis of HIV Infection, Year-End 2008—United States²



Map courtesy of www.wildernet.com

Results

Observation and Consultation

- From 7/1/14-5/7/15, psychiatry providers attended clinic weekly where 199 HIV patients (overall cohort of 1095) presented for medical care
- Participated in the management discussion of 73 (37%)
- Most were male (67%), AA (60%), >45 years old (52%) and had well controlled HIV (64%)

Understanding HIV Patient Needs

- 47 (64%) were identified as having a psychiatric need
- 39 (53%) went on to formally engage in psychiatric care
 - 54% were evaluated for psychiatric medical management in the context of complex ART and 51% received psychotherapy
 - Psychotherapy included issues of self-acceptance, feelings of isolation within small communities and personal relationship instability
- 34 patients did not formally engage in psychiatric care
- 68% had no identified psychiatric disorder, no acute issue or did not wish to engage in services

Table 1. Patient Characteristics Among Lowcountry HIV Cohort

	Evaluated Cohort (n=73)	Engaged in Psychiatric Care (n=39)	Did Not Engage in Psychiatric Care (n=34)
Race			
AA	44 (60%)	19 (49%)	25 (73%)
H	4 (5%)	3 (8%)	1 (3%)
C	23 (32%)	16 (41%)	7 (21%)
Asian	2 (3%)	1 (2%)	1 (3%)
Age			
20-24	2 (3%)	1 (2%)	1 (3%)
25-44	33 (45%)	14 (36%)	17 (50%)
>45	38 (52%)	24 (62%)	16 (47%)
Sex			
Male	49 (67%)	26 (67%)	23 (68%)
Female	22 (30%)	13 (33%)	9 (26%)
Transgender	2 (3%)	0	2 (6%)
Sexual Orientation			
Heterosexual	35 (48%)	17 (44%)	18 (53%)
Gay or Bisexual	32 (44%)	19 (49%)	13 (38%)
Unknown	7 (10%)	3 (8%)	4 (12%)
Viral Load			
<40	47 (64%)	28 (72%)	19 (56%)
≥40	26 (36%)	11 (28%)	15 (44%)
CD4 Count			
<200	20 (27%)	9 (23%)	12 (35%)
≥200	53 (73%)	30 (77%)	22 (65%)
Known Psychiatric Disorder			
Yes	47 (64%)	39 (100%)	11 (32%)
No	26 (36%)	0	23 (68%)
Known Substance Abuse			
Yes	28 (38%)	22 (56%)	6 (18%)
No	39 (53%)	17 (44%)	22 (65%)
Unknown	6 (8%)	0	6 (18%)

- Those who engaged in psychiatric care were more likely to have a preexisting psychiatric disorder (100% vs. 32%, p<0.0001) or substance use (56% vs. 18%, p=0.0007)
- Fewer AA were among those engaged in psychiatric care compared to those who weren't (49% vs. 73%, p=0.03)
 - Compared to our entire cohort, AA were underrepresented in our sample (70% vs. 60%, p=0.02), [data not shown]

Conclusions

- Even among a cohort of well controlled HIV pts in the Lowcountry there were substantial psychiatric needs
- Among those evaluated, 53% went on to formally engage in psychiatric care
- Preexisting psychiatric disorders and substance use were characteristics associated with a higher likelihood of patient engagement in psychiatric care
- AA were underrepresented among those engaged in psychiatric care but some of this disparity may be explained by having fewer AA in our sample

Future Plans

- Based on this assessment, we plan to expand our collaboration to reach additional patients with a focus on those with preexisting psychiatric disorders and substance use
 - Additional psychiatric providers
 - Additional clinic days
- Survey providers to continuously improve the clinical infrastructure
- Develop a community engagement outreach network including tele-psychiatry and home visits
- We will follow the clinical course of our patient cohort to understand the effect that appropriate psychiatric referral and care has on disease course, compliance, retention in care, and quality of life

Bibliography

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2. <http://www.cdc.gov/hiv/statistics/basics/geographicdistribution.html>
3. Gaynes *et al.* Prevalence and comorbidity of psychiatric diagnoses based on reference standard in an HIV+ patient population. *Psychosomatic Medicine* 2008;70:505-511

In Memoriam



- We dedicate this presentation to the memory of John Michael Kilby, MD, FACP, FIDSA, who's passion for the advancement of inclusive, nonjudgmental care of HIV patients served as the driving force behind this effort. We will miss your enthusiasm for medicine, your thoughtful mentorship and most of all your friendship.