SCREENING FOR COMMON MENTAL DISORDERS

DEPRESSIVE AND ANXIETY DISORDERS
SUBSTANCE USE DISORDERS

COMMON MENTAL DISORDERS

- Depressive Disorders
- Anxiety Disorders
- Substance use disorders

CMD in HIV

- Twice as common in people living with HIV compared to general population
- Due to psychosocial stress
- Due to HIV brain infection, opportunistic conditions, substances or medication
- HAART helps, but still significant prevalence
- Medically ill may share symptoms BUT
- Treat if they meet other criteria

COMMON PRESENTING SYMPTOMS OF MENTAL DISORDER

- Headache
- Pain
- Insomnia
- Multiple physical complaints
- “Stress”
- Confusion
- Aggression or violence
- Poor adherence
- HIV disease progression

SCREENING FOR COMMON MENTAL DISORDERS

- Why screen?
  - A common and significant problem
  - Patients do not complain of the problem/ symptoms may be difficult to describe
  - Few/no laboratory or other investigations to support diagnosis
  - There is appropriate treatment
  - Early intervention improves outcomes
  - There are affordable and suitable screening tests
  - Targeted screening?

SCREENING FOR COMMON MENTAL DISORDERS

- Limitations:
  - Lots of false positives; screening tools do not make a diagnosis
  - Once a patient has been screened, there must be commitment to follow-up those who screen positive
  - Always consider the context – time of presentation, duration of symptoms, relationship to course of HIV disease

General approach to screening and assessment

- Introductory question/s
- Supplementary questions
- Disorder specific questions
- Follow-up questions
- Formal screening tools

INTRODUCTORY QUESTION

- How are things in your life at present? or
- How have things been in your life since you were last at the clinic/in the last month?

- Open-ended question as warm-up and to allow patient to report and describe problems in own words

SUPPLEMENTARY QUESTIONS

- Supplementary questions: More specific probing for major symptom categories
- *In the last 3 months, have you had times where you have felt worried, depressed, anxious, under strain? (Tell me more about that.)*
- *In the last 3 months, have you had times when you found it difficult to remember things, concentrate, think things through, make decisions? (Tell me about that.)*

SUPPLEMENTARY QUESTIONS

- *Do you ever drink alcohol? If so, in the last 3 months, how many drinks would you say you have a week? In the last year, have you had more than 5 drinks on one occasion at least twice*
- *In the past year, how often did you use drugs (prescription or non-prescription) to get high or change the way you feel?*

DISORDER-SPECIFIC QUESTIONS

Depressive disorder:

- ***low mood*** *or* ***anhedonia*** *(loss of pleasure)*;
  - cognitive disturbances
  - neuro-vegetative disturbances
  - **suicidal ideation or plans**

Specific symptoms and signs of depressive illness

- Core features: **persistent depressed mood** and/or **loss of pleasure or interest in normal activities**
- Cognitive disturbance –
  - Thought content: negative, low self-esteem, irrational guilt, **thoughts of death/suicide**
  - Thought processes: slow, poor concentration, indecisiveness
- Bodily function: sleep, appetite disturbance, decreased energy, libido

Depression

Severe depression (MDE)

- Disorder that causes **functional impairment**: impacts on person's ability to function (e.g. poor self-care, inability to work, social withdrawal)
- Core features: most of day every day for 2 weeks
- Plus 3 additional symptoms (e.g. disturbed sleep, appetite changes, slowed movement, poor concentration, loss of self-confidence/self-esteem, suicidal thoughts)

Depression

Mild–moderate depression

- Less than 5 depression symptoms
- Less severe functional impairment
- Generally responds to counselling - may need medication if persistent symptoms and impact on functioning

Depression

- May present as a mixed picture with anxiety
- May present with persistent physical complaints (no underlying cause)
- May present in culturally specific ways (“sore heart”)
- May involve loss of contact with reality, delusions (psychotic depression)

Assessing for Depressive Disorder

- Start open-ended: “tell me about it”
- Ask for specific symptoms: “how have you been sleeping”
- More direct questions: “have you had any thoughts about harming yourself”
- Exclude medical causes for physical symptoms
- Consider depression in Multiple Unexplained Physical Symptoms (MUPS)

Assessing suicide risk

- Does the person have a well-thought out plan (including time-frame) with a high chance of succeeding?
- Is the planned method a lethal one and is it available to them?
- Is there a history of previous suicide attempts, and how serious were these?
- Has the person told anyone else? Is anyone in their family aware of how they are feeling?
- Is the person socially isolated with little support?
- Does the person have a serious medical illness, severe alcohol problem or a serious mental disorder such as severe depression or psychosis?

DISORDER-SPECIFIC QUESTIONS

Anxiety disorder:

- psychological symptoms (feelings of tension or acute anxiety, agitation, poor concentration)
- physical symptoms (insomnia; palpitations, muscle spasms, sweating, tremor)

Anxiety disorders

Generalised anxiety disorder

- Constant feeling of anxiety and tension, inability to relax (>6 months)
- Interferes with sleep, appetite, concentration and with ability to function

Panic disorder

- Sudden episodes of extreme anxiety (10-30 minutes) = panic attacks
- Many physical symptoms
- May occur without warning or be associated with particular situation
- Patient concern about possible recurrence of episodes

Anxiety disorders

Stress disorders (acute and post-traumatic)

- Exposure to life-threatening stressor (self/other)
- Reaction of fear, helplessness, horror
- Persistently re-experienced
- Increased arousal
- Avoidance behaviour
- Interferes with ability to function
- Acute Stress Disorder: settles within one month
- PTSD: Acute – less than three months; Chronic – more than three months; Delayed onset – more than six months after event

Possible causes of anxiety symptoms

- General Medical Conditions (delirium, thyrotoxicosis, hypoglycemia)
- Substances and medication (alcohol, efavirenz)
- Psychosocial stressors

Anxiety disorders

- Are common, under-detected and under-treated – treatment is good preventive medicine
- Common presentations in health-care settings: tension, “stress”, GIT and sleep problems, in relation to diagnosis/treatment

Assessing for anxiety disorders

- Open-ended: “Tell me about what is worrying you?”/ “Tell me more”
- Specific: “Are you anxious in specific situations?” Does the anxiety affect your body?” “How often do you get headaches, muscle pain..?”

Follow-up questions

- How has this (e.g. feelings of depression or anxiety, memory problems, drinking) affected how you take care of yourself?
- How has this affected you at work?
- How has this affected your relationships with family and friends?

Follow-up questions

- When did it start?
- Has it happened in the past? How did you deal with it then?
- How have you tried to deal with these problems?
- Who can you turn to for support?

FORMAL SCREENING TOOLS

- IHDS (International HIV Dementia Scale): *routinely on first visit*; on later visits, if screen positive on relevant question ("*difficult to remember things*...")
- CAGE (alcohol use): on any visit (first and subsequent) if screen positive on alcohol use questions
- SRQ (Self Report Questionnaire): on any visit (first or subsequent), if screen positive on relevant questions
- SAMISS (Substance Abuse and Mental Illness Symptom Screener)
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FORMAL SCREENING TOOLS

SAMISS

- 7 SUD questions (1-3 = 5; 4-5 = 3; 6-7 = 1)
- 9 mental illness questions (any Yes = +ve screen)
- Validated against SCID
- High sensitivity and moderate specificity
- Still needs assessment for specific mental disorder

OBSERVATION

- MENTAL STATE EXAMINATION
  - Behaviour and presentation: (posture; psychomotor activity; contact; reliability; grooming)
  - Mood (feelings as expressed and observed in body language)
  - Thought content (e.g. strange/unusual thoughts or perceptions, negative thoughts)
  - Thought processes (ability to concentrate, think clearly and quickly, to follow a chain of thought, to remember)
  - Insight and understanding

General approach to screening and assessment

- Set in motion a process of assessment to:
  - Exclude physical illness as a cause of mental symptoms
  - Identify/exclude severe mental illness/HAND
  - Consider common mental disorder
  - Lead to a decision whether to continue to monitor, how to manage (immediate/interim/longer-term), and whether to refer to the next level

MANAGEMENT

- Bio-psycho-social approach
  - Biological investigations; medication
  - Psychological investigations (assessments) and interventions; counselling and psychotherapy
  - Social investigations (collateral information) and interventions (family/community involvement)

MANAGEMENT

- Stepped care approach
  - Primary mental health care: screening; identification and immediate management; management of CMD
  - Referal to specialised care for complex cases; failure to respond to primary level intervention; treatment-resistance
  - Importance of continuity of care

Management of depressive disorders

- Look at the patient as a whole/ context
- Refer severe cases or high-risk for suicide
- Monitor and manage mild to moderate cases
  - Psycho-education – about condition and treatment
  - Supportive Counselling
  - Medication - SSRI
  - Involve family/friends

Management of anxiety disorders

- See the patient in context
- Exclude GMC/substances
- Refer possible panic disorder and post-traumatic stress disorder
- First-line treatment:
  - Psycho-education
  - Problem-solving
  - Structured relaxation/mindfulness
- Severe anxiety: SHORT TERM: benzodiazepines
- Definitive treatment: SSRI (refer or initiate treatment)

Management of the suicidal patient

- Low-risk:
  - treat underlying conditions
  - monitor and follow-up
  - counselling
  - mobilise social support
- High-risk:
  - ensure safety
  - mobilise family
  - Refer or admit if necessary

SUBSTANCE USE DISORDERS

- Non-judgemental approach
- Target hazardous or high-risk behaviour
- Be aware of stages of change model and apply appropriate intervention
- Provide information
- Motivational interviewing
- Help patient to set realistic reduction targets
- Patients who are drug or alcohol-dependent need specialised interventions

MEDICATION

- SSRI – first-line treatment for depressive and anxiety disorders
- Citalopram 20mg
- Fluoxetine 20mg (contra-indicated with PI's)
- Takes two to three weeks for response
- Must be taken daily
- Continue for one year