Psychiatric Ills Are Common in HIV-Infected Youth

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SANTA ANA PUEBLO, N.M. — Whether infected at birth or through risky behavior, youth with human immunodeficiency virus/acquired immunodeficiency syndrome often have psychiatric disorders, Dr. Maryland Pao said at the annual meeting of the Academy of Psychosomatic Medicine.

"HIV is a psychiatric disease. Psychiatric disease increases risk for HIV, and HIV increases risk for psychiatric disease," said Dr. Pao, deputy clinical director of the National Institute of Mental Health in Bethesda, Md., and coauthor of a 10-year review of psychiatric research on youth and HIV/AIDS (J. Am. Acad. Child Adolesc. Psychiatry 2005;44:728-47).

Although the incidence of AIDS deaths and of vertical transmissions has declined dramatically in the United States, she said, teenagers account for half of new HIV infections and a quarter of new sexually transmitted diseases that are reported annually. More than half of these new infections, 61%, occur in girls, and 56% of newly infected teenagers are African American, according to the Centers for Disease Control and Prevention.

Dr. Pao has reported high rates of psychiatric illnesses in 34 HIV-infected adolescents (Arch. Pediatr. Adolesc. Med. 2000;154:240-4). More than half, 53%, had psychiatric diagnoses before being treated for HIV; 82% had a history of substance abuse; and half had a history of sexual abuse. At the time they were interviewed, 85% had a current disorder, and 44% were depressed.

No large studies have been done in this population, Dr. Pao said, but other small studies also have shown high rates of psychotropic drug use and depression in teens who become infected with HIV.

About 110,000 perinatally infected youths, meanwhile, account for 18% of people living with HIV. Many are sexually active, according to Dr. Pao, and a growing number of girls have become pregnant. "Many of our patients are in their late teens and early 20s. They know they can transmit HIV, but a third of kids don't tell their partners," she said. " … These kids are not using protection when they are having sex."

High rates of disruptive behavioral disorders, including attention-deficit hyperactivity disorder, have been documented in children infected perinatally, according to Dr. Pao. However, whether these are a result of the HIV infection, environment, or other factors is not clear.

In some cases, HIV-infected youth reach sexual maturity without ever having been told by their parents why they are taking their medications.

"Is hyperactivity impulsivity in kids born with HIV? Is that genetic? Is that HIV? Is that the role of environment and poverty?" she asked, adding, "There is something going on in HIV kids."

In some cases, she said, HIV-infected youth reach sexual maturity without ever having been told why they are taking medications. Parents do not want their children to know they acquired HIV through sex or drugs, so disclosure becomes an issue.

"You would be amazed at how many parents don't want to tell kids what they actually have," Dr. Pao said. "In some cases, kids think they have a benign virus. They really didn't know all along, and now they are 12, and you have to tell them.

"Once we disclose, there is a lot of depression and anxiety associated with it," she added. "It is very, very complicated."

Dr. Pao called for ongoing and consistent support of HIV-infected youth and their families. Among their many needs, she cited psychosocial evaluations, counselors trained in chronic illnesses, continuity, confidentiality, coping skills, and help in finding schools for children with learning disabilities.

HIV prevention programs need to be tailored to adolescents, she added. "They know how it is transmitted and what needs to be done, but they don't translate that into changes in their behavior," Dr. Pao said. "What do we have to do to change behavior? We are trying to develop more programs sensitive to adolescent issues." ■