

The Challenge of Adhering to Multiple Treatments and Care Regimens: The Example of Severe Mental Illness

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November 27, 2007



Comorbidity of HIV with Other Chronic Illnesses

Barriers to Adherence with HIV Care

- ◆ **Increased complexity and expense of regimens**
- ◆ **Additive medication toxicities/ interactions /effectiveness concerns**
- ◆ **Disabilities that interfere with adherence—especially those that alter mental states and ambulation**

Comorbidity of HIV with Other Chronic Illnesses

Synergies with Adherence to HIV Care

- ◆ Pre-existing/ongoing patient familiarity with illness management, illness stigma, and medication adherence
- ◆ Systems adherence approaches for comorbid illnesses that have applicability to HIV care

Severe Mental Illness (SMI) as an Example of an HIV-related comorbidity

- ◆ **SMI definition: chronic, recurrent, disabling, primarily psychotic disorders (e.g., schizophrenia, bipolar)**
- ◆ **Overrepresented among people with HIV**
- ◆ **Associated with other common HIV-related comorbidities—e.g., substance use disorders, HBV, HCV**
- ◆ **There is no more elaborate system for keeping people in care than the SMI treatment system**

HCSUS Study: Mental Illness Among HIV+ Medical Patients

DIAGNOSES

- ◆ Any psychiatric disorder 48%
- ◆ Major depression 36%
- ◆ Dysthymia 27%
- ◆ Generalized anxiety disorder 16%
- ◆ Drug dependence 13%

MEDICATIONS

- ◆ Antidepressants 21%
- ◆ Anxiolytics 17%
- ◆ Antipsychotics* 5%

*NJ Medicaid: 6% HIV + recipients had schizophrenia dx

HIV Among People with Severe Mental Illness: Summary of U.S. Studies

- ◆ Rates of HIV Infection (1%-23%) > general pop
- ◆ ↑ Rates of unsafe sexual behavior
- ◆ ↑ Rates of co-morbid alcohol/drug use
- ◆ Intermittent IDU:
 - 1%-8% recent
 - 4%-26% lifetime
- ◆ HIV Infection Rates by Type of Drug Use
 - Injected drugs 34%
 - Non-Injected drugs 15%
 - Alcohol only 11%
 - No drug use 3%

SMI Approaches That Could be Adapted/Studied in Adherence to HIV care

Residential Care

- ◆ **Level of supervision varies from intensive to minimal**
- ◆ **House rules vary with levels of supervision**
- ◆ **Funded by Social Security disability payments**
- ◆ **Offers opportunities for adherence interventions:
stabilizing routines, directly observed therapy**
- ◆ **Problems: Cost, designation as disabled, refusal of
placement**

SMI Approaches That Could be Adapted/Studied in Adherence to HIV care

Assertive Community Treatment

- ◆ **Multidisciplinary team outreach 24/7**
- ◆ **High staff-to-patient ratio (1:10- 1:12)**
- ◆ **Treatment interventions are provided in home/community**
- ◆ **Extensively studied: improved outcomes in general, with improved adherence sometimes**
- ◆ **Problems: cost in money and staff efficiency; need high fidelity**

SMI Approaches That Could be Adapted/Studied in Adherence to HIV care

Involuntary Outpatient Commitment

- ◆ Statutes vary from state to state
- ◆ Invokes two powers: police power (dangerousness) and *parens patriae* (capacity)
- ◆ Failure to comply with recommended treatment results in transfer to a health care facility for persuasion/education/treatment
- ◆ Some studies show improved outcomes, including with adherence
- ◆ Increased intensity of available services confounds study results
- ◆ Problems: costs, appropriateness of coercion

Other SMI Approaches that Could Be Areas to Research for Relevance to HIV Care Adherence

- ◆ **Biological**: Pharmaceutical research on the possibility of long-acting injectible medications
- ◆ **Social Justice**: Research geared to demonstrate that care and treatment are better alternatives to incarceration (~1/4 of HIV+ people in the U.S. annually pass through correctional facilities)
- ◆ **Coercion**: Use of inpatient commitment as an alternative to incarceration (improved treatment and aftercare planning)