



HIV MENTAL HEALTH TREATMENT ISSUES

HIV and Anxiety

Feelings of anxiety are a normal healthy response to the diagnosis, onset, or progression of HIV related illness. But it is important to recognize anxiety that signals a clinical disorder. HIV itself does not cause anxiety disorders, but such disorders are not uncommon in people with HIV, and certain medications used to treat HIV can cause anxiety symptoms. Fortunately, anxiety disorders are among the most treatable psychiatric conditions, and respond well to pharmacological and nonpharmacological treatment.

Why is anxiety disorder a concern for people with HIV?

People living with HIV can experience symptoms of anxiety across the spectrum of anxiety disorders. The major types of anxiety disorder are panic disorder and agoraphobia, social phobia and other phobias, obsessive compulsive disorder (OCD), post traumatic stress disorder (PTSD), generalized anxiety disorder (GAD), acute stress disorder and anxiety disorder due to a general medical condition.

Some of these anxiety disorders, for example OCD, will occur in people with HIV no more frequently than in the general population. Other disorders, including PTSD, can be prompted or exacerbated by the experience of HIV, especially when there is already an underlying proclivity toward the disorder.

At key moments in the experience of HIV illness, anxiety disorders can seem to flare up. Those moments, or “milestones” include the initial diagnosis of HIV, a first opportunistic infection, a declining CD 4 count and other signals of the onset or progression of an AIDS defining illness. A person with HIV will be helped significantly if those milestones can be recognized as emotional triggers for anxiety.

How common is anxiety disorder among people with HIV?

Anxiety disorders among people who are HIV positive range from 2% - 40%. The reasons for this very broad range have to do with differences about how that information is collected, but as HIV related illnesses become more advanced, and people with HIV disease tend to live longer, rates of anxiety disorders seem to increase.

Which patients are at risk for anxiety disorders?

When a person with HIV does not have strong social support and good coping strategies, anxiety disorders are a serious concern. People with a history of abuse—physical, sexual, emotional— have an increased likelihood of an anxiety disorder. People who have unresolved grief – whatever the source -- should be screened for anxiety. A history of anxiety disorders either in the patient or his family is also a serious risk factor.

How are anxiety disorders diagnosed?

A person with HIV who appears to have symptoms of an anxiety disorder should be given a thorough medical evaluation. That should include taking a history of anxiety symptoms to determine onset, frequency, and severity. The interviewing clinician should ask about stressful life events, family history, drug and alcohol use (past and present) and any medications the patient is taking.

A complete diagnostic evaluation includes tests of thyroid, liver, and kidney functioning, and an evaluation for other psychiatric disorders that are associated with comorbid anxiety (e.g. depression).

Certain neuropsychiatric disorders that are common in people with HIV must be ruled out before diagnosing anxiety. In particular, HIV associated dementia might include anxiety. Anxiety and agitation also are a common feature



of delirium. It is very important in the case of delirium to treat the delirium and avoid using anti-anxiety medications, which can have serious adverse effects, including paradoxical agitation or anxiety.

A host of general medical conditions are associated with anxiety and must also be ruled out during the diagnostic process. These include fever, dehydration and metabolic complications, CNS opportunistic infections, neurosyphilis, respiratory conditions, endocrinopathies (problems with the endocrine system), cardiovascular disease, and hyperventilation syndrome.

A number of HIV related medications can cause anxiety as a side effect, especially at first. These include Acyclovir, antiretrovirals (e.g., efavirenz), corticosteroids, isoniazid, interferons, interleukin-2, and pentamidine. Anxiety is also a side effect of a variety of medications used for other psychiatric complaints (e.g. depression, delirium). In both cases, the anxiety producing medication should be substituted, and if that is not possible, the anxiety should be treated – preferably with nonpharmacological methods.

There are some important tools available to help in the accurate diagnosis of anxiety disorders. Physicians can use the Structured Clinical Interview for DSM III-R Non-Patient Version –HIV (SCID-NP-HIV), and the Modified Hamilton Anxiety Rating Scale. Both include a focus on anxiety that can be specifically triggered by the experience of living with HIV.

What kind of treatment is appropriate for a person with HIV who is suffering from an anxiety disorder?

There are three different methods used to successfully treat anxiety disorders: pharmacologically, nonpharmacologically, or a combination of both. Each patient's experience of an anxiety disorder is unique and must be treated as such.

Although many anti-anxiety medications are very effective, there are also a number of good nonpharmacological treatments to choose from. In cases

where a patient is suffering from anxiety disorder is already taking a variety of medications, or where there is a concern about potential complications or interactions between medications, a nonpharmacological approach may be preferred.

Medications used to treat anxiety disorders include SSRIs, benzodiazepines (which are used most commonly but which may include withdrawal when treatment is stopped), venlafaxine and buspirone. Other anti-anxiety agents that can be effective include antihistamines, beta-adrenergic blocking agents, neuroleptics, tricyclic antidepressants, as well as gabapentin. If the treating physician does choose to treat anxiety with one of these medications it is important to consider drug-drug interactions and potential side effects.

Nonpharmacological treatments of HIV related anxiety include muscle relaxation, behavioral techniques therapies, acupuncture, meditation techniques, self-hypnosis and individual imagery psychotherapy, cognitive behavioral therapy, psychoeducation, aerobic exercise, and supportive group therapy.

References

- American Psychiatric Association. Practice guideline for the treatment of patients with HIV/AIDS. *AmJPsychiatry* (suppl). 2000. 157(11).
- McDaniel JS, Blalock A: Mood and anxiety disorders. *New Directions for Mental Health Services*. 2000. Number 87.
- McDaniel JS, ed. Psychiatric Aspects of HIV Infection and AIDS. *Psychiatric Annals*. 2001. 31(1).

About this Fact Sheet

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