Southern African HIV Clinicians Society
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Our Issues, Our Drugs, Our Patients

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Contemporary Issues in Adolescent Care

Mental Health
Outline of presentation

- Normal adolescent development
- Impact of HIV on adolescents
- Mental Disorders in adolescents
- Mental disorders in adolescents with HIV
- Approach to mental health care for adolescents with HIV
Adolescent development

• Physical – Increase in height and weight
• Cognitive – brain changes, particularly in frontal lobes. Pruning, improved “top-down” efficiency
• Social – peer relationships become most important; intimate relationships
• Sexual - secondary sexual characteristics; reproductive ability
Challenges in adolescent development

- Establishing identity
- Completing secondary education
- Decisions on future (occupation/careers)
- Establishing relationships with peers
- Negotiating intimate relationships
- Experimentation and risk-taking
- High-risk period for onset of serious mental illness
Adolescents with HIV in South Africa

• Problems with data collection
• Large cohort of perinatally-infected adolescents (on treatment/treatment-naïve slow progressors)
  – Prevalence of 2-6% pre-HAART era
• New HIV infections in adolescents (females>males)
• 2012: 720000 15-24 year old with HIV
Clinical presentations of HIV in adolescents

• Opportunistic conditions: infections and malignancies
• Growth failure
• Chronic lung disease
• Cardiac disease
• Neurocognitive manifestations: impaired cognitive function, fine motor function, memory, perceptual performance, quantitative abilities, mental processing and language abilities
• Skin lesions
• Renal and bone disease
Challenges/Impact of HIV on adolescent development

• Physical – impact on growth; side-effects of medications
• Cognitive – impact on educational achievement
• Social – loss of parents and other family members; impact of disclosure/non-disclosure; stigma; lack of support; financial adversity
• Sexual – disclosure to intimate partners; HIV prevention/contraception
• Sense of identity – HIV-positive; living with HIV; I am a person/an adolescent (and I have a chronic condition)
• Disclosure; adherence to medication and transition to adult services
Mental disorders in adolescents in South Africa

- Estimated annual prevalence of 17% in children and adolescents
- Adjusted for comorbidity:
  - Anxiety disorders: 6.5%
  - Conduct disorder and ODD: 2.5%
  - Post-traumatic stress disorder: 2%
  - Depressive disorders: 2%
  - Schizophrenia and Bipolar Disorder: 1.5%
  - ADHD: 1.25%
  - Enuresis: 1.25%
Mental disorders in adolescents with HIV

• Very little/no information from South Africa/Sub-Saharan Africa
• Data from USA – psychiatric admissions >3x more common than HIV-ve counterparts: depression and behavioural problems
Mental disorders in adolescents living with HIV

- Cognitive problems and ADHD
- Common Mental Disorders
- Substance Use Disorders
- Behaviour disorders
- Serious Mental Illness
- Emerging Personality problems – impact of chronic adversity
Common presentations

• Poor adherence
• Risk-taking behaviours – substance use; high risk sexual activity
• Suicide attempts
• Relationship problems – parents; peers
Cognitive problems

- Intellectual disability
- Learning disability
- ADHD (4.8% prevalence in infectious disease clinic at Tygerberg Hospital)
Common Mental Disorders

• Depressive Disorders – increases with increasing age
• Anxiety Disorders – common in children; impact of chronic adversity
• Trauma-related disorders – acute and chronic
Substance Use Disorders

- Alcohol
- Marijuana
- Other

- Triad of HIV, mental disorder and substance use disorders – need for integrated care
Serious Mental Illness

• Primary disorders: schizophrenia and bipolar disorder
• Secondary to HIV brain infection
Approach to mental health issues in adolescents living with HIV

- Context
- Listening
- Screening and assessment
- Counselling and support
- Medication
- Psychotherapy