

# HIV/AIDS and Serious Mental Illness

Human immunodeficiency virus (HIV) is the virus that causes acquired immunodeficiency syndrome (AIDS). HIV attacks T lymphocyte cells (T-cells) that are important for the body in fighting infections and diseases. After HIV enters the body, it works its way inside of a T-cell. Once inside, the virus completely takes over the T-cell and uses it as a virus-making factory to make more copies of itself. The newly made viruses then leave the T-cell and go on to infect and destroy other healthy T-cells as they continue to multiply inside the body. T-cells invaded by the virus can no longer properly fight infections and some cancers such as Kaposi sarcoma, non-Hodgkin lymphoma, and cervical cancer. This weakens the immune system, and many infections or diseases can develop. Someone who is living with HIV may develop AIDS after many years of damage to T-cells and may experience symptoms. Although the person living with HIV may feel fine, the virus continues to silently reproduce itself and destroy T-cells if left untreated.

## RISK FACTORS

Individuals with serious mental illness (SMI) are more likely to become infected with HIV, in particular individuals with a history of drug or alcohol use. The most common ways that individuals become infected with HIV include having unprotected anal or vaginal sex, sharing drug needles or syringes, or at birth from an infected mother. HIV is only spread through direct contact with another person's body fluids. This includes semen, vaginal fluid, blood, and breast milk. HIV is not spread through tears, sweat, feces, or urine.

Individuals living with HIV who are HIV positive require life-long self-management that may also be more difficult for people with SMI. It is very important for individuals who are HIV positive to take their medication as directed. Individuals who do not take their medication as directed may develop AIDS. Individuals who have developed AIDS are at a high risk for other infections and diseases due to a weakened immune system.

## SYMPTOMS OF AIDS

- ✓ Flu-like illness
- ✓ Swollen lymph nodes
- ✓ Diarrhea
- ✓ Fever
- ✓ Fatigue
- ✓ Weight loss
- ✓ Infections in the mouth
- ✓ Shortness of breath
- ✓ Other infections or diseases

***Most people will not feel any different after they are infected with HIV. It may take years to experience symptoms.***

## HIV and AIDS TESTING

- *Blood or saliva test* – HIV is most commonly diagnosed by testing blood or saliva for antibodies to the virus. It can take anywhere from 12 weeks to 6 months after getting infected for an HIV antibody test to become positive. A newer type of test that checks for the HIV antigen (a protein produced by HIV) can detect HIV within days of infections.
- *Viral load test* – This test measures how much HIV is in the blood and is first used when an individual is diagnosed with HIV. This test is done every 3 to 4 months and is used to measure changes in the HIV infection, guide treatment choices, and monitor how well the treatment is working.
- *T-cell (CD4+) counts* – In HIV positive individuals, this test helps diagnose whether the infection has progressed to AIDS by counting the number of T-cells. This test is done every 3 to 6 months and is also used to help the provider monitor how well antiretroviral therapy is working.

## **HIV/AIDS PREVENTION AND MENTAL ILLNESS AND SUBSTANCE USE**

- Talk to the client about the following actions they can take to reduce their risk of becoming infected with HIV or infecting others with HIV:
  - **Limit their number of sexual partners.** If the client has more than one sexual partner, recommend that they get tested for HIV and other STDs regularly.
  - **Support the client in discussing safe sex practices and HIV status with a new partner.**
  - **Use condoms during vaginal, anal, and oral sex.** Refer the client to the fact sheet on how to use condoms correctly (listed in the additional resources section).
  - **Support the client in seeking help if at-risk for coercive sexual encounters.**
  - **Get tested for HIV and know HIV status of partner(s).**
  - **Do not share needles or syringes.**
  - **Avoid risky substance use**
- Advise the client to talk to their clinical provider about pre-exposure prophylaxis (PrEP). This is a form of HIV prevention that involves taking an HIV medicine every day. It is intended for people who don't have HIV, but are at high risk of infection.

## **SUPPORTING CLIENTS LIVING WITH HIV/AIDS AND SMI**

- Try to understand the client's experience of living with HIV. Managing HIV/AIDS can require changes in many areas of one's life and can be overwhelming in the early stages of infection or during the complications of illness.
- Advise the client to work with their clinical provider to create an HIV/AIDS management plan that outlines when to take certain medications, identifies risky behaviors, and supports the client to set goals.
- Encourage and help identify continuous learning opportunities for clients to gain new/updated knowledge related to prevention and treatment of HIV/AIDS.
- Ask directly about barriers that might hinder clients in their efforts to manage their overall health (e.g., financial challenges, lack of experience cooking healthy meals, availability of physical activity opportunities and healthy foods, home environment, difficulty in understanding doctors' instructions, etc.).
- Discuss strategies with clients for remembering to take medications, dealing with common side effects, and what clients should do if they miss a dose. Include family members and significant others identified by the client as being supportive to the overall HIV/AIDS care plan.
- Encourage clients to discuss their immunization history with their health care provider.
- Use motivational interviewing techniques and support clients in self-management goals.
- Help clients identify questions they should ask their physician about management of HIV/AIDS. Help clients advocate and gain efficient access to specialty care (hematology, ob-gyn, etc.) as needed.
- Link clients to resources such as peer support groups and health education workshops.

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- **Worsening SMI symptoms after HIV diagnosis.** Individuals newly diagnosed with HIV or AIDS may experience worsening anxiety and depression. They may also become more isolated, have fewer support system resources, and struggle to deal with family, friends, or partners who are afraid of HIV/AIDS.
- **Any changes in health status.** Individuals living with HIV or AIDS are at a high risk for other infections and diseases, including some cancers. HIV medications can also cause many side effects. Refer client to their health care provider if any changes occur.

## CLINICAL RECOMMENDATIONS FOR CLIENTS LIVING WITH HIV/AIDS

FREQUENCY	SCREENING/ACTIVITY	GOAL	CHECKLIST	NOTES
Daily	<b>Medication Adherence</b>	Client is taking all medications, including psychiatric and HIV/AIDS medications.	Client is taking medications as directed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If client is not taking medications as directed, refer them to their primary care provider or behavioral health provider to obtain counseling.
Daily	<b>Change in Health Status:</b> Ask client if there are any changes in overall health	Note any new symptoms (including fever, coughing, confusion or other neuro-psychiatric symptoms, etc.), pain, or changes in functioning.	Client is experiencing new or worsening symptoms? Yes <input type="checkbox"/> No <input type="checkbox"/>	Refer client to health care provider if they are experiencing new or worsening symptoms.
Daily	<b>Change in Behavioral Health Status:</b> Ask client if there are any changes in their behavioral health status	Note worsening symptoms of depression, anxiety, or other SMI symptoms (including confusion).	Client is experiencing new or worsening mental health symptoms? Yes <input type="checkbox"/> No <input type="checkbox"/>	Refer client to behavioral health provider (and/or their health care provider) if they are experiencing new or worsening behavioral health symptoms.
Ongoing	<b>Body Mass Index (BMI)</b>	Underweight = <18.5 kg/m <sup>2</sup> Healthy weight = 18.5–24.9 kg/m <sup>2</sup> Overweight = 25–29.9 kg/m <sup>2</sup> Obesity = 30 kg/m <sup>2</sup> or greater	Date checked: _____  BMI reading: _____	If not at goal, discuss ways to improve BMI through improved diet and physical activity.
Ongoing	<b>Blood Pressure:</b> Some HIV medications can cause an increased risk for high blood pressure.	Systolic: <120mmHg Diastolic: <80mmHg  If over age 65 goal is <140/90	Client is checking values as directed by provider? Yes <input type="checkbox"/> No <input type="checkbox"/>	If client is not checking values as directed, support them in checking blood pressure. Refer client to provider if not at goal.
Ongoing	<b>Smoking and Alcohol Consumption</b>	Smoking cessation is strongly recommended for all clients living with HIV.  Reduced or no alcohol consumption is recommended for all clients living with HIV: no more than 2 drinks per day for men; no more than 1 drink per day for women.	Smoker? Yes <input type="checkbox"/> No <input type="checkbox"/>  Drinks alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/>  Number of Drinks per Day: _____	Discuss smoking cessation strategies if client is a smoker and ways to limit alcohol consumption.  <i>Refer to the Smoking and Serious Mental Illness tip sheet in additional resources.</i>
Ongoing	<b>T-Cell (CD4+) Count:</b> Must be checked initially before starting treatment, then every 3-6 months  <b>Viral Load Test:</b> Must be checked initially before starting treatment, then every 3-6 months, unless viral load remains undetectable	Health care provider will use this information to determine treatment.	T-Cell Count- Date last checked: _____  Viral Load Test - Date last checked: _____  Client is seeing provider on a quarterly basis? Yes <input type="checkbox"/> No <input type="checkbox"/>	Make sure that client has scheduled quarterly appointments with health care provider to check labs.  Provide reminders for appointments (in appropriate timeframe).
Annually	<b>CBC (Complete Blood Count) w/Hematocrit</b>	Men: 40.7%-50.3% Women: 36.1%-44.3%	Date checked: _____  CBC: _____	Provide reminders for appointments (in an appropriate timeframe) to complete labs.

FREQUENCY	SCREENING/ACTIVITY	GOAL	CHECKLIST	NOTES
Annually	Lipid Panel	Cholesterol: <200mg/dL HDL: Men (>40mg/dL); Women (>50mg/dL) LDL: <100mg/dL Triglycerides: <150mg/dL	Date checked: _____  Cholesterol: _____ HDL: _____ LDL: _____ Triglycerides: _____	If not at goal, discuss ways to improve health indicators through diet and physical activity.  Provide reminders for appointments (in an appropriate timeframe) to complete labs.
Annually	CMP (Complete Metabolic Panel)	Some HIV medications can cause liver toxicity or kidney problems. It's important to check liver and kidney function yearly.	Date checked: _____	Provide reminders for appointments (in an appropriate timeframe) to complete labs.
Annually	Flu Vaccine: Encourage client to talk to their provider about vaccine options. The nasal spray is not typically used in individuals with HIV.	All clients living with HIV are recommended to obtain an annual flu vaccine.	Date of vaccine: _____	Provide reminders for appointments (in an appropriate timeframe) to complete vaccination.
One-Time	Hepatitis B Vaccine: Three vaccine doses over a 6-month period	Individuals living with HIV are at increased risk for hepatitis B. Blood test to check for the HBV antibody should be done before and after completion of series. Additional shots may be needed if antibody levels are too low.	Date of 1 <sup>st</sup> dose: _____  Date of 2 <sup>nd</sup> dose: _____  Date of 3 <sup>rd</sup> dose: _____	Provide reminders for appointments (in an appropriate timeframe) to complete vaccination.
One-Time	Pneumonia Vaccine	Individuals living with HIV should be given the pneumonia vaccine soon after the HIV diagnosis unless vaccinated within the previous 5 years.	Date of vaccine: _____	Provide reminders for appointments (in an appropriate timeframe) to complete vaccination.

Clinical recommendations are based on guidelines for HIV/AIDS care and input from clinical experts. Please see additional resources for links to clinical recommendations. **You can help your client use this list as a starting point to prioritize and individualize these goals and activities.**

### ADDITIONAL RESOURCES

- NIH AIDSinfo, *The Basics of HIV Prevention*: <http://aidsinfo.nih.gov/education-materials/fact-sheets/20/48/the-basics-of-hiv-prevention>
- AIDS.gov, *Medication Adherence*: <https://www.aids.gov/hiv-aids-basics/just-diagnosed-with-hiv-aids/treatment-options/medication-adherence/>
- NIH AIDSinfo, *Recommended Immunizations*: <https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/21/57/hiv-and-immunizations>
- American Family Physician HIV Infection, *The Role of Primary Care*: <http://www.aafp.org/afp/2009/1101/p946.html>
- Resources for Integrated Care, *Smoking Cessation and Serious Mental Illness Tip Sheet for Navigators*: [https://www.resourcesforintegratedcare.com/Smoking\\_Cessation\\_and\\_Serious\\_Mental\\_Illness](https://www.resourcesforintegratedcare.com/Smoking_Cessation_and_Serious_Mental_Illness)

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