



DEPRESSION AND HIV

WHAT IS DEPRESSION?

Depression is a mood disorder. It is more than sadness or grief. Depression is sadness or grief that is more intense and lasts longer than it should. It has various causes:

- events in your daily life
- chemical changes in the brain
- a side effect of medications
- several physical disorders

About 5% to 10% of the general population gets depressed. However, rates of depression in people with HIV are as high as 60%. Women with HIV are twice as likely as men to be depressed.

Being depressed is **not** a sign of weakness. It doesn't mean you're going crazy. You cannot "just get over it." Don't expect to be depressed because you are dealing with HIV. And don't think that you have to be depressed because you have HIV.

IS DEPRESSION IMPORTANT?

Depression can lead people not stay engaged in their care, to miss appointments or doses of their medications. It can increase high-risk behaviors that transmit HIV infection to others. Overall, depression can make HIV disease progress faster. It also interferes with your ability to enjoy life. A study in 2012 showed that patients with depression, especially women, were more likely to stop receiving care and to not achieve undetectable viral load.

Depression often gets overlooked. Also, many HIV specialists have not been adequately trained to recognize or treat depression. Depression can also be mistaken for signs of advancing HIV.

WHAT ARE THE SIGNS OF DEPRESSION?

Symptoms of depression vary from person to person. Most health care providers suspect depression if patients report feeling blue or having very little interest in daily activities. If these feelings go on for two weeks or longer, and the patient also has some of the following symptoms, they are probably depressed:

- Fatigue or feeling slow and sluggish
- Problems concentrating
- Low sex drive

- Problems sleeping: waking very early, or excessive sleeping
- Feeling guilty, worthless, or hopeless
- Decreased appetite or weight loss
- Overeating

WHAT CAUSES DEPRESSION?

There are many causes of depression. Having the diagnosis of a chronic disease, like HIV infection or AIDS, can make depressive symptoms worse. Some medications used to treat HIV can cause or worsen depression, especially efavirenz (Sustiva). Diseases such as anemia or diabetes can cause symptoms that look like depression. So can drug use, or low levels of testosterone, vitamin B6, or vitamin B12.

People who are infected with both HIV and hepatitis (see fact sheet 506) are more likely to be depressed, especially if they are being treated with interferon.

Other risk factors include:

- Being female
- Having a personal or family history of mental illness, alcohol and substance abuse
- Not having enough social support
- Not telling others you are HIV-positive
- Treatment failure (HIV or other)

TREATMENT FOR DEPRESSION

Depression can be treated with lifestyle changes, alternative therapies, and/or with medications. Many medications and therapies for depression can interfere with your HIV treatment. Your health care provider can help you select the therapy or combination of therapies most appropriate for you. **Do not try to self-medicate with alcohol or recreational drugs**, as these can increase depression and create additional problems.

Lifestyle changes can improve depression for some people. These include:

- Regular exercise
- Increased exposure to sunlight
- Stress management
- Counseling
- Improved sleep habits

Alternative therapies

Some people get good results from massage, acupuncture, or exercise. St. John's wort is claimed to treat depression. However, St. John's wort was shown to be

ineffective in treating depression and it interferes with some HIV medications. Fact Sheet 729 has more about St. John's wort. **Be sure to tell your health care provider if you are taking St. John's wort.**

Valerian or melatonin may help improve your sleep. Supplements of vitamins B6 or B12 can help if you have low levels of these vitamins.

Antidepressants

Some people with depression respond best to medications. Antidepressants can interact with some ARVs. They must be used under the supervision of a health care provider who is familiar with your HIV treatment. Protease inhibitors have many interactions with antidepressants.

The most common antidepressants used are **Selective Serotonin Reuptake Inhibitors, called SSRIs**. They can cause loss of sexual desire and function, lack of appetite, headache, insomnia, fatigue, upset stomach, diarrhea, and restlessness or anxiety.

The **tricyclics antidepressants** have more side effects than the SSRIs. They can also cause sedation, constipation, and erratic heart beat.

Some health care providers also use **psychostimulants**, the drugs used to treat attention deficit disorder.

A recent study showed that treatment with dehydroepiandrosterone (DHEA) can reduce depression in some HIV patients.

THE BOTTOM LINE

Depression is a very common condition for people with HIV. Untreated depression can cause you to miss medication doses and lower your quality of life.

Depression is a "whole body" issue that can interfere with your physical health, thinking, feeling, and behavior.

The earlier you contact your health care provider, the sooner you can both plan an appropriate strategy for dealing with this very real health issue.

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