Social Co-morbidities & Depression among HIV+ Persons

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Objectives

To provide understanding of the Impact of depression in the management of HIV+

To highlight the relationships between social factors & the effects on HIV+ patients

To provide understanding of the complexities of managing social co-morbidities in HIV+ patients
Depression

- Diminished interest or pleasure
- Significant weight lose or weight gain
- Insomnia or Hypersomnia
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Diminished ability to concentrate or think
- Recurrent thoughts of death
Causes

Situations
- Loss
- Isolation
- Conflict
- Stress

Actions
- Social withdrawal
- Reduced activity level
- Poor self-care

Thoughts
- Negative thinking habits
- Harsh self-criticism
- Unfair & unrealistic thoughts

Physical State
- Altered sleep
- Low energy / fatigue
- Agitation
- Changes in brain chemistry

Emotions
- Discouragement
- Sadness
- Irritability/anger
- Numbness
- Anxiety
Driving Forces

- Living with HIV
- Unemployment
- Homelessness
- Domestic violence
- Lack of family support
- Poverty
- Loneliness
- Living in fear
How do we get them from hopelessness

IF YOU'RE GOING TO GET ANY
JOY OUT OF BEING DEPRESSED,
YOU'VE GOT TO STAND LIKE THIS.
Intervention: Goal

To help them have hope & happiness
General Intervention: Depression

- Talk it – psychotherapeutics
  - Behavioral therapy
  - Cognitive-behavioral therapy

- Drug it - Psychopharmacology
  - SSRIs
  - SNRIs
  - TCA

- Shock it - Somatic Treatments
  - ECT, VNS & phototherapy
IHS Program Interventions

Team Approach: Collaborative efforts

✓ ID doctor
✓ Psychologist
✓ Social workers
✓ Health technicians (HT)
✓ Clinical Nurse Specialist (CNS)
✓ Dietitian
✓ Pharmacist
Addressing Social comorbidities we have to engage the services of Case managers. They provide services GIMC cannot provide i.e.

- Providing food vouchers
- Propane/ Firewood to heat homes & cook
- Providing cell phones
- Assisting patients to apply for chapter housing
- Enforcing medical appointment attendance
CNS Encourage HIV+ patients to:

- Eat healthy
- Stay mentally positive
- Exercise
- Maintain healthy relationship
- Avoid alcohol and drug use
IHS Program Intervention

Addressing social comorbidities: CNS & HT

Home visits:

✓ Assessing for IPV
✓ Assessing for ETOH use disorder
✓ Assessing for mood changes
✓ Assessing for suicidal thoughts & Ideation
✓ Assessing for medication adherence
✓ Assisting patients with transportation need to appts
✓ Coordinating referral services to team members & other facilities
The Complexities of the Problems
The Complexities of the Problem
Monthly case conference to discuss each patient referred for case management with treatment team & our collaborators (First Nations & North Country Healthcare)

Monthly in-house HOPE case meeting comprising ID doctors, CNS, HT and Pharmacist
Conclusion

• Collaboration with partners to address social comorbidities

• Coordinates HIV care including referral to homeless shelters, alcohol/drug rehab & group homes

• Coordinates referral to behavioral health services to address depression & mental health issues
Reference


