



Health Concerns

HIV and depression

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What is depression?

Depression is a serious medical condition that affects your thoughts, feelings and ability to function in everyday life. Symptoms may include feelings of sadness, difficulty sleeping, trouble concentrating, sexual dysfunction, irritability, lack of energy and lack of motivation. About 5% to 10% of the general population suffers from depression. Studies have shown that up to 60% of people with HIV/AIDS suffers from some form of depression.

What causes depression?

Depression results from abnormal functioning of the brain. It can be caused by a combination of factors, including:

- genetic factors that affect chemical balance in the brain
- stressful and traumatic life events
- living under the pressure of stigma and discrimination
- side effects of medications, including anti-HIV medications, specifically efavirenz (Sustiva)
- certain physical illnesses/conditions, such as anemia, decreased thyroid function, testosterone deficiency, deficiencies of B-complex vitamins
- substance use

In addition, other factors that increase the risk for depression include:

- being female
- prolonged period of poor physical health
- personal or family history of mental illness, alcohol or other substance abuse
- co-infection of HIV and hepatitis B or C, especially if also taking the drug interferon
- lack of social support
- treatment failure

What are the signs and symptoms of depression?

Symptoms of depression vary from person to person. They also vary in severity. In general, depression is suspected if a person experiences five or more of the symptoms listed below for more than two weeks:

- feeling sad or depressed most of the day
- reduced or loss of interest in almost all activities
- significant changes in weight or appetite
- insomnia (unable to sleep) or hypersomnia (sleeping too much)
- fatigue or loss of energy
- sexual dysfunction



- feeling slow, sluggish, restless and/or agitated
- difficulty concentrating, thinking clearly and making decisions
- feeling guilty, worthless or hopeless
- recurrent thoughts of death or suicide

If you suffer from these symptoms, talk to your doctor or social worker as soon as possible. They may be able to help you find ways to deal with these problems.

How does depression affect the lives of people with HIV/AIDS?

Besides the symptoms that affect people's quality of life, depression has also been associated with the following in people with HIV/AIDS:

- faster disease progression with a faster drop in T-cell counts
- increased problems with adherence to treatment and the subsequent development of treatment failure
- increased unsafe sex and unsafe drug-use practices
- increased mortality or shortened life expectancy
- depression may also be the underlying cause of alcohol and substance use, problems maintaining housing and employment, and difficulties maintaining relationships

What is the treatment for depression?

Treatment for depression may include medications, psychotherapies, counseling, social support and lifestyle changes. A combination of these strategies is often used together in order to address the different physical, mental, emotional and social factors that contribute to depression.

Medications

Some forms of depression responds best to medications. Anti-depressant medications work by regulating the level of certain chemicals in the brain that affect our mood, such as serotonin and norepinephrine. The most commonly used class of antidepressants is called Selective Serotonin Reuptake Inhibitors (SSRIs). Medications from this class include fluoxetine (Prozac), paroxetine (Paxil), fluvoxamine (Luvox), sertraline (Zoloft) and citalopram (Celexa). Side effects from these medications may include temporarily decreased sexual desire or function, headache, insomnia, fatigue, upset stomach, diarrhea and restlessness or anxiety. Another commonly used antidepressant is venlafaxine (Effexor), a drug that affects the level of both serotonin and norepinephrine in the brain. The most common side effects of Effexor include upset stomach, headache, sleepiness or anxiety.

Other commonly used antidepressants include the tricyclic antidepressant medications such as amitriptyline (Elavil) and nortriptyline (Aventyl); complementary therapies such as St. John's wort, and stimulants such as Ritalin. However, all of these treatments for depression can interact with medications used to treat HIV and other related conditions. Ritonavir (in Norvir or Kaletra) and indinavir (Crixivan) have the strongest interaction with most antidepressants.

Psychotherapies

Two types of psychotherapy commonly used for depression are cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT).

- Cognitive-behavioral therapy is a time-limited, structured form of therapy. The “cognitive” part of the therapy helps depressed people learn ways to evaluate their own thinking and beliefs, and to see things in a new and more positive way. The “behavioral” part of the therapy helps depressed people change the activities they do so that their life experiences becomes more fulfilling.
- Interpersonal therapy is another brief and structured form of therapy that typically last less than 16 weeks. It usually focuses on one of four areas that might have contributed to the depression, including: grief about the loss of a loved one; a change in one’s life situation that is difficult to adjust to; ongoing conflicts with important people in one’s life; and the lack of social support from loved ones. The therapy focus on helping people overcome difficulties in one of these areas and /or rebuild relationships with loved ones.

Both types of psychotherapy have been shown to work in helping people recover from depression. There are also other types of psychotherapies available. The depressed person needs to consult his/her health care providers to decide which type is more appropriate for his/her particular situation.

Counseling

Counseling that provides support and focuses on exploring practical solutions is often very helpful for people with depression. The counseling may be provided by other people with HIV (peer based) or by professional or community-based service providers. The role of the counselor is to help the client explore options and come up with solutions and action plans.

Social support and lifestyle changes

Other social and lifestyle factors known to help improve depression include:

- social and emotional support
- stable housing
- adequate income
- good nutrition
- stress-management skills
- regular exercises
- adequate rest/sleep

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