

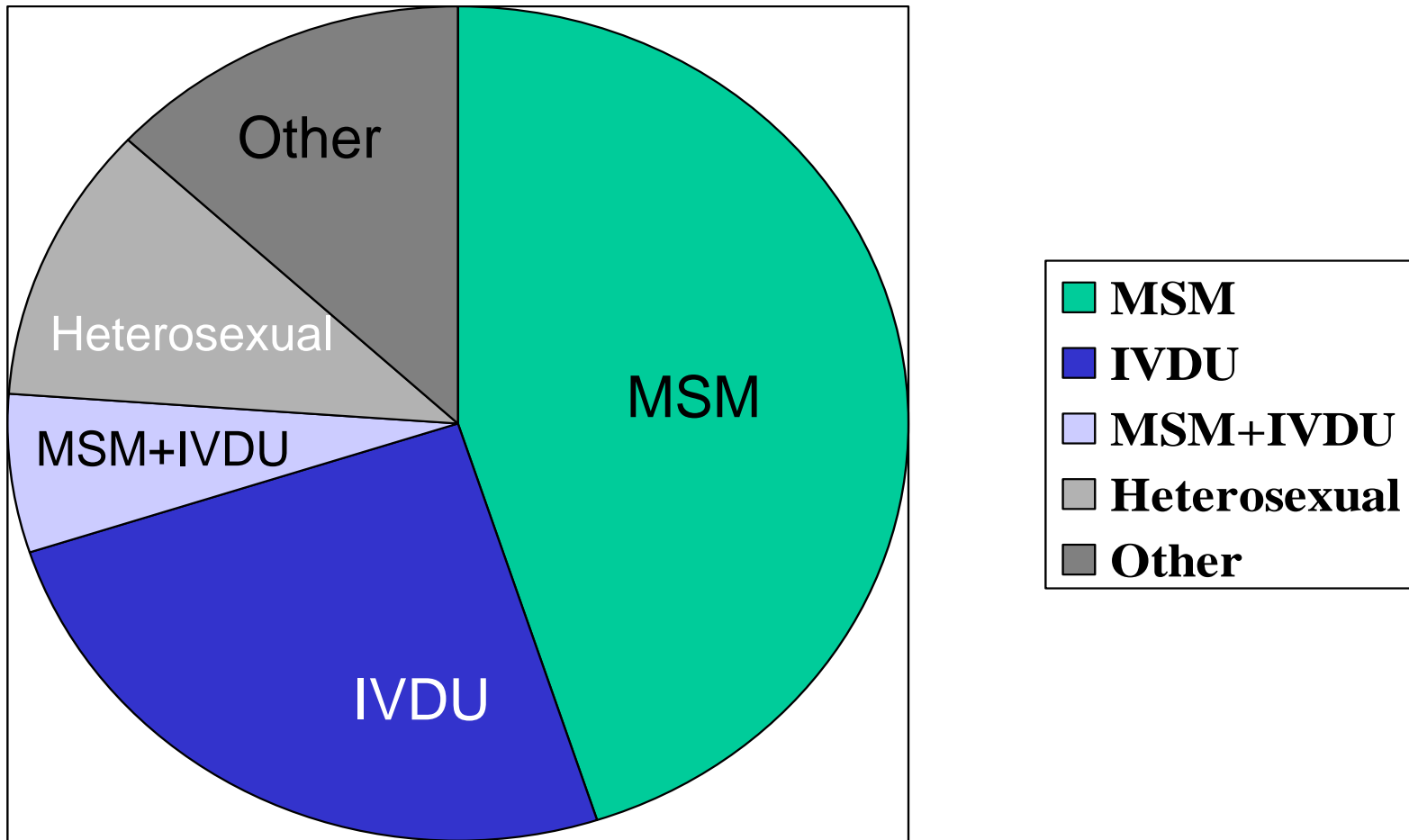
Triple Challenge: MI, SA, HIV

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The New Face of HIV



Psychiatric Diagnoses in Opiate Dependent Patients

<u>Diagnosis</u>	<u>Lifetime</u>	<u>Current</u>
Affective D/O	42 %	24%
Anxiety D/O	27 %	17 %
Alcohol Dep.	58 %	7 %
Axis II D/O	46 %	46 %
Any Axis I	77 %	34 %
Any D/O	84.7%	61.1%

Treatment Challenges: Addiction and MI can

- Impair self-care and compliance with HIV treatment
- Weaken immune system
- Involve drugs (e.g., cocaine) that may speed replication of the HIV virus
- Addicts are suspicious of health care system

Treatment Challenges:

- **Complicate HIV treatment
(interactions between psychiatric medications, illicit drugs and HIV medications)**
- **Complicate pain management**
- **Add more stigma to the lives of people with HIV**

Treatment challenges

- Barriers and challenges – from the system end
 - Systems not integrated
 - Systems often turf back & forth
 - Attitudinal barriers with addicts

Clinical Model of Thought



- Beliefs are based on empirical information
- New information leads to new beliefs
- Constant interplay of information & belief

Spiritual Model of Thought



- Beliefs are based on faith, and do not require empirical information
- Empirical information does not alter beliefs

“Why are you drinking?” demanded the little prince.

“So that I may forget,” replied the tippler.

“Forget what?” inquired the little prince, who already was sorry for him.

“Forget that I am ashamed,” the tippler confessed, hanging his head.

“Ashamed of what?” insisted the little prince, who wanted to help.

“Ashamed of drinking!” The tippler brought his speech to an end, and shut himself up in an impregnable silence.

And the little prince went away puzzled.

“The grown-ups are certainly very, very odd,” he said to himself.

Treatment - multiple needs

- HIV / medical treatment
- Psychiatric treatment
- Addictions treatment
- Pain management
- Social and other interventions

Suicide: Assessment of Ideation

- **Passive vs. active:**
 - Have you ever felt so bad you don't want to be alive?
 - Do you want to be dead?
 - Have you thought about killing yourself?
- **Chronic vs. acute:**
 - Have you ever felt like killing yourself in the past?
 - What did you do about it?
 - Do you always kind of wish you were dead?

Determining Need for Intervention

- **Assessment of threat of harm**
- **Assessment of your own level of comfort with the situation**
- **Duty to warn**

Antidepressants

Most of the newer antidepressants are very safe and effective for people with HIV and / or addiction:

- **Cymbalta (duloxetine)**
- **Prozac (fluoxetine HCl)**
- **Zoloft (sertraline)**
- **Paxil (paroxetine)**
- **Celexa (citalopram hydrobromide)**
- **Effexor (venlafaxine)**
- **Wellbutrin (bupropion HCl)**
- **Remeron (mirtazapine)**

Other antidepressants

- Serzone – AVOID – drug/drug interactions
- TCAs (doxepin, Elavil etc)
 - Potential for drug interactions and side effects
 - Limit to adjunctive use (low dose) for pain / sleep / anxiety

Antipsychotics and Mood Stabilizers

- **Older antipsychotics have increased risk of side effects, particularly irreversible movement disorders (e.g., tardive dyskinesia)**
- **Newer antipsychotics (Zyprexa, Seroquel, Geodon, Risperdal, Abilify) much safer, and used in lots of conditions besides psychosis**

Benzodiazepines

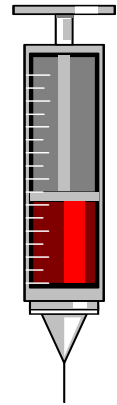
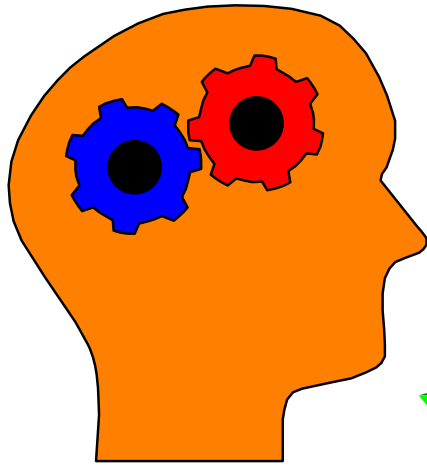
- **MOST people with mental illness do better with a benzo added**
 - **Safest with longer-acting (Valium, Klonopin)**
 - **Avoid Xanax**
- **Benzos are not therapeutic, only palliative**
- **Benzo misuse is a clue to undertreated mental illness**

Pseudoaddiction

- Symptoms are identical to addiction
- Cause is **UNDERTREATMENT**
- Results in bilateral misperception:
 - Patient perceives physician as uncaring
 - Physician perceives patient as dishonest
- Adequate treatment causes symptoms to abate

Broaching the Subject of Substance Use

- **Connect with the symptoms the patient agrees with**
- **Ask about weekend behaviors, as a way of approaching the subject**
- **Address specific behaviors, rather than using labels (e.g., “substance abuse” or “alcoholic”)**
- **Give permission for the truth**



ADDICTION

Addiction -- Diagnostic Criteria

- Tries to cut down or control use, unsuccessfully
- Intoxication and/or withdrawal interferes with normal functioning
- Important activities neglected
- Continued use despite knowledge of consequences

What Is Addiction?



Management of Chronic Disease

Diabetes

Heart

Disease

Addiction

Mental

Illness

- Biology and environment contribute
- Often poor response to behavioral changes alone
- Medication is usually necessary

2002 Traffic Stats

- 6,316,000 police-reported traffic crashes
- 42,815 people killed
- 2,926,000 injured
- \$230.6 billion

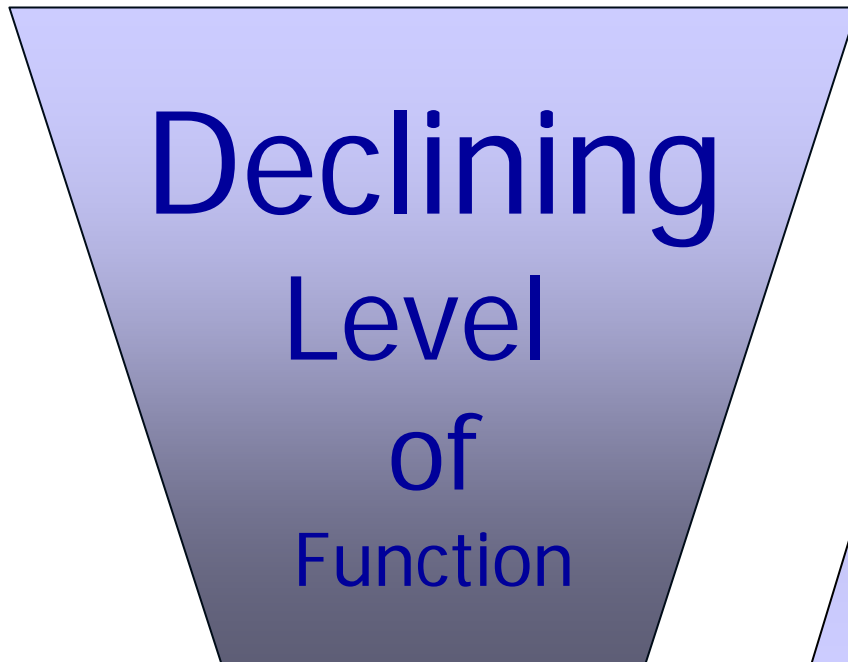
Abstinence

- Gold Standard of Harm Reduction
- Inappropriate goal for most behaviours
- Behavioral change is DIFFICULT, and must be considered a LONG-TERM GOAL

Disease or Treatment?

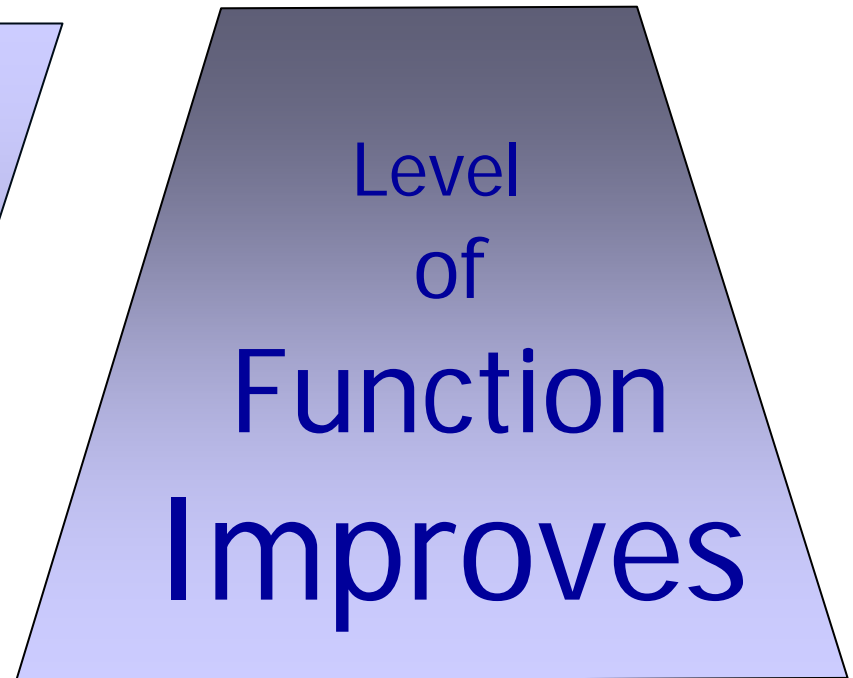
Addiction

"Chemical Dependence"



Medical

Dependence



Methadone Maintenance: HiDose & Comparison Group

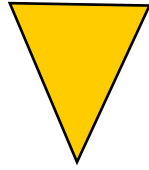
- n = 164
- mean dose 211 mg/d
- (range 120 - 780)
- 106 male; 58 female
- n = 102
- Chosen at random from general population
- mean dose 69 mg/day (range 10 - 100)
- 60 male; 42 female

RESULTS:

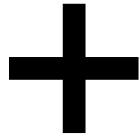
Urine Toxicology

	<u>HiDose</u>		<u>Comparison</u>	
BEFORE	87 %	+	55 %	+
	13 %	-	45 %	-
AFTER	3 %	+	37 %	+
	97 %	-	64 %	-

p < .001



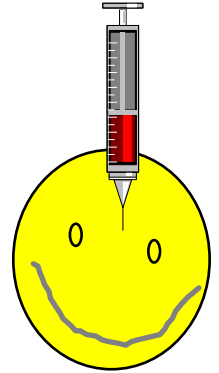
Endorphin



or



Illicit Opiate

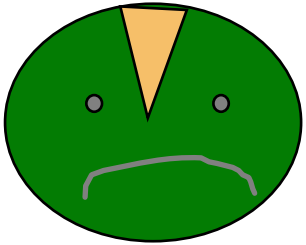
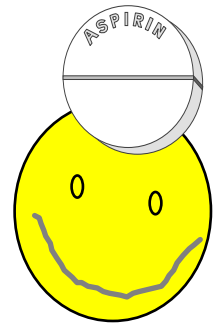


**Stabilized
Opiate
Receptor**

or



Methadone



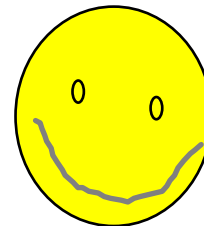
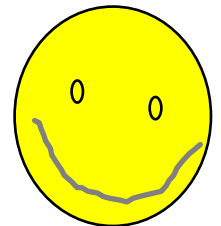
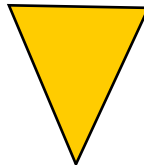
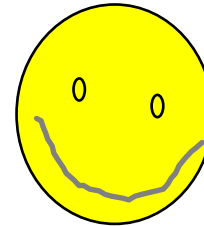
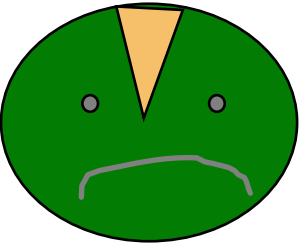
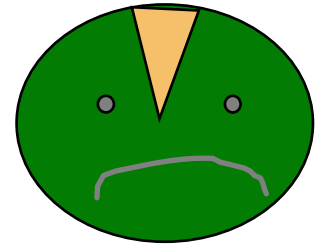
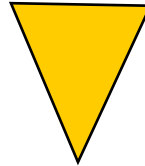
**Empty
Opiate
Receptor**

“Normal” Balance of

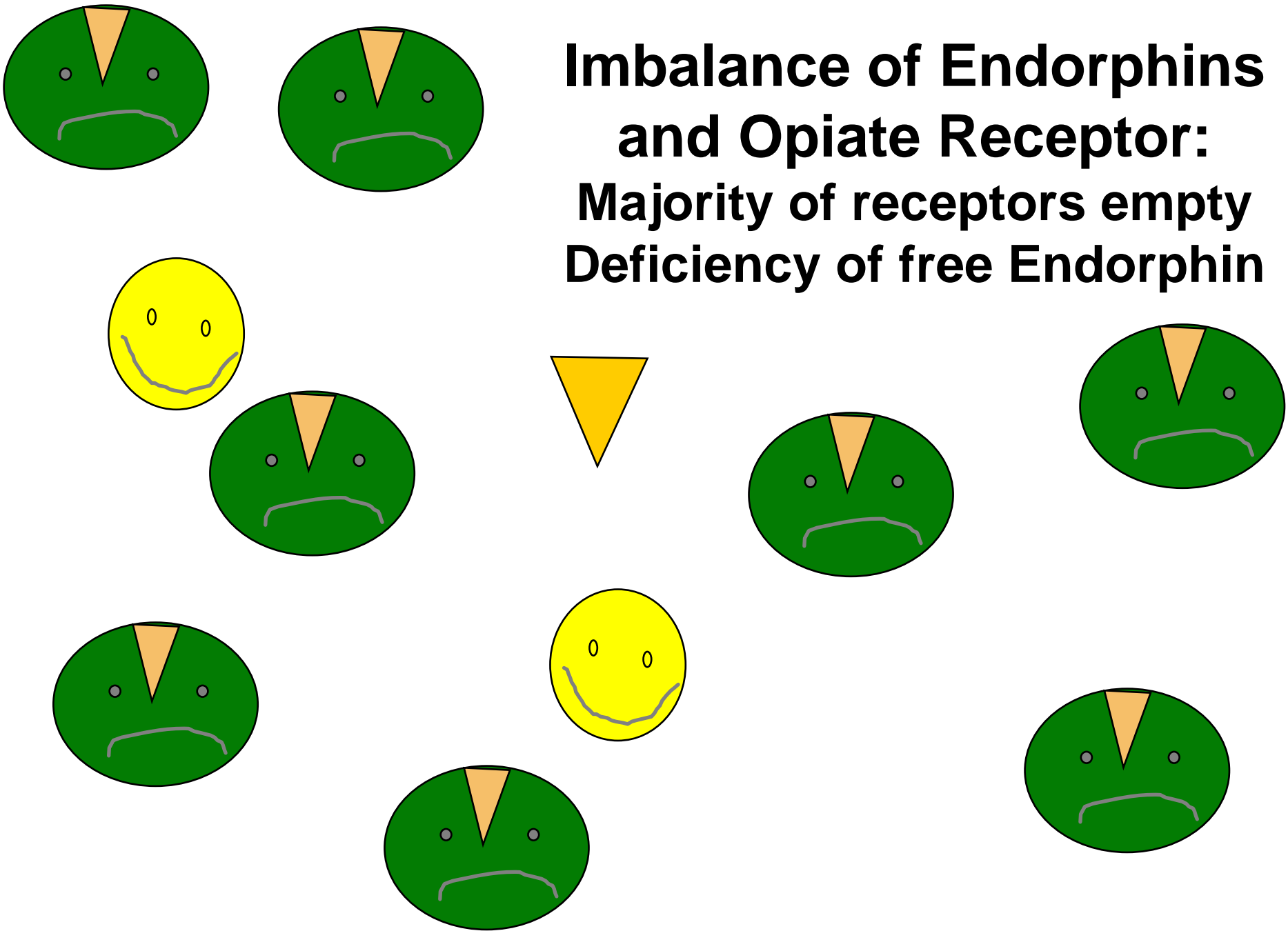
Opiate Receptors and Endorphins:

Majority of receptors Stabilized

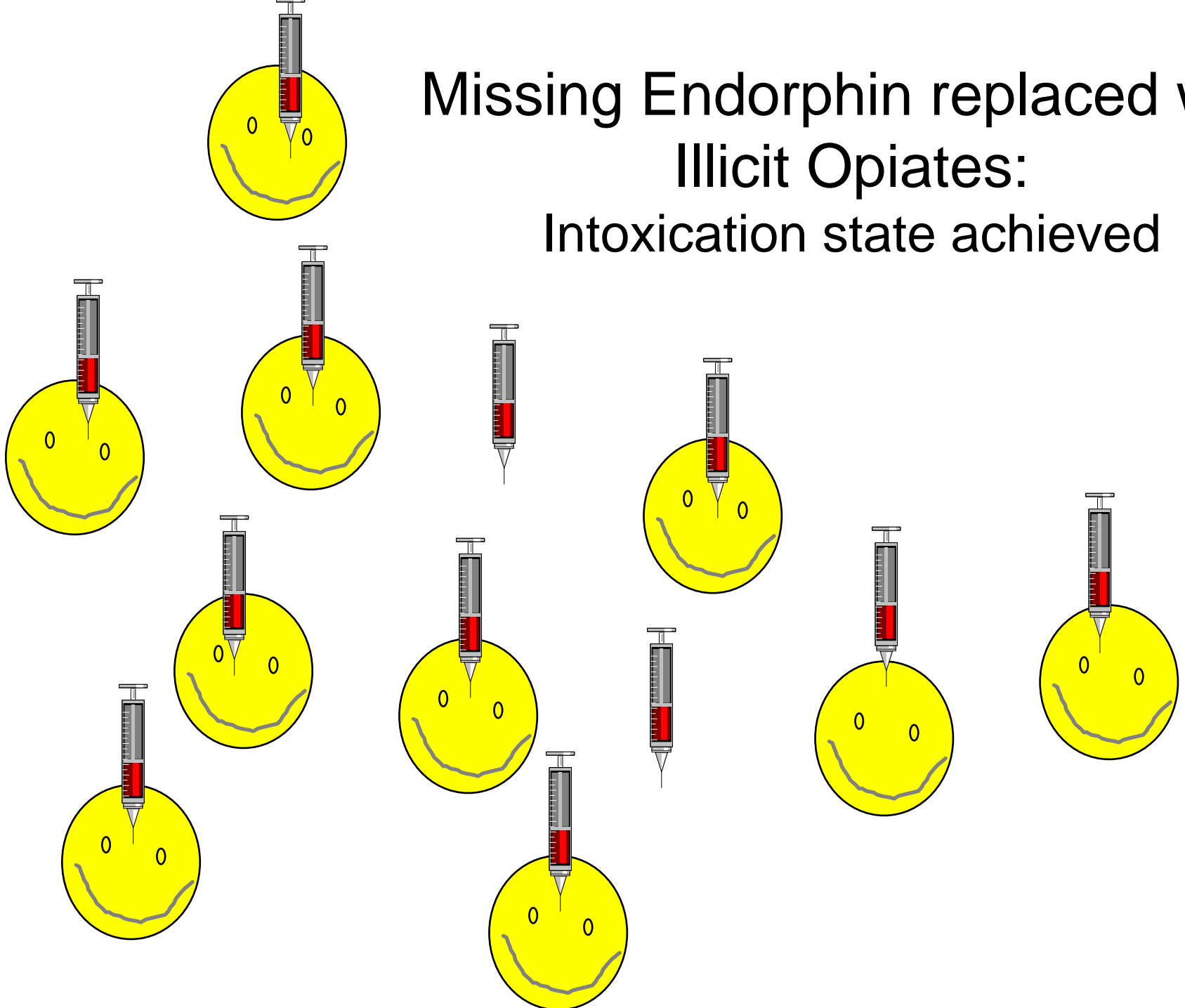
Abundance of free Endorphin



**Imbalance of Endorphins
and Opiate Receptor:
Majority of receptors empty
Deficiency of free Endorphin**

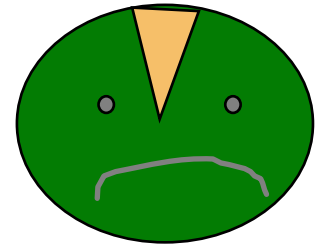
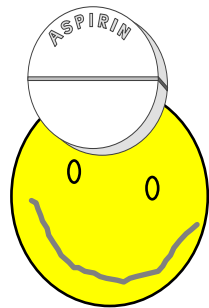
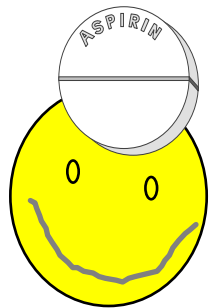
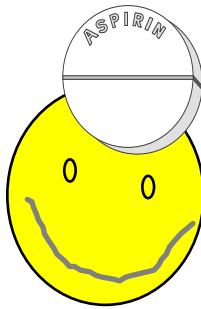
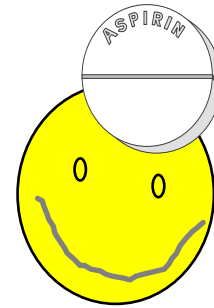
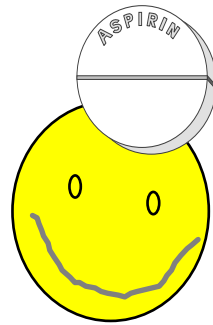
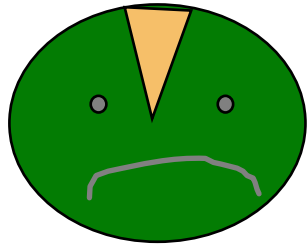
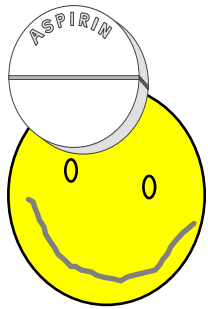
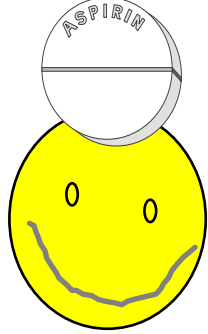


Missing Endorphin replaced with
Illicit Opiates:
Intoxication state achieved



Imbalance Stabilized with
Methadone Maintenance:

Normal balance Restored



Drugs That Lower Methadone Concentrations

- Tegretol
(carbamazepine)
- Dilantin
(phenytoin)
- Isoniazid
- Viramune
(nevirapine)
- Videx (didanosine,
ddl)
- Sustiva (efavirenz)
- Viracept
(nelfinavir)
- Rifadin (rifampin)
- Norvir (ritonavir)
- Fortovase
(saquinavir)
- Zerit (stavudine,
d4T)

Hepatitis C Infection

Drugs That Lower Methadone Concentrations (Continued)

- **Sustiva (efavirenz)**
- **Viracept (nelfinavir)**
- **Rifadin (rifampin)**
- **Norvir (ritonavir)**
- **Fortovase (saquinavir)**
- **Zerit (stavudine, d4T)**

Drugs That Raise Methadone Concentrations

- **Prozac (fluoxetine HCl)**
- **Serzone (nefazodone)**
- **Tagamet (cimetidine)**
- **Cipro (ciprofloxacin HCl): significant elevations**
- **Erythromycin**
- **Nizoral (ketoconazole)**
- **Luvox (fluvoxamine)**
- **Retrovir (zidovudine)**

Duration of Therapy

- Relapse rate in abstinence-based treatment is **>90%**
- Truly diagnosed patients do not tend to have a lot of internal or external resources
- Any attempt to limit treatment for a chronic disease is inappropriate

Buprenorphine

- Advantages
 - Theoretically safer
 - Theoretically less diversion
 - OFFICE-BASED PRACTICE!!!
- Disadvantages
 - Limited Availability (few physicians; 30 patient limit)
 - **Cost** (\$1/mg)

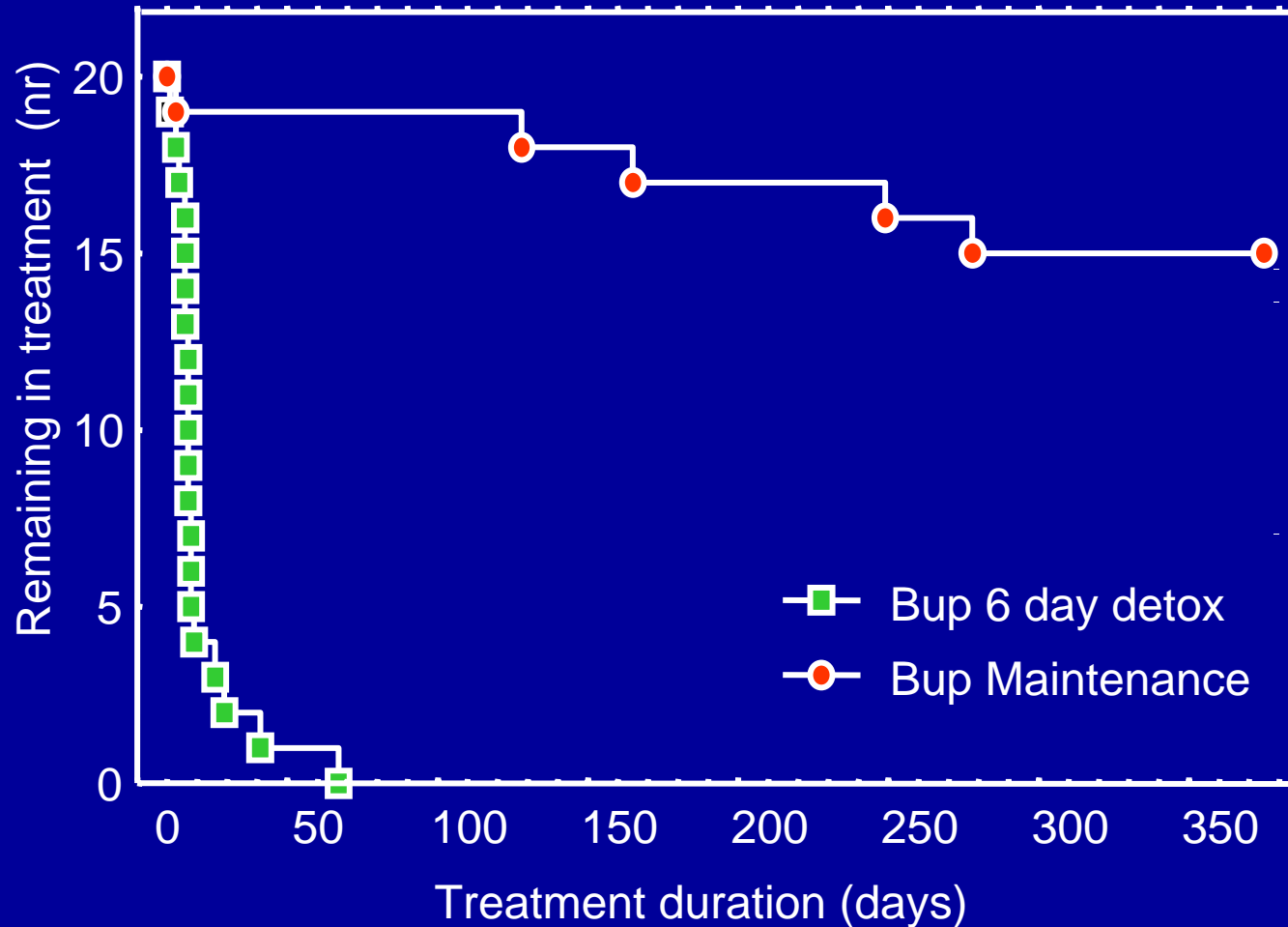
Safety of Buprenorphine

- Side effects similar to methadone, but milder
- No evidence of organ damage
- Withdrawal is milder and shorter than full agonist
- Lower risk of OD

RCT: Bup Detox vs. Maintenance

Kakko et al., Lancet 2003

All Patients: Group CBT Relapse Prevention, Weekly Individual Counseling, 3x Weekly Urine Screens



Bup RCT: Mortality

Kakko et al., Lancet 2003

	Placebo	Buprenorphine	Cox regression
Dead	4/20 (20%)	0/20 (0%)	$\chi^2=5.9;$ $P=0.015$

[http://buprenorphine .samhsa
.gov/](http://buprenorphine.samhsa.gov/)

- Drug information
- Information sheets for patients
- **PHYSICIAN LOCATOR**

Pain Management

- **Most people with substance dependence disorders legitimately need higher doses of pain medications**
- **Methadone raises extra pain-management issues**
 - **Need higher doses, given more frequently, to override opiate blockade**

Interactions of HIV with Drug Use

- **Videx (didanosine) + alcohol >> increased risk of pancreatitis**
- **Toxicity of “ecstasy” significantly increased with some protease inhibitors, e.g., Norvir (ritonavir)**
- **Amphetamine levels may be increased with protease inhibitors, particularly Norvir**

Interactions of HIV with Drug Use

- **GHB (gamma-hydroxy-butyrate, or liquid X) can be dangerous with protease inhibitors**
- **Ketamine (special K) and Norvir can lead to chemical hepatitis**
- **Synthetics sold as heroin may be toxic at very small doses when combined with medications**

Complications Caused by HCV Co-infection

- **Hepatitis C accelerates and exhausts cytochrome P450 system**
- **ARV medications have to compete for depleted liver engines**
- **Side effects of interferon can include fatigue, depression, or confusion, which can interfere with appointment and medication adherence**

Some Dangerous Combinations

MEDICATION	DRUG
Videx (didanosine)	Alcohol
Norvir (ritonavir)	Ecstasy
Protease inhibitors (particularly Norvir)	Amphetamines
Protease inhibitors	GHB (liquid X)
Norvir	Ketamine (special K)

Hepatitis C

- Worldwide prevalence **80 – 90%** in intravenous drug users
- Hepatitis C accelerates and exhausts cytochrome P450 system
 - HIV medications have to compete for depleted liver engines
 - May decrease methadone blood levels
- Side effects of interferon can include fatigue, depression, or confusion, which can interfere with compliance

~ 40 % mortality with primary HAV infection among those with pre-existing HCV infection. N Engl J Med 1998 Jan 29;338(5):286-290

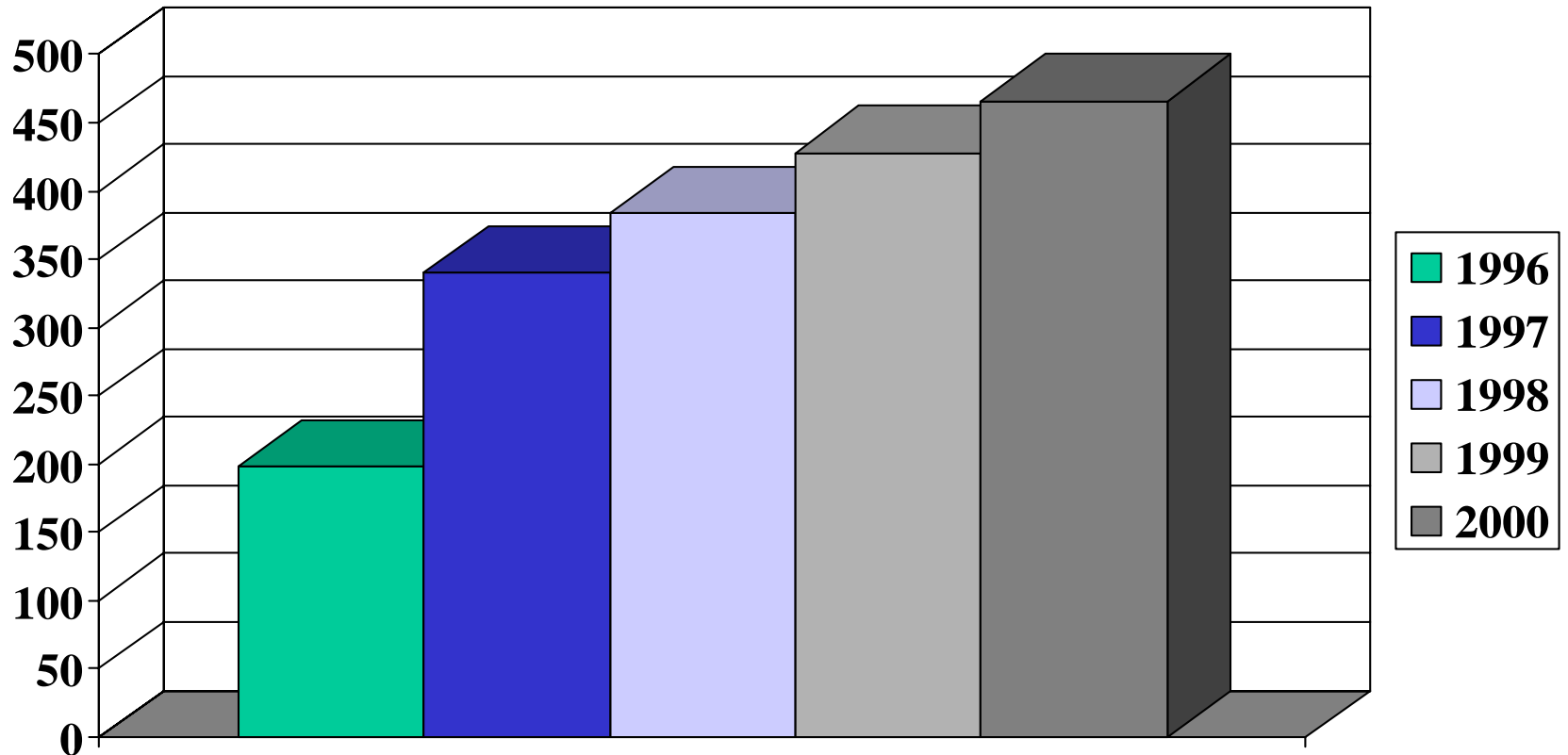
The majority of HCV infections that progress to hepatic failure are superinfected with HBV

Vaccinate

Vaccinate

Vaccinate

Opiate Overdose Deaths in Cook County



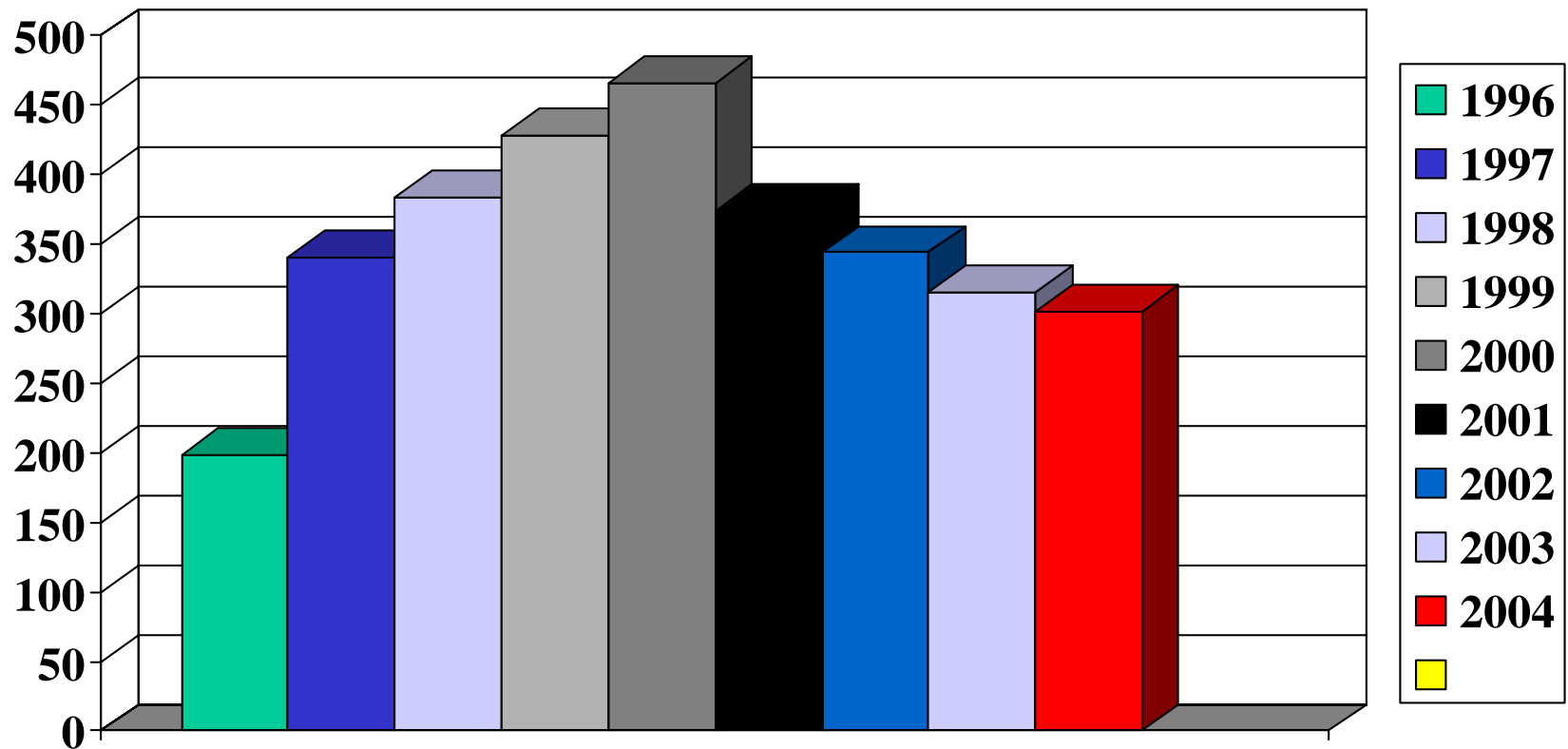
Naloxone

- Pure opiate antagonist
- Used by emergency medical workers for 30 years (Narcan)
- NO abuse potential, NO adverse effects
- Totally safe, 100% effective, inexpensive

Progress to Date

- Approximately 10,000 2mg/10ml multi-dose vials of naloxone distributed
- >550 known reversals

Opiate Overdose Deaths in Cook County



Referral Relationships

- **Best practice is integrated service delivery**
- **Partnership with mental health and/or addiction professionals**
- **Build mutual referral/communication networks**
- **Work with cooperative agencies**

When to Refer

- **If you're unsure, always get consult**
- **Refer at the assessment stage**
- **If unsure about meds, contact psychiatrist or pharmacist**
- **If patient has symptoms of bipolar or schizophrenia, refer**
- **If patient is pregnant, refer: e.g.,**
 - **On heroin, methadone Tx is imperative**
 - **On alcohol, even in third trimester, cutting down can improve outcome**

Cues for Domestic Violence Referrals

- **Unexplained injuries**
- **Injuries with strange explanations**
- **Gynecological signs of violence**
- **Partner insists on accompanying patient in office visit**
- **Parent insists on being with the child**

Domestic violence is common in this population.

Broaching the Subject of Getting Help

- **Explore pros and cons of getting help**
- **Give patient a menu of options**
- **Avoid arguing with the patient**
- **If the patient resists, back away from the subject**
- **Bring it up at another time – few people take referrals the first time they're offered**

Referral Practices

- Be clear about the type of specialist the patient will be seeing
- Keep in mind the agency's fit with the patient (e.g., culture, gender)
- Give the patient the name of a person
- Make the call together with the patient;
Get an appointment
- Follow up with patient and provider

Keys to Success with IDUs

- Create an inviting environment for drug discussion.
- ACCEPT WHAT IS BEYOND YOUR CONTROL!
- Be prepared to learn from your client.
- Any Positive Change.