Psychiatric Treatment of Persons with HIV/AIDS

An HIV Psychiatry Consensus Survey of Current Practices

NOTE: Question 8 is mandatory.

Thank you for taking the time to complete this questionnaire about your treatment practices with HIV/AIDS patients. Your responses will help to establish a database of usual practice or best practice, which will be helpful in developing a best-practice basis for education and training as well as clinical care.

If you indicate below in question 8 that you **do prescribe** psychotropic medications for your AIDS patients, you will be asked detailed questions about your prescription practices. We expect the survey will take less than 15 minutes.

If you indicate in question 8 that you **do not prescribe** psychotropic medications, you will be asked questions about non-prescription therapies only. In this case, the survey should take less than 5 minutes.

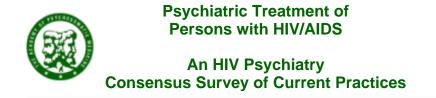
DEMOGRAPHICS

1	Age:
2	Gender:
	Male
	Female
	- Fondio
3	Years since graduation:
4	Board-certified in Psychosomatic Medicine?
	YES NO
5	

	Public sector
	Private hospital
	Private practice
	Other (please specify):
6	Percentage of time devoted to AIDS psychiatry (full time, part time):
7	Mental health profession:
	Psychiatrist
	Psychologist
	Psychiatric Nurse Clinician
	Psychiatric Nurse Practitioner
	Other (please specify):
8	* Do you prescribe psychotropic medications for your AIDS patients
	YES NO
	you are satisfied with your answers above, please click the Submit butt

If you indicated you do not prescribe psychotropic medications, the next page will ask about non-medication therapies.





SECTION I: Psychopharmacologic Treatments

Please use the following rating scale to answer the remaining questions:

- 1 extremely inappropriate: a treatment you would never use
- 2-3 usually inappropriate: a treatment you would rarely use
- 4-6 equivocal: a second line you would sometimes use (e.g., patient/family preference or if first-line treatment is ineffective, unavailable or unsuitable)
- 7-8 usually appropriate: a first-line treatment you would often use
- 9 extremely appropriate: this is your treatment of choice

Practice 1: Choice of First-line Antidepressants

1a. Please rate the appropriateness of each of the following antidepressants for the treatment of an episode of depression in a patient who is **newly diagnosed HIV-seropositive (and is HAART-naïve) and who has no evidence of**

psychosis or dementia:

9 SSRI

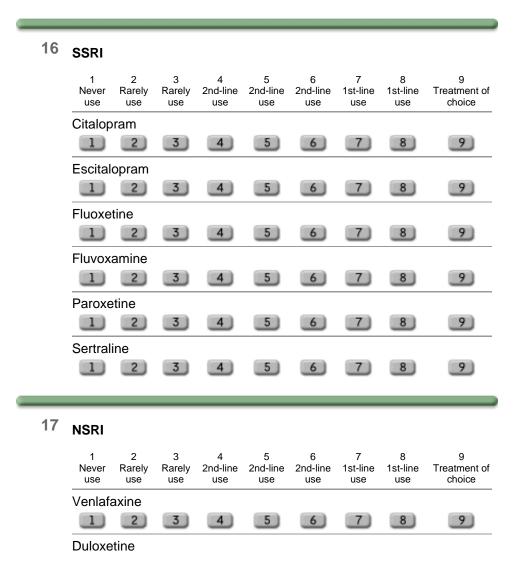
1 Never use	2 Rarely use	3 Rarely use	4 2nd-line use	5 2nd-line use	6 2nd-line use	7 1st-line use	8 1st-line use	9 Treatment of choice
Citalop	oram							
	2	3	4	5	6	7	8	9
Escital	opram	3	4	5	6	7	8	9
Fluoxe	tine 2	3	4	5	6	7	8	9
Fluvox	amine 2	3	4	5	6	7	8	9
Paroxe	etine	3	4	5	6	7	8	9

_	Sertral	ine 2	3	4	5	6	7	8	9
10	NSRI								
	1 Never use	2 Rarely use	3 Rarely use	4 2nd-line use	5 2nd-line use	6 2nd-line use	7 1st-line use	8 1st-line use	9 Treatment of choice
	Venlafa	axine 2	3	4	5	6	7	8	9
_	Duloxe	tine 2	3	4	5	6	7	8	9
11	Bupro	pion							
	Never	Rarely	Rarely	2nd-line	2nd-line	2nd-line	1st-line	1st-line	Treatment of
	use	use	use	use	use	use	use	use	choice
		2	3	4	5	6	7	8	9
12	Mirtaz	epine							
	Never	Rarely	Rarely	2nd-line	2nd-line	2nd-line	1st-line	1st-line	Treatment of
	use	use	use	use	use	use	use	use	choice
	1	2	3	4	5	6	7	8	9
13	ТСА								
	1 Never use	2 Rarely use	3 Rarely use	4 2nd-line use	5 2nd-line use	6 2nd-line use	7 1st-line use	8 1st-line use	9 Treatment of choice
	Nortrip	tyline 2	3	4	5	6	7	8	9
	Desipra	amine							
		2	3	4	5	6	7	8	9
	Amitrip	-							
		2	3	4	5	6		8	9
14	MAOI	Phenel	zine						
	Never	Rarely	Rarely	2nd-line	2nd-line	2nd-line	1st-line	1st-line	Treatment of
	use	use	use	use	use	use	use	use	choice

	1	2	3	4	5	6	7	8	9
15	Stimul	ants							
	1 Never use	2 Rarely use	3 Rarely use	4 2nd-line use	5 2nd-line use	6 2nd-line use	7 1st-line use	8 1st-line use	9 Treatment of choice
	Methyl	phenida	ate prep	paration	S				
		2	3	4	5	6	7	8	9
	Dextro	amphet	amine	_	_	_	_	_	_
		2	3	4	5	6	7	8	9

1b. Please rate the appropriateness of each of the following antidepressants for the treatment of an episode of depression in a patient who is **on ritonavir-boosted Pl antiretroviral therapy (e.g., Combivir plus lopinavir/r) and has**

no evidence of psychosis or dementia:



	1	2	3	4	5	6	7	8	9
18	Bupro	pion							
	Never	Rarely	Rarely	2nd-line	2nd-line	2nd-line	1st-line	1st-line	Treatment of
	use	use	use	use	use	use	use	use	choice
	1	2	3	4	5	6	7	8	9
19	Mirtazo	onino							
-		epine							
	Never	Rarely	Rarely	2nd-line	2nd-line	2nd-line	1st-line	1st-line	Treatment of
	use	use	use	use	use	use	use	use	choice
	1	2	3	4	5	6	7	8	9
20	ТСА								
	1 Never use	2 Rarely use	3 Rarely use	4 2nd-line use	5 2nd-line use	6 2nd-line use	7 1st-line use	8 1st-line use	9 Treatment o choice
	Nortrip	tyline							
	1	2	3	4	5	6	7	8	9
	Desipra	amine 2	3	4	5	6	7	8	9
	Amitrip	tyline 2	3	4	5	6	7	8	9
04	ΜΑΟΙ	Phenel	zine						
21									
21	Never	Rarely	Rarely	2nd-line	2nd-line	2nd-line	1st-line	1st-line	Treatment of
21			Rarely use	2nd-line use	2nd-line use	2nd-line use	1st-line use	1st-line use	Treatment of choice
21	Never	Rarely	-						
21	Never	Rarely use	use	use	use	use	use	use	choice
	Never use	Rarely use	use	use	use	use	use	use	choice 9
	Never use 1 Stimul Never use	Rarely use 2 ants Rarely use	use 3 3 Rarely use	use 4 2nd-line	use 5 2nd-line use	use 6 2nd-line	use 7 1st-line	use 8	choice 9 Treatment o



1c. Please rate the appropriateness of each of the following antidepressants for the treatment of an episode of depression in a patient who is **on efavirenz-based antiretroviral therapy (e.g., tenofovir/emtricitabine/efavirenz (Atripla))** and has no evidence of psychosis or dementia:

23 SSRI

1 Never use	2 Rarely use	3 Rarely use	4 2nd-line use	5 2nd-line use	6 2nd-line use	7 1st-line use	8 1st-line use	9 Treatment of choice
Citalop	ram							
	2	3	4	5	6	7	8	9
Escital	opram							
	2	3	4	5	6	7	8	9
Fluoxe	tine							
	2	3	4	5	6	7	8	9
Fluvox	amine							
	2	3	4	5	6	7	8	9
Paroxe	tine							
	2	3	4	5	6	7	8	9
Sertral	ine							
1	2	3	4	5	6	7	8	9

24 NSRI

	1 Never use	2 Rarely use	3 Rarely use	4 2nd-line use	5 2nd-line use	6 2nd-line use	7 1st-line use	8 1st-line use	9 Treatment of choice
	Venlafa	axine							
		2	3	4	5	6	7	8	9
	Duloxe	tine							
		2	3	4	5	6	7	8	9
25	Bupro	pion							
25	Bupro	pion Rarely	Rarely	2nd-line	2nd-line	2nd-line	1st-line	1st-line	Treatment of
25			Rarely use	2nd-line use	2nd-line use	2nd-line use	1st-line use	1st-line use	Treatment of choice

26 Mirtazepine

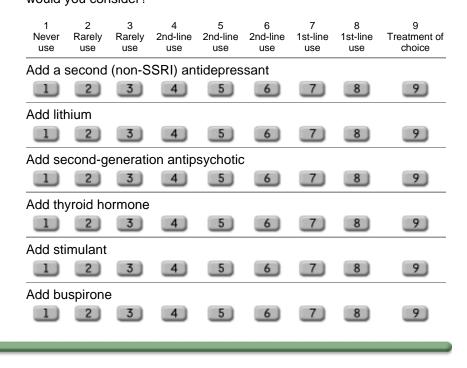
	Never use	Rarely use	Rarely use	2nd-line use	2nd-line use	2nd-line use	1st-line use	1st-line use	Treatment of choice
	1	2	3	4	5	6	7	8	9
27									
21	ТСА								
	1 Never use	2 Rarely use	3 Rarely use	4 2nd-line use	5 2nd-line use	6 2nd-line use	7 1st-line use	8 1st-line use	9 Treatment o choice
	Nortrip	tyline 2	3	4	5	6	7	8	9
	Desipra	amine							
		2	3	4	5	6	7	8	9
	Amitrip	tyline 2	3	4	5	6	7	8	9
28	MAOI	Phenel	zine						
	Never	Rarely	Rarely	2nd-line	2nd-line	2nd-line	1st-line	1st-line	Treatment of
	use	use	use	use	use	use	use	use	choice
	1	2	3	4	5	6	7	8	9
29	Stimul	ants							
	1 Never use	2 Rarely use	3 Rarely use	4 2nd-line use	5 2nd-line use	6 2nd-line use	7 1st-line use	8 1st-line use	9 Treatment o choice
	Methyl	phenida	ate pre	paration	s				
		2	3	4	5	6	7	8	9
	Dextro	amphet		4	5	6	7	8	9

30 2a. Assuming a depressed patient with HIV was treated with an SSRI by his PCP (e.g., sertraline up to 200 mg daily for 8 weeks), to what antidepressant would you change if the initial treatment shows *no benefit?*

1 2 3 4 5 6 7 8 9

Never use	Rarely use	Rarely use	2nd-line use	2nd-line use	2nd-line use	1st-line use	1st-line use	Treatment of choice
Second	SSRI							
1	2	3	4	5	6	7	8	9
NSRI								
1	2	3	4	5	6	7	8	9
Buprop	oion							
	2	3	4	5	6	7	8	9
Mirtaze	pine							
	2	3	4	5	6	7	8	9
ТСА								
	2	3	4	5	6	7	8	9
MAOI								
	2	3	4	5	6	7	8	9
Stimula	ant							
	2	3	4	5	6	7	8	9

31 2b. Assuming the same patient from the previous question shows **some** benefit from the SSRI, what pharmacological augmentation strategy would you consider?





32 How long would you generally recommend a patient continue his antidepressant after remission from his *first and only* episode of depression?

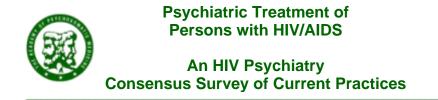
1 Never use	2 Rarely use	3 Rarely use	4 2nd-line use	5 2nd-line use	6 2nd-line use	7 1st-line use	8 1st-line use	9 Treatment of choice
Discon	tinue w	ithin 3 ı	months					
1	2	3	4	5	6	7	8	9
Continu	ue for 3	to 6 m	onths					
	2	3	4	5	6	7	8	9
Continu	ue for 6	to 12 r	nonths					
1	2	3	4	5	6	7	8	9
Continu	ue for a	t least	one yea	r				
1	2	3	4	5	6	7	8	9
Continu	ue for a	t least 2	2 years					
1	2	3	4	5	6	7	8	9
Lifetime	e contir	nuation						
1	2	3	4	5	6	7	8	9

Practice 4. Frequency of Follow-up

- **33** How often do you suggest a patient to be reassessed once stabilized on an antidepressant?
- Every week
 Every 2 weeks
 Every month
 Every 6 weeks
 Every 2 months
 Other:

When you are satisfied with your answers above, click the Submit arrow below to record your responses and go to survey page 3 of 5.





Practice 5. Antipsychotic Choice for Psychosis (Unrelated to Dementia or Delirium)

Please rate the appropriateness of the following antipsychotics for the initial treatment of psychosis in HIV patients (unrelated to dementia or delirium):

34 First-generation antipsychotics

Never	Rarely	Rarely	2nd-line	2nd-line	2nd-line	1st-line	1st-line	Treatment of
use	use	use	use	use	use	use	use	choice
	2	3	4	5	6	7	8	9

35 Second-generation antipsychotics

1 Never use	2 Rarely use	3 Rarely use	4 2nd-line use	5 2nd-line use	6 2nd-line use	7 1st-line use	8 1st-line use	9 Treatment of choice
Aripipra	azole							
	2	3	4	5	6	7	8	9
Olanza	pine							
1	2	3	4	5	6	7	8	9
Paliper	idone							
	2	3	4	5	6	7	8	9
Quetia	pine							
	2	3	4	5	6	7	8	9
Risperi	done							
	2	3	4	5	6	7	8	9
Ziprasi	done							
	2	3	4	5	6	7	8	9
								_

36 Clozapine

Never	Rarely	Rarely	2nd-line	2nd-line	2nd-line	1st-line	1st-line	Treatment of
use	use	use	use	use	use	use	use	choice
	2	3	4	5	6	7	8	9

Practice 6. Choice of Benzodiazepines for Anxiety Disorders

37 Please rate the appropriateness of the following benzodiazepines for the treatment of syndromal anxiety disorders (e.g., panic disorder) in HIV patients:

1 Never use	2 Rarely use	3 Rarely use	4 2nd-line use	5 2nd-line use	6 2nd-line use	7 1st-line use	8 1st-line use	9 Treatment of choice
Alprazo	olam							
	2	3	4	5	6	7	8	9
Clonaz	epam							
	2	3	4	5	6	7	8	9
Diazep	am							
	2	3	4	5	6	7	8	9
Loraze	pam							
	2	3	4	5	6	7	8	9
Oxaze	pam							
	2	3	4	5	6	7	8	9

When you are satisfied with your answers above, click the Submit arrow below to record your responses and go to survey page 4 of 5.





Practice 7. Treatment of Mania

7a. Please rate the appropriateness of the following mood stabilizer (or psychotropic) for the treatment of *secondary* manias in a person with HIV/AIDS (e.g., "AIDS mania," cryptococcal meningitis-induced mania or steroid-induced mania):

38	Carba	mazepi	ine or o	oxcarba	zepine				
	Never	Rarely	Rarely	2nd-line	2nd-line	2nd-line	1st-line	1st-line	Treatment of
	use	use	use	use	use	use	use	use	choice
		2	3	4	5	6	7	8	9
39	Gabap	entin							
	Never	Rarely	Rarely	2nd-line	2nd-line	2nd-line	1st-line	1st-line	Treatment o
	use	use	use	use	use	use	use	use	choice
		2	3	4	5	6	7	8	9
	_								
40	Lamot	rigine							
40	Lamot	rigine Rarely	Rarely	2nd-line	2nd-line	2nd-line	1st-line	1st-line	Treatment o
40		_	Rarely use	2nd-line use	2nd-line use	2nd-line use	1st-line use	1st-line use	Treatment o choice
40	Never	Rarely	-						
40	Never	Rarely use	use	use	use	use	use	use	choice
40	Never	Rarely use	use	use	use	use	use	use	choice
	Never use	Rarely use	use	use	use	use	use	use	
	Never use	Rarely use 2	use	use	use	use	use	use 8	choice 9

42 Topiramate

	Never	Rarely	Rarely	2nd-line	2nd-line	2nd-line	1st-line	1st-line	Treatment of
	use	use	use	use	use	use	use	use	choice
	1	2	3	4	5	6	7	8	9
43	Valpro	oate							
	Never	Rarely	Rarely	2nd-line	2nd-line	2nd-line	1st-line	1st-line	Treatment of
	use	use	use	use	use	use	use	use	choice
	1	2	3	4	5	6	7	8	9
44	Antips	sychoti	cs: Fir	st-Gene	ration				

Never	Rarely	Rarely	2nd-line	2nd-line	2nd-line	1st-line	1st-line	Treatment of
use	use	use	use	use	use	use	use	choice
	2	3	4	5	6	7	8	9

45 Antipsychotics: Second-Generation

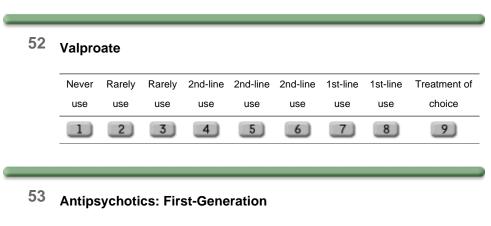
1 Never use	2 Rarely use	3 Rarely use	4 2nd-line use	5 2nd-line use	6 2nd-line use	7 1st-line use	8 1st-line use	9 Treatment of choice
Aripipra	azole							
	2	3	4	5	6	7	8	9
Olanza	ipine							
1	2	3	4	5	6	7	8	9
Paliper	idone							
1	2	3	4	5	6	7	8	9
Quetia	pine							
1	2	3	4	5	6	7	8	9
Risperi	done							
1	2	3	4	5	6	7	8	9
Ziprasi	done							
1	2	3	4	5	6	7	8	9

46 Antipsychotic: Clozapine

use	choice							
1	2	3	4	5	6	7	8	9

7b. Please rate the appropriateness of the following mood stabilizer (or psychotropic) for *maintenance phase treatment* of a person with bipolar disorder and comorbid HIV disease:

47	Carba	mazepi	ine or o	oxcarba	zepine				
	Never	Rarely	Rarely	2nd-line	2nd-line	2nd-line	1st-line	1st-line	Treatment of
	use	use	use	use	use	use	use	use	choice
		2	3	4	5	6	7	8	9
48	Gabap	entin							
	Never	Rarely	Rarely	2nd-line	2nd-line	2nd-line	1st-line	1st-line	Treatment of
	use	use	use	use	use	use	use	use	choice
	1	2	3	4	5	6	7	8	9
49	Lamot	rigine							
	Never	Rarely	Rarely	2nd-line	2nd-line	2nd-line	1st-line	1st-line	Treatment of
	use	use	use	use	use	use	use	use	choice
	1	2	3	4	5	6	7	8	9
50	Lithiur	n							
	Never	Rarely	Rarely	2nd-line	2nd-line	2nd-line	1st-line	1st-line	Treatment o
	use	use	use	use	use	use	use	use	choice
	1	2	3	4	5	6	7	8	9
51	Topira	mate							
					and line	2nd-line	1st-line	1st-line	Treatment of
	Never	Rarely	Rarely	2nd-line	2nd-line	2110-11116		131-1116	ricalment
	Never	Rarely use	Rarely use	2nd-line use	use	use	use	use	choice



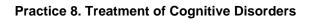
Never	Rarely	Rarely	2nd-line	2nd-line	2nd-line	1st-line	1st-line	Treatment of
use	use	use	use	use	use	use	use	choice
1	2	3	4	5	6	7	8	9

54 Antipsychotics: Second-Generation

1 Never use	2 Rarely use	3 Rarely use	4 2nd-line use	5 2nd-line use	6 2nd-line use	7 1st-line use	8 1st-line use	9 Treatment of choice
Aripipra	azole	3	4	5	6	7	8	9
Olanza	pine 2	3	4	5	6	7	8	9
Paliper	idone	3		5	6	7	8	9
Quetia	pine	_	-		_	_	_	2
Risperi	2 idone	3	4	5	6	7	8	9
1 Ziprasi		3	4	5	6	7	8	9
	2	3	4	5	6	7	8	9

55 Antipsychotic: Clozapine

use use use use use use use choice 1 2 3 4 5 6 7 8 9
1 2 3 4 5 6 7 8 9



8a. Please rate the appropriateness of the following psychotropics for the management of delirium (**not** due to alcohol or benzodiazepine withdrawal) in HIV-infected patients:

1 Never use	2 Rarely use	3 Rarely use	4 2nd-line use	5 2nd-line use	6 2nd-line use	7 1st-line use	8 1st-line use	9 Treatment of choice			
Chlorp	Chlorpromazine										
1	2	3	4	5	6	7	8	9			
Halope	Haloperidol										
1	2	3	4	5	6	7	8	9			
Arpipra	zole										
	2	3	4	5	6	7	8	9			
Olanza	pine										
	2	3	4	5	6	7	8	9			
Quetia	pine										
	2	3	4	5	6	7	8	9			
Risperi	done										
1	2	3	4	5	6	7	8	9			
Ziprasi	done										
	2	3	4	5	6	7	8	9			
Benzodiazepines (e.g., diazepam)											
1	2	3	4	5	6	7	8	9			
Choline	Cholinesterase inhibitor (e.g., donepezil)										
1	2	3	4	5	6	7	8	9			

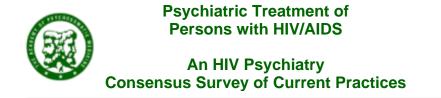
8b. Please rate the appropriateness of the following psychotropics for agitation, psychosis, or other behavioral manifestations of dementia:

1 Never use	2 Rarely use	3 Rarely use	4 2nd-line use	5 2nd-line use	6 2nd-line use	7 1st-line use	8 1st-line use	9 Treatment of choice	
Chlorp	romazir	ne							
	2	3	4	5	6	7	8	9	
Halope	eridol	3	4	5	6	7	8	9	
Arpipra	zole	3	4	5	6	7	8	9	
Olanza	Olanzapine								
1	2	3	4	5	6	7	8	9	
Quetia	pine 2	3	4	5	6	7	8	9	

Risperid	one 2	3	4	5	6	7	8	9
Ziprasidone								
1	2	3	4	5	6	7	8	9
Benzodiazepines (e.g., diazepam)								
1	2	3	4	5	6	7	8	9
Cholinesterase inhibitor (e.g., donepezil)								
	2	3	4	5	6	7	8	9

When you are satisfied with your answers above, click the Submit arrow below to record your responses and go to the last page of the survey.





SECTION II: Non-Pharmacological Treatment Modalities

Please use the following rating scale to answer the remaining questions:

- 1 extremely inappropriate: a treatment you would never use
- 2-3 usually inappropriate: a treatment you would rarely use
- 4-6 equivocal: a second line you would sometimes use (e.g., patient/family preference or if first-line treatment is ineffective, unavailable or unsuitable)
- 7-8 usually appropriate: a first-line treatment you would often use
- 9 extremely appropriate: this is your treatment of choice

Practice 9. Individual Therapy Modalities

58 Please rate the value the following modalities for the treatment of depression in a person with HIV/AIDS:

1 Never use	2 Rarely use	3 Rarely use	4 2nd-line use	5 2nd-line use	6 2nd-line use	7 1st-line use	8 1st-line use	9 Treatment of choice			
Cogniti	Cognitive-behavioral therapy (CBT)										
	2	3	4	5	6	7	8	9			
Interpe	rsonal	therapy	(IPT)								
	2	3	4	5	6	7	8	9			
Psycho	odynam	ic thera	ру								
	2	3	4	5	6	7	8	9			
Psycho	Psychoeducation										
	2	3	4	5	6	7	8	9			
Suppor	Supportive treatment										
	2	3	4	5	6	7	8	9			

Practice 10. Group Therapy Modalities

59 Which of the following group treatment modalities do you consider useful for a person with HIV/AIDS and depression:

1 Never use	2 Rarely use	3 Rarely use	4 2nd-line use	5 2nd-line use	6 2nd-line use	7 1st-line use	8 1st-line use	9 Treatment of choice			
Cogniti	Cognitive-behavioral therapy (CBT)										
	2	3	4	5	6	7	8	9			
Bereav	Bereavement-oriented treatment										
	2	3	4	5	6	7	8	9			
Interpe	Interpersonal therapy (IPT)										
1	2	3	4	5	6	7	8	9			
Psycho	dynam	ic thera	ару								
	2	3	4	5	6	7	8	9			
Psycho	educat	ion									
	2	3	4	5	6	7	8	9			
Suppor	Supportive treatment										
	2	3	4	5	6	7	8	9			

Thank you very much! This is the end of the survey. When you are satisfied with your answers, click the Submit arrow to record your responses.

