



HIV MENTAL HEALTH TREATMENT ISSUES

HIV and Anxiety

One of the most common, treatable psychiatric conditions.

Feelings of anxiety are a normal, healthy response to the diagnosis, onset, or progression of HIV infection. But it's important to recognize the difference between this type of anxiety and the sort that signals a clinical disorder. HIV itself does not cause anxiety disorders, but HIV+ people tend to experience more anxiety than the general population. Certain medications used to treat HIV can also cause anxiety symptoms. Fortunately, anxiety disorders are among the most treatable of psychiatric conditions, and respond well to pharmacological and nonpharmacological treatment.

Why are anxiety disorders a concern for HIV+ people?

People living with HIV can experience symptoms of anxiety across the spectrum of anxiety disorders. Adjustment disorder is the most common psychiatric disorder that manifests as anxiety, and is common after receiving an HIV diagnosis.

The other 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.

HIV+ people experience some anxiety disorders, such as OCD, no more frequently than those who do not have the virus. But the experience of having HIV can prompt or exacerbate other disorders, such as PTSD, especially when someone has an underlying risk for them.

Anxiety can present in a variety of ways, including shortness of breath, chest pain, racing heart, dizziness, numbness or tingling, nausea or the sensation of choking. When there are no underlying medical explanations for these symptoms, clinicians are advised to consider an anxiety disorder as the cause.

Anxiety disorders can seem to flare up at key moments in the experience of HIV disease, such as at the time of initial HIV diagnosis, diagnosis with an opportunistic infection, a declining CD4 count or a "blip" in viral load, or any other reminder of ongoing HIV infection. It's helpful to recognize that these experiences may trigger anxiety, even symptoms of panic disorder and depression, for an HIV+ person.

Besides the discomfort of anxiety disorders, they can interfere in an HIV+ person's overall success in managing HIV because they are a major cause of nonadherence to medication.

How common are anxiety disorders among HIV+ people?

A person who has anxiety lasting longer than six months, and who has excessive worries is typically diagnosed with a general anxiety disorder. The disorder has been noted in 15.8% of HIV+ persons, compared with only 2.1% of the general population.

Some 10.5% of HIV+ people, compared to 2.5% of the general population, have experienced panic disorder, which can be associated with viral infections, cocaine use disorder, and major depressive disorder. There is also a higher rate of posttraumatic stress disorder (PTSD), which may be related to a history of trauma, physical or sexual abuse.

Anxiety disorders among HIV+ people range from 2% - 40%, the wide margin between the figures reflecting different ways of collecting information. Overall, however, as HIV-related illnesses become more advanced, and HIV+ people live longer because of effective treatment, the rate of anxiety disorders seems to increase.

HIV+ women experience higher rates of anxiety compared to the general population. One study found 37% of 361 women had high anxiety, mostly related to HIV stigma, reproductive health worries, or having experienced judgment from their family and friends for trying to become pregnant. Being in a romantic/sexual relationship, older age, and undetectable HIV viral load were associated with low anxiety.

Who is most at risk for anxiety disorders?

Anxiety disorders are a serious concern for HIV+ people who don't have good coping strategies and a strong social support network, such as family, friends, or a faith community. Individuals with a history of abuse—physical, sexual, emotional—are more likely to have an anxiety disorder.

People who have unresolved grief, whatever the source, should be screened for anxiety. Those with a personal or family history of anxiety disorders also are at higher risk for developing them.

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 includes 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 testing thyroid, liver, and kidney function, and evaluating for other psychiatric disorders associated with comorbid anxiety (e.g., depression).

Certain neuropsychiatric disorders that are common in people with advanced HIV disease (AIDS) must be ruled out before diagnosing anxiety, particularly HIV-associated dementia which can include anxiety. Delirium also commonly features anxiety and agitation. It's especially important to treat the delirium and avoid using anti-anxiety medications, which can have serious adverse effects.

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 replaced. If this isn't 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-NPHIV), 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 are appropriate treatments for an HIV+ person suffering from an anxiety disorder?

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

Although many anti-anxiety medications are effective, there are also a number of good nonpharmacological treatments to choose from. When someone suffering from anxiety disorder is already taking a variety of medications, or there is concern about potential complications or interactions between medications, it may be preferable to pursue a nonpharmacological approach.

Medications used to treat anxiety disorders include SSRIs; benzodiazepines, the most commonly used but potentially causing withdrawal symptoms when stopped; venlafaxine; and buspirone. Other anti-anxiety agents that can be effective include antihistamines, beta-adrenergic blocking agents, neuroleptics, tricyclic antidepressants. It's important to

consider drug-drug interactions and potential side effects if the treating physician chooses to treat anxiety with one of these medications.

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

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About this Fact Sheet

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