

## APA Official Actions

# Position Statement on Recognition and Management of Substance Use Disorders and Other Mental Illnesses Comorbid with HIV

Approved by the Board of Trustees, July 2012  
Retained by the Board of Trustees, December 2015  
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"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

### Issue:

There is a high prevalence of substance abuse and psychiatric disorders among HIV-infected individuals. Importantly, drug and alcohol-use disorders are frequently co-morbid with depression, anxiety and severe mental illness. Not only do these disorders increase the risk of contracting HIV, they have also been associated with decreased highly active antiretroviral therapy (HAART) utilization, adherence and virological suppression.

### APA Position:

### Recommendations:

1. Psychiatrists should attend to the HIV-related prevention and psychiatric and substance use treatment needs of their patients (see position statements for specific settings and patient groups). Psychiatrists treating patients with substance use disorders are encouraged to stay abreast of psychosocial and somatic interventions with proven efficacy for these problems and their negative consequences (e.g., antabuse, naltrexone, buprenorphine, motivational enhancement therapy, cognitive behavioral therapy, needle exchange programs, and methadone maintenance).
2. Psychiatrists are encouraged to collaborate with their medical colleagues (physicians and others) to provide comprehensive and integrated care for HIV-infected patients. This can include collaborations with the treatment of substance use disorders and other mental illnesses, pain, sleep, and sexual disorders. Coordination is essential to maximize adherence and minimize drug-drug interactions and overlapping medication toxicities. Such coordination may also need to take into account the treatment of medical disorders commonly associated with HIV, such as Hep C, Hep B, and TB. For psychiatrists who regularly evaluate and treat HIV-positive patients, staying knowledgeable about current HIV-related medical care will enhance their abilities to meaningfully engage in these collaborations.
3. When a psychiatrist evaluates a change of mental status in an HIV-infected patient, consideration should always be given to disorders due to a general medical condition and substance-induced disorders as possible underlying causes.

Prepared by the Steering Committee on HIV Psychiatry