

Impact of Treating Depression in Hepatitis C/HIV Coinfected Patients: A Significant Benefit From Early Screening and Treatment

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Introduction

- HCV therapy in coinfecting patients poses unique challenges in evaluation and treatment due to neuropsychiatric symptoms induced by interferon
- Psychiatric illness, including depression, is one of the most common reasons for treatment exclusion

Background

- Major depressive disorder is the most common psychiatric illness in HIV+ patients¹
- Prevalence in HIV+ alone is 2 to 3 times higher than in the general population¹(57%)
- In HIV/HCV coinfecting patients, prevalence is even higher (70%)¹ and decreased use of resources for neuropsychiatric conditions further complicate treatment of their viral infections²
- Treatment of depression improves adherence to HAART in HIV.³ We assessed compliance to HCV therapy by treating depression in coinfecting patients experiencing psychiatric side effects

1. Cruess DG, et al. *Biol Psychiatry*. 2003;54:307-16.

2. Treisman GJ. *AIDS Read*. 2008;18:440-1.

3. Yun LW, et al. *J Acquir Immune Defic Syndr*. 2005;38:432-8.

Purpose

- To study the rate of depression in coinfecting patients
- Impact of depression on SVR
- Adherence to medications with concurrent psychiatric therapy
- Impact of psychiatric intervention in completion of HCV therapy

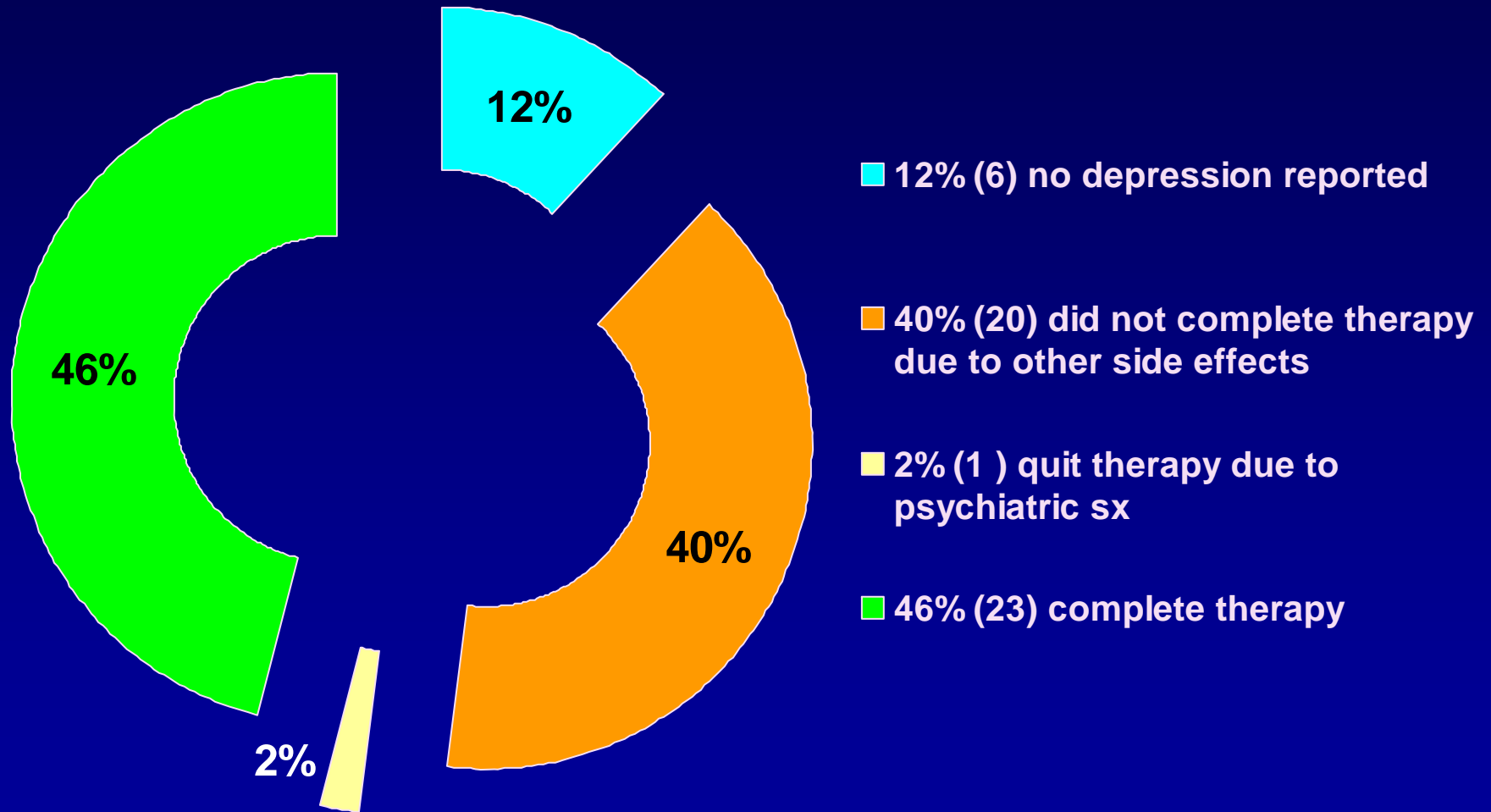
Methodology

- A retrospective analysis on a cohort of 50 hepatitis C/HIV coinfecting patients
- Psychiatric assessment was obtained on 23 patients prior to HCV therapy
- Analyzing the benefit of counseling psychotherapy and antidepressant use for those with psychiatric side effects during therapy

Results

- 44 of 50 (88%) reported depression
 - Counseling therapy was utilized by 30 patients
 - Antidepressant medications were used in 38 patients
- 23 of 44 (46%) completed therapy with EOT in 20 (40%) patients and SVR in 19 (38%) patients
- 20 of 44 (40%) did not complete therapy due to nonpsychiatric side effects, adherence, or therapy failure
- 1 of 44 (2%) stopped therapy due to psychiatric side effects, mainly depression and severe fatigue

Outcome of Patients



Conclusion

- Out of a cohort of 50 patients only 1 patient stopped therapy secondary to psychiatric side effects
- Most patients with new onset or a history of depression were able to complete therapy with counseling and concomitant management of side effects
- Patients with depression benefit significantly from psychiatric intervention strategies

Discussion and Recommendations

- Patients with psychiatric illness, including depression should not be denied therapy due to fear of side effects from interferon-based treatment
- Patients benefit from psychiatric assessment prior to starting therapy
- Most patients are able to complete therapy with aggressive management of depression

Acknowledgments

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Questions/Comments?

Thank You!