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)
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
  • Referral 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