

NMDAR in the CSF and serum confirm the diagnosis of NMDAR encephalitis.

Case report We report the case of a previously healthy, 19-year-old woman, 6 weeks pregnant. She had a generalized tonic-clonic seizure followed by psychiatric symptoms, including insomnia, emotional lability, delusions, and disorganized behavior. During the course of the disease, she demonstrated speech impairments and catatonic features associated with abnormal movements. She was provided lorazepam 1 mg twice a day to treat her catatonic symptoms, her insomnia and her speech improved. Olanzapine was introduced, reaching a dose of 20 mg/day for managing psychosis and agitation.

Discussion NMDA-R encephalitis is a novel disorder with prominent psychiatric manifestations that is widely underdiagnosed. Neuroleptics may be helpful for managing psychosis and agitation, but may exacerbate movement abnormalities. Benzodiazepines are helpful for agitation, insomnia and catatonia associated with this condition.

Conclusion Earlier recognition of this illness is crucial as prompt diagnosis and multidisciplinary treatment, can potentially improve prognosis. There is an increasing need for psychiatrists to become aware of the disorder and consider it in their differential diagnosis, specially in patients with new onset psychosis, history of encephalitis or subtle neurological symptoms. Careful selection of psychopharmacological interventions may reduce suffering.

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Depression among HIV-infected patients—a reality that must not be forgotten

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Introduction HIV-infection is a very stigmatized, chronic disease with increased rates of psychiatric disorders, being major depression the most common.

Objective To review the recent research related to depression in HIV-infected patients.

Methods Literature review based on PubMed/Medline, using the keywords “HIV” and “depression”.

Results HIV-infected patients have a chance 2-7 times higher of developing major depression, around the time of diagnosis or during the course of their illness. However, only fewer than 50% of the cases are recognized clinically. Several factors contribute to its under-recognition and under-treatment, such as the overlap between the neurovegetative symptoms of depression, the somatic symptoms of HIV disease, and the effects of comorbid diseases; the mistaken belief that depressive symptoms are expected in this group; the neuropsychiatric side effects associated with some antiretrovirals. Besides, major depression presents important diagnostic challenges due to biological, psychological, and social components associated with the infection. The authors will analyze the clinical presentation.

Depression has been associated with a negative impact on quality of life, poorer HAART adherence, faster HIV disease progression and increased mortality risk. Importantly, however, appropriate psychiatric intervention can do it over. In fact, studies suggest that patients receiving SSRI treatments for depression have rates

of adherence and CD4⁺ T-cell counts similar to non-depressed patients receiving HAART.

Conclusions The high prevalence of major depression in HIV-positive individuals and its serious consequences if untreated, increase even further the importance of its effective identification and subsequent treatment in this group of patients.

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Anxiety among HIV-infected patients – when anxiety is a disorder and not simply a natural reaction to a life-threatening illness

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Introduction HIV infection is a chronic disease characterized by a great deal of uncertainty and unpredictability, being anxiety disorders a frequent psychiatric problem.

Objective To provide an overview of anxiety in HIV-infected patients.

Methods Literature review based on PubMed/Medline, using the keywords “HIV” and “anxiety disorders”.

Results HIV-infected individuals can experience symptoms of anxiety across the spectrum of anxiety disorders. Adjustment disorder with anxious mood is the most common diagnosis, followed by generalized anxiety disorder and panic disorder. Some patients present with these disorders prior to notification, others develop them during the course of their illness, mainly at key moments. In HIV-infected patients, anxiety can be a manifestation of side effects of medication; a symptom of an illness associated with HIV disease; or, most commonly, the psychological response to the stressors of the illness. In fact, many issues are responsible for the anxiety experienced by people living with HIV. The authors will analyze them. Besides the distress of anxiety disorders, these lead to a decrease in adherence to antiretroviral treatments, resulting in adverse progression of HIV disease and increased risk of mortality. Importantly, however, appropriate psychiatric intervention can do it over.

Conclusions Careful diagnosis and treatment of anxiety disorders in the context of HIV disease is even important, given the serious effects if untreated. Thus, anxiety should never be seen simply as a natural reaction to a life-threatening illness.

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AIDS mania – is it a potential indicator to initiate HAART?

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