



## 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

3 Years since graduation:

4 Board-certified in Psychosomatic Medicine?

5 Practice setting:

- Academic setting
- Public sector
- Private hospital
- Private practice
- Other (please specify):

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6 Percentage of time devoted to AIDS psychiatry (full time, part time):

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7 Mental health profession:

- Psychiatrist
- Psychologist
- Psychiatric Nurse Clinician
- Psychiatric Nurse Practitioner
- Other (please specify):

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8 \* Do you prescribe psychotropic medications for your AIDS patients?

 

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When you are satisfied with your answers above, please click the Submit button below to record your responses and take you to the next page of the survey.

If you indicated that you do prescribe psychotropic medications for your AIDS patients, the next few pages will ask for details of your prescribing practices.

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





Sertraline

1 2 3 4 5 6 7 8 9

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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
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Venlafaxine

1 2 3 4 5 6 7 8 9

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Duloxetine

1 2 3 4 5 6 7 8 9

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11 **Bupropion**

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

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12 **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
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1 2 3 4 5 6 7 8 9

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13 **TCA**

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
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Nortriptyline

1 2 3 4 5 6 7 8 9

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Desipramine

1 2 3 4 5 6 7 8 9

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Amitriptyline

1 2 3 4 5 6 7 8 9

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14 **MAOI Phenzelzine**

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

## 15 Stimulants

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

Methylphenidate preparations

1 2 3 4 5 6 7 8 9

Dextroamphetamine

1 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 PI antiretroviral therapy (e.g., Combivir plus lopinavir/r)** and has **no evidence of psychosis or dementia:**

## 16 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

Citalopram

1 2 3 4 5 6 7 8 9

Escitalopram

1 2 3 4 5 6 7 8 9

Fluoxetine

1 2 3 4 5 6 7 8 9

Fluvoxamine

1 2 3 4 5 6 7 8 9

Paroxetine

1 2 3 4 5 6 7 8 9

Sertraline

1 2 3 4 5 6 7 8 9

## 17 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

Venlafaxine

1 2 3 4 5 6 7 8 9

Duloxetine

1 2 3 4 5 6 7 8 9

## 18 Bupropion

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

## 19 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

## 20 TCA

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
Nortriptyline								
1	2	3	4	5	6	7	8	9
Desipramine								
1	2	3	4	5	6	7	8	9
Amitriptyline								
1	2	3	4	5	6	7	8	9

## 21 MAOI Phelzine

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

## 22 Stimulants

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
Methylphenidate preparations								
1	2	3	4	5	6	7	8	9
Dextroamphetamine								

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
Citalopram	1	2	3	4	5	6	7	8	9
Escitalopram	1	2	3	4	5	6	7	8	9
Fluoxetine	1	2	3	4	5	6	7	8	9
Fluvoxamine	1	2	3	4	5	6	7	8	9
Paroxetine	1	2	3	4	5	6	7	8	9
Sertraline	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
Venlafaxine	1	2	3	4	5	6	7	8	9
Duloxetine	1	2	3	4	5	6	7	8	9

25 **Bupropion**

	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

## 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 TCA

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
Nortriptyline								
1	2	3	4	5	6	7	8	9
Desipramine								
1	2	3	4	5	6	7	8	9
Amitriptyline								
1	2	3	4	5	6	7	8	9

## 28 MAOI Phenzelzine

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

## 29 Stimulants

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
Methylphenidate preparations								
1	2	3	4	5	6	7	8	9
Dextroamphetamine								
1	2	3	4	5	6	7	8	9

## Practice 2. Ineffective Initial Antidepressant

- 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
Bupropion								
1	2	3	4	5	6	7	8	9
Mirtazepine								
1	2	3	4	5	6	7	8	9
TCA								
1	2	3	4	5	6	7	8	9
MAOI								
1	2	3	4	5	6	7	8	9
Stimulant								
1	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?

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
Add a second (non-SSRI) antidepressant								
1	2	3	4	5	6	7	8	9
Add lithium								
1	2	3	4	5	6	7	8	9
Add second-generation antipsychotic								
1	2	3	4	5	6	7	8	9
Add thyroid hormone								
1	2	3	4	5	6	7	8	9
Add stimulant								
1	2	3	4	5	6	7	8	9
Add buspirone								
1	2	3	4	5	6	7	8	9

### Practice 3. Duration of Antidepressant Treatment

- 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
Discontinue within 3 months								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continue for 3 to 6 months								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continue for 6 to 12 months								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continue for at least one year								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continue for at least 2 years								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lifetime continuation								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### 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.





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## Practice 6. Choice of Benzodiazepines for Anxiety Disorders

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- 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
Alprazolam								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clonazepam								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diazepam								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lorazepam								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oxazepam								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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.





## Psychiatric Treatment of Persons with HIV/AIDS

### An HIV Psychiatry Consensus Survey of Current Practices

#### 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 Carbamazepine or oxcarbazepine

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

#### 39 Gabapentin

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

#### 40 Lamotrigine

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

#### 41 Lithium

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

## 42 Topiramate

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

## 43 Valproate

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

## 44 Antipsychotics: First-Generation

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

## 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
Aripiprazole								
1	2	3	4	5	6	7	8	9
Olanzapine								
1	2	3	4	5	6	7	8	9
Paliperidone								
1	2	3	4	5	6	7	8	9
Quetiapine								
1	2	3	4	5	6	7	8	9
Risperidone								
1	2	3	4	5	6	7	8	9
Ziprasidone								
1	2	3	4	5	6	7	8	9

## 46 Antipsychotic: Clozapine

Never use	Rarely use	Rarely use	2nd-line use	2nd-line use	2nd-line use	1st-line use	1st-line use	Treatment of choice
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use	use	use	use	use	use	use	use	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 Carbamazepine or oxcarbazepine**

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

**48 Gabapentin**

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

**49 Lamotrigine**

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

**50 Lithium**

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

**51 Topiramate**

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

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## 52 Valproate

Never use	Rarely use	Rarely use	2nd-line use	2nd-line use	2nd-line use	1st-line use	1st-line use	Treatment of choice
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## 53 Antipsychotics: First-Generation

Never use	Rarely use	Rarely use	2nd-line use	2nd-line use	2nd-line use	1st-line use	1st-line use	Treatment of choice
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## 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
Aripiprazole								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Olanzapine								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paliperidone								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quetiapine								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risperidone								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ziprasidone								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## 55 Antipsychotic: Clozapine

Never use	Rarely use	Rarely use	2nd-line use	2nd-line use	2nd-line use	1st-line use	1st-line use	Treatment of choice
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Risperidone

1  2  3  4  5  6  7  8  9

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Ziprasidone

1  2  3  4  5  6  7  8  9

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Benzodiazepines (e.g., diazepam)

1  2  3  4  5  6  7  8  9

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Cholinesterase inhibitor (e.g., donepezil)

1  2  3  4  5  6  7  8  9

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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.





## Psychiatric Treatment of Persons with HIV/AIDS

### An HIV Psychiatry Consensus Survey of Current Practices

## 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
Cognitive-behavioral therapy (CBT)								
1	2	3	4	5	6	7	8	9
Interpersonal therapy (IPT)								
1	2	3	4	5	6	7	8	9
Psychodynamic therapy								
1	2	3	4	5	6	7	8	9
Psychoeducation								
1	2	3	4	5	6	7	8	9
Supportive treatment								
1	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
Cognitive-behavioral therapy (CBT)								
1	2	3	4	5	6	7	8	9
Bereavement-oriented treatment								
1	2	3	4	5	6	7	8	9
Interpersonal therapy (IPT)								
1	2	3	4	5	6	7	8	9
Psychodynamic therapy								
1	2	3	4	5	6	7	8	9
Psychoeducation								
1	2	3	4	5	6	7	8	9
Supportive treatment								
1	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.

