

S33. HIV infection — mental health aspects

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HIV INFECTION IN PSYCHIATRIC PATIENTS

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Objectives: The significant increase in the number of HIV-positive patients who have been admitted to the psychiatric units of general hospitals over the last few years has led to the recognition that psychiatric patients should be considered a group at risk for HIV. The present study was designed to determine the prevalence of HIV infection among psychiatric patients admitted to a general hospital psychiatric ward in Madrid, and the risk factors associated with the presence of a positive result on the HIV test. **Setting:** Acute inpatient psychiatric unit of the Department of Psychiatry, San Carlos University Hospital, Madrid, Spain, between September 1993 and April 1994. **Design:** Unlinked anonymous study. **Methods:** Discard blood samples, from blood drawn for routine purposes of patients between 18 and 59 years old who were consecutively admitted to the psychiatric unit, were anonymously tested for HIV-1 antibodies. Test results were linked to age, gender and HIV/AIDS risk behaviors noted on the patients' admission charts. **Results:** Blood was obtained from 390 of the 477 eligible patients (81.8%). The prevalence of HIV was 5.1% (20/390). Patients aged between 18 and 39 accounted for 63.4% of the admissions, and 75% of the positive results. Of the 29 patients who presented with injection drug use, 14 were HIV-infected (48.3%; 95% confidence interval, 29.4–67.5). Of the 51 patients for whom any risk behavior was noted on the admission chart, 18 were HIV-infected (35.3%; 95% confidence interval, 22.4–49.9). **Conclusions:** This study demonstrates that there is a substantial prevalence of HIV infection in psychiatric patients admitted to an acute inpatient unit in Madrid. History of injected drug use was strongly associated with seropositivity. Clinicians recognized risk factors for HIV infection in the majority of the HIV-infected cases. Based on our data, routine HIV antibody testing of psychiatric patients is not justified. HIV testing should be limited to patients with identified risk factors. These findings call attention to the need for effective strategies to prevent the spread of HIV infection among this population.

NEUROPSYCHIATRIC SEQUELAE OF HIV-1 INFECTION: DATA FROM MRC COHORT STUDIES

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Objective: 1) To determine the onset of HIV-1 brain involvement in relation to HIV disease stages. 2) To assess the potential prophylactic CNS effects of antiretroviral medication in different stages of HIV-1 disease.

Methods: Two independent cohort studies were conducted: *Study 1)* A longitudinal placebo-controlled study with the antiretroviral drug Zidovudine (Retrovir) in 27 subjects (11 on placebo, 16 on 1000 mg zidovudine) with asymptomatic HIV-1 infection according to Centers of Disease Control criteria. Mean follow-up time was 28 months. *Study 2)* A prospective controlled natural history cohort study with follow-up for up to two years in seronegative controls (n = 38), subjects with asymptomatic infection (n = 60), subjects

with symptomatic infection without (n = 51) and with AIDS (n = 32). Main outcome measures for both studies included the Present State Examination (PSE), extended neuropsychological evaluation of memory, complex attention, executive functions, and fine motor control. Neurophysiological measures included quantitative EEG and evoked potentials.

Results — Study 1) No significant psychiatric, neurological and cognitive impairment and no treatment differences were found in subjects with asymptomatic HIV-1 infection over the study period. This is in agreement with MRI and evoked potential data. However, significant treatment effects were found in quantitative EEG. The placebo group showed a significant increase in slow EEG activity, which remained unchanged in the zidovudine group after a mean follow-up period of 28 months.

Study 2) Neuropsychological deficits, particularly in complex attention, developed with progression to symptomatic HIV infection, even before onset of AIDS. Abnormalities in neurophysiological markers (long-latency evoked potentials) usually precede these cognitive deficits. The increased prevalence of psychiatric symptoms (mainly anxiety disorders and depression) in symptomatic subjects was found correlated with marked alterations of background EEG activity, indicative of subcortical involvement. Antiretroviral medication was associated with improved neurocognitive performance at baseline and follow-up in subjects with symptomatic HIV-1 infection and AIDS, compared to subjects in the same clinical and immunological status but without previous zidovudine treatment. This was corroborated by reduced slow wave EEG in the zidovudine treated subjects.

Conclusion: In summary, the findings in both cohort studies indicate that: 1) asymptomatic HIV infection is not associated with significant neuropsychiatric deficits despite evidence for subclinical changes in EEG. 2) Neurocognitive impairment in symptomatic HIV disease can be reduced with antiretroviral medication. 3) Neurophysiological measures proved particularly valuable in detecting onset of brain involvement and the monitoring of treatment effects.

SUBSTANCE-RELATED DISORDERS, PSYCHOPATHOLOGY AND HIV-RELATED PROBLEMS IN ITALY. A CLINICAL RESEARCH

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Substance-related disorders constitute a psychiatric priority especially in the development and application of diagnostic and treatment strategies. Comorbidity for psychiatric disorders in young addicts is one of the most interesting topics studied during the last twenty years. More recent research studies found that psychiatric patients and, above all, schizophrenics greatly increased rates of alcohol and substance use disorders (20–25% for recent abuse). Principal reasons suggested are the “market” impact and the self-medication hypothesis. Comorbid alcohol and substance use disorders have been associated with poor adjustment to therapeutic proposals, treatment non-compliance, increased rates of hospitalization, poor treatment outcomes, poor self-care, housing instability and homelessness, violence and exposure to HIV-virus. Dual diagnosis patients are neither easily nor effectively treated in standard Psychiatric Services or in Drug Addiction Units. We present a clinical research study based on a few Italian facilities (Drug Addiction Unit and Psychiatric Department) with two aims: to show the heavy impact of the problem in Italy and to discuss the important role of the psychiatrist in the treatment of the comorbid patients. Data concerning the “HIV at risk” behaviours related to drug abuse and dependence and to sexual behaviors in these patients are widely discussed.