EW0385

Efavirenz and neuropsychiatric effects–When the treatment complicates matter further

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Introduction Efavirenz, a non-nucleoside analogue inhibitor of the reverse transcriptase, has become commonly used in the treatment of HIV infection. Although highly effective, efavirenz is associated with causing neuropsychiatric side effects in approximately 50% of patients.
Objectives To provide an overview of efavirenz-induced neuropsychiatric effects.
Methods Literature review based on PubMed/Medline.
Results The neuropsychiatric side effects of efavirenz usually begin quickly, commonly peak in the first two weeks after the start of therapy, and can include depression, anxiety, sleep disturbances, impaired concentration, aggressive behavior, paranoia, psychosis. Generally, these events are mild to moderate in severity and time limited, however, in a small number of cases, are late, persistent or intolerable. They are often associated with a negative impact on treatment adhesion. Some factors are known to increase the risk of neuropsychiatric effects in HIV-positive patients. The behavioral effects of efavirenz appear to be dose-dependent and mediated predominately by the 5-HT_{2A} receptor, a primary site of action of lysergic acid diethylamine (LSD). Importantly, the efavirenz-induced neuropsychiatric effects may be difficult to distinguish from HIV-related neuropsychiatric symptoms, preexisting mental disorder or substance use. The neuropsychiatric effects should be treated with non-pharmacologic or pharmacologic interventions, according to severity. The psychiatric status of patients should be closely monitored for at least the first 6 to 12 months of treatment.
Conclusion Taking into account the high rates of neuropsychiatric side effects, it is crucial that the physicians are familiar with this important subject, and the decision to initiate efavirenz in psychiatric patients is individualized.
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HIV/AIDS "worried well"–When the "virus" leads to a significant illness, even in its absence

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Introduction Management of HIV/AIDS "worried well" people is among the most complex and challenging psychiatric problems in HIV care.
Objectives To provide an overview of HIV/AIDS "worried well".
Methods Literature review based on PubMed/Medline, using the keywords "HIV" and "worried well".
Results The HIV/AIDS "worried well" are those individuals who are intensely worried about being infected with HIV, despite overwhelming evidence to the contrary. Indeed, they will rapidly return with the renewed conviction that the physician has "got it wrong" or "missed something". So, they tend to over-utilize health care services. Seven HIV/AIDS "worried well" sub-groups have been identified: those with past sex or drug use history; those with relationship problems; the partners/spouse of those at risk; couples in individual or family life transitions; past history of psychological problems; misunderstanding of health education material; and pseudo and factitious AIDS. These patients have several striking consistencies in their presenting phenomenology and background features and usually have psychiatric problems associated. The authors will analyze all these aspects. Currently there are no guidelines to deal with this clinical condition, however cognitive-behavioral therapy along with selective serotonin reuptake inhibitors has been an effective approach. It is also important to ensure follow-up discussion to these patients, especially where unresolved life issues may cause future vulnerability in absence of intervention.
Conclusions Patients may express their concerns about HIV infection by several ways, directly or indirectly, and psychiatrists need to be aware of this reality, which causes much suffering as well as severe monetary loss.
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Brain-derived neurotrophic factor (BDNF) levels and delirium

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Introduction Studies of the association between blood BDNF levels and delirium are very few and have yielded mixed results.
Objectives To investigate the blood BDNF levels in the occurrence and recovery of delirium.
Methods Prospective, longitudinal study. Participants were assessed twice weekly with MoCA, DRS-R98, APACHE-II. BDNF levels of the same were estimated with ELISA method. Delirium has been define as per DRS-98R (cut-off > 16) and recovery of delirium as at least two consequently assessments without delirium prior to discharge.
Results No differences in the levels of BDNF between those with delirium and those who never developed it. Excluding those who never developed delirium ($n = 140$), we analysed the effects of BDNF and the other variables on delirium resolution and recovery. Of the 58 remained with delirium in the subsequently observations (max = 8) some of them continue to be delirious until discharge or death ($n = 39$) while others recovered ($n = 19$). BDNF levels and MoCA scores were significantly associated with both delirium cases who became non-delirious (resolution) during the assessments and with overall recovery. BDNF (Wald $\chi^2 = 11.652$, df: 1 $P = .001$), for resolution. For recovery Wald $\chi^2 = 7.155$; df: 1, $P = .007$. No significant association was found for the other variables (APACHE-II, history of dementia, age or gender)
Conclusions BDNF do not have a direct effect in the occurrence of delirium but for those delirious of whom the levels are increased during the hospitalisation they are more likely to recover from delirium.
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