

Natureza do trabalho: Resumo

TÍTULO

PHARMACOLOGICAL AND PSYCHOTHERAPEUTIC STRATEGIES FOR TREATMENT OF HIV DEPRESSION AND ASSESSMENT OF THE EFFECTIVENESS

JOÃO LUIZ ITAGIBA FONSECA, FELIPE BORELLI DEL GUERRA, EDWARD B. ZIFF, ELISABETE C. KONKIEWITZ

UNIVERSIDADE FEDERAL DE GRANDE DOURADOS, UFGD, DOURADOS, MS, BRASIL

RESUMO

Major Depressive Disorder (MDD) is one of the main psychiatric co-morbidities in HIV infection, and it remains under-diagnosed and under-treated. Treatment of HIV depression is based on the same principles of the treatment of depression in the general population or other groups with chronic diseases. It consists of a multimodal approach that combines pharmacotherapy, psychotherapy and psychosocial interventions. Psychotherapy is an important part of the treatment, it teaches the patient how to manage his stress, problems and anxiety. It is effective in all disease's stages, mainly at the time of diagnosis. The most efficient are the Individual Interpersonal Therapy and the Cognitive Behavioral Therapy. As all classes of antidepressants have equivalent therapeutic effects, the decision of which drug use will depend upon possible drug interactions, side effects wished to be avoided or used as benefit, and the availability of drugs in the health care network. Because of its good tolerance and low risk of overdose, SSRIs are the antidepressants most used for patients with HIV. Thus, it is important to pay attention to a possible complication of SSRIs, Serotonergic Syndrome, which causes intense agitation, akathisia and distress. It occurs when doses are increased rapidly or new pro-serotonin drugs are added. There are complementary therapies used in the treatment of depression that are gaining space with HIV individuals, as acupuncture, massage therapy and exercise. These therapies may be especially beneficial for those who do not respond or adversely respond to pharmacological treatment. Finally, it is important to consider that the antidepressant treatment in patients with HIV can be initiated and monitored by any clinician. When the symptomatology is severe and associated to substance abuse, suicidal ideation, psychotic symptoms, social and occupational disabilities, it is important that assessment and management is coordinated with the psychiatrist.