

Position Statement on Psychiatric Implications of HIV/HCV Co-infection

Approved by the Board of Trustees, July 2015

Approved by the Assembly, May 2015

“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

People with HIV infection are disproportionately affected by viral hepatitis. [i] In addition, about 80% of people with HIV who inject drugs also have hepatitis C virus (HCV). [i] HIV/HCV co-morbidity presents more complex medical and psychiatric management issues than the presence of either infection alone.

APA Position

The APA strongly supports the important role psychiatrists should play in the diagnosis and treatment of co-morbid HIV/HCV infection. Psychiatrists are uniquely positioned to contribute to the management of these patients, but to be effective they need to stay abreast of the rapid changes taking place in the treatment of people with comorbid HIV and HCV infection. Both of these infections are over-represented among people with mental illness. Both of these infections, and their treatments, are associated with psychiatric complications. New treatments for HCV infection now produce high rates of cure, potentially extending the lives of these co-infected patients.

The Role of the Psychiatrist

1. Psychiatrists should stay current in their medical knowledge of the psychiatric and neuropsychiatric manifestations of HIV and HCV disease and the complications of their treatments.
2. Psychiatrists should consider, encourage, facilitate and in certain instances (such as inpatient psychiatric care) provide both HIV and HCV testing.
3. Patients should be treated for current mood disorders prior to initiating HCV treatment. When interferon is part of the HCV regimen, patients with a past history of mood or other psychiatric disorders may benefit from prophylaxis with antidepressant medications. It is also desirable to ensure that the patient is as stable as possible with regard to psychiatric symptoms, substance use, psychosocial support and housing, as these factors are associated with adherence to treatment.
4. Psychiatrists have a responsibility to advocate for necessary access to HCV treatment for their infected patients. In addition, psychiatrists should be involved in closely monitoring changes in neuropsychiatric functioning, such as mood, behavior and cognition.
5. Psychiatrists are encouraged to collaborate with hepatologists, infectious disease physicians and other primary care providers for the HIV/HCV infected.
6. Because of the increased hepatotoxicity in the HCV co-infected patient, psychiatrists should collaborate with the HCV treatment team and other clinical specialists to actively monitor the potential for drug-drug interactions and overlapping toxicities of treatments for HCV, HIV and psychiatric

disorders. In addition, attention should be paid to the potential for the interaction of substances of abuse with HIV/HCV antiretroviral treatment and psychiatric medications.

Authors

Francine Cournos, M.D.

Antoine Douaihy, M.D.

Marshall Forstein, M.D.

Benjamin Smoak, M.D.

Steering Committee on HIV Psychiatry Council on Research