



Southern African HIV Clinicians Society

3rd Biennial Conference

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Sandton Convention Centre
Johannesburg

**Our Issues, Our Drugs,
Our Patients**

www.sahivsoc.org
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Contemporary Issues in Adolescent Care

Mental Health



2016

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
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- 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