

Depression and HIV



Healthy Living
With HIV

www.patientedu.org/hiv

Depression is a real mood disorder that is more than just sadness or grief. It's sadness or grief that is more intense and lasts longer than it should. About 5% to 10% of the general population gets depressed. However, rates of depression in people with HIV can be much higher. Being depressed isn't a sign of weakness. And just because you're dealing with HIV doesn't mean you should expect to be depressed. This brochure will tell you about depression and why it matters for people living with HIV. It also will tell you about ways to treat the problem so that you can lead a longer, healthier life.

Why Depression Matters

Depression is an important condition for people living with HIV. It can lead you to miss doses of your medication. It can also put you at risk for high-risk behaviors that could transmit HIV to others. Depression might cause some viral infections to be more active. Overall, depression can make HIV disease progress faster. It can hurt your ability to enjoy life. Unfortunately, depression often gets overlooked. Many HIV specialists have not been trained to manage depression in their patients.

Types of Depression

Depression can come in different forms. Three of the most common types are:

1. Major depression
2. Dysthymia (*a less severe type of depression*)
3. Bipolar disorder

Within these types, there are different symptoms to think about. The severity and how long these symptoms persist can also vary.

1. Major depression is a combination of symptoms that interfere with the ability to work, study, eat, or sleep. It can also make other activities you once enjoyed no longer enjoyable.



A major depressive episode may occur only once for some people. However, this type of depression more often occurs many times in a lifetime.

Some of the symptoms of major depression are:

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness or pessimism
- Feelings of guilt, low self-worth, or helplessness
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- Decreased energy or fatigue
- Difficulty concentrating, remembering, or making decisions
- Insomnia, waking up too early, or oversleeping
- Appetite and/or weight loss, or overeating and/or weight gain
- Thoughts of death or suicide or suicide attempts
- Restlessness or irritability
- Persistent physical symptoms that do not respond to treatment (*headaches, digestive problems, and chronic pain*)

2. Dysthymia is a less severe type of depression. Unlike major depression, dysthymia involves long-term symptoms that do not disable people. Instead, these symptoms keep people from functioning well or from feeling good. Many people with dysthymia also have major depressive episodes at some point in their lives.

3. Bipolar disorder, also called

manic-depressive illness, is another type of depression. It’s not as common as other forms of depression, but it’s just as disabling. In bipolar disorder, people have mood changes that cycle. They can have severe highs (*mania*), and severe lows (*depression*).



Some of the symptoms of mania are:

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| • Abnormal or excessive elation | • A lower need for sleep |
| • Unusual irritability | • More sexual desire |
| • Talking rapidly or excessively | • More energy |
| • Racing thoughts | • Poor judgment |
| | • Bad social behavior |

With bipolar disorder, mood switches can be dramatic and rapid. However, most mood changes are gradual. When people are in the depressed cycle, they can have any or all of the symptoms of major depression. When people are in the manic cycle, they may be overactive, talk too much, or have a lot of energy. Mania often affects thinking, judgment, and social behavior in ways that cause serious problems and embarrassment. If mania is left untreated, it can worsen to a psychotic state. Not everyone who is depressed or manic will experience every symptom. The severity of symptoms will vary depending on the person. The severity can also vary over time.

Source: TheBody.com (www.thebody.com/content/living/art6294.html)

What Causes Depression?

Some of the drugs used to treat HIV can cause or worsen depression. Diseases such as anemia or diabetes can cause symptoms that look like depression. So can substance abuse or alcohol use. Low levels of testosterone, vitamin B6, or vitamin B12 can also worsen depression. People who are infected with both HIV and hepatitis B or C are more likely to be depressed.

Some types of depression run in families. This seems to be the case especially with bipolar disorder. Other factors, such as stress at home, work, or school, can be involved in the onset of bipolar disorder. In some families, major depression runs from generation to generation. However, major depression can also occur in those with no family history of it. Whether inherited or not, major depression is often linked to changes in brain structures or brain function.

Symptoms of people who are prone to depression:

- Have low self-esteem
- Consistently view themselves and the world with pessimism
- Are easily overwhelmed by stress

Some life events can trigger depression. Examples may be a serious loss, a tough relationship, money problems, or any stressful change in life patterns. Very often, a combination of genetic, psychological, and environmental factors leads to the onset of depression. Later episodes may happen even with just mild stresses or even no stresses.

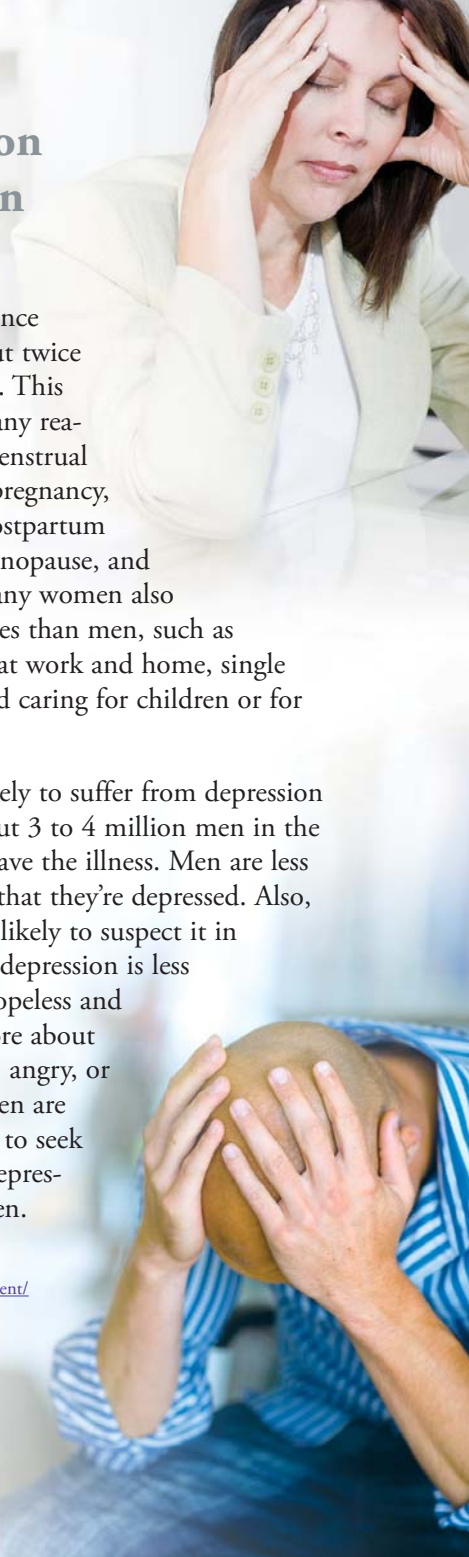
Source: TheBody.com (www.thebody.com/content/living/art6294.html)

Depression in Women & Men

Women experience depression about twice as often as men. This could be for many reasons, such as menstrual cycle changes, pregnancy, miscarriages, postpartum periods, pre-menopause, and menopause. Many women also face more stresses than men, such as responsibilities at work and home, single parenthood, and caring for children or for aging parents.

Men are less likely to suffer from depression than women, but 3 to 4 million men in the United States have the illness. Men are less likely to admit that they're depressed. Also, doctors are less likely to suspect it in men. For men, depression is less about feeling hopeless and helpless. It's more about feeling irritable, angry, or discouraged. Men are also less willing to seek help for their depression than women.

Source: TheBody.com
(www.thebody.com/content/living/art6294.html)





Treatment for Depression

Depression can be treated in different ways. For some, changing lifestyles can help. Some lifestyle changes that can help with depression are:

- Regular exercise
- More exposure to sunlight
- Better stress management
- Professional counseling or therapy
- Better sleep habits

Alternative therapies are often used to treat depression. Be sure to talk to your doctor before taking or using any of these therapies because some can make your HIV treatment less effective.

Some depressions respond best to antidepressants. However, antidepressants can interact with some antiretroviral drugs. These drugs should only be used under the care of a physician who is familiar with your HIV treatment. Your health-care provider can help you select the therapy or combination of therapies best for you. Do not try to self-medicate with alcohol or illegal drugs. They can make depression worse and create even more problems.

Source: TheBody.com (www.thebody.com/content/living/art6294.html)

Before taking any antidepressant, be sure to talk to your doctor.

Talk Therapy Can Help

It can be helpful to understand your state of mind if you're depressed and have HIV. Therapy can help you figure out the sources of your stress. It can also help lessen symptoms of depression and may prevent it from coming back. Both therapy and support groups are available throughout the U.S. They can provide you with a chance to talk about your feelings. They can also help you understand your feelings better. They may even reduce anxiety and depression at times of particular stress.

Therapy involves different techniques designed to improve emotional well-being. It often means talking with a therapist regularly. Minds and emotions are very complex, so each therapist may have different ways of getting through to you. Some may encourage family and couple therapy or group therapy. Others may try to change your behaviors.

Unfortunately, therapy can be expensive. It's often an ongoing activity. The fees can mount up. Some insurance policies pay for therapy, but coverage is usually limited. The good news is that there are low-cost options covered by Medicaid at many clinics, hospitals, medical centers, and social service agencies.

Source: TheBody.com (www.thebody.com/content/living/art6294.html)



Choosing a Therapist

Finding the best therapist can be tough. It might be helpful to get a referral from someone you trust. Try talking to your doctor or others who have battled depression. Another option is to find help from a local AIDS organization. Be sure to ask therapists about their training, experience, and approach. You may need to speak with a few therapists before you find someone you feel comfortable with.

Things to ask yourself when choosing a therapist:

- Is the therapist reasonable, respectful, attentive, and understanding?
- Is the therapist clear about their cost of therapy and time and length of sessions?
- Does the therapist have good training?
- Does the therapist know anything about HIV, and do they have experience in treating people with it?

This includes doctors, insurance companies, and family members. Remember that your therapist can never give information about you to anyone without your explicit permission. The only exception is if you're in danger of physically hurting yourself or someone else. In this case, your therapist is required by law to tell someone about this information to prevent you from harm.

Source: TheBody.com (www.thebody.com/content/living/art6294.html)

The Bottom Line

Depression is a very common illness for people with HIV. If it goes untreated, depression can cause you to miss drug doses and lower your quality of life. Depression is a “whole body” issue that can interfere with your physical health, thinking, feelings, and behavior. The earlier you reach out to your healthcare provider, the sooner you can both come up with a plan for dealing with this very real health issue.



Learn More

If you still have questions, the following resources offer more information about depression and HIV.



TheBody.com
www.thebody.com



AIDSMap.com
<http://aidsmap.com>



AIDSInfoNet.org
www.aidsinfonet.org



WomensHealth.gov
www.womenshealth.gov/hiv





To learn more about HIV and AIDS, visit **Healthy Living With HIV** at:
www.patientedu.org/HIV.

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