fluvoxamine, or a monoamine oxidase inhibitor, Dr. Daroff said.

For patients already on highly active antiretroviral therapy with a ritonavir-boosted protease inhibitor, the top choices for an antidepressant were citalopram or escitalopram, and Dr. Daroff said that he would put sertraline among these top choices if efficacy, acceptability, and cost are all considered.

Few psychiatric drugs are contraindicated in patients on antiretrovirals. Patients taking protease inhibitors should avoid pimozide, midazolam, triazolam, and St. John's wort.

Patients who are taking non-nucleoside reductase inhibitors should avoid alprazolam, midazolam, triazolam, and St. John's wort.

If a patient may have bipolar depression, avoid tricyclic antidepressants and dual-acting medications such as venlafaxine or duloxetine to decrease the risk of switching to mania.

Quetiapine or lamotrigine may be better than an antidepressant in these patients, he said.

Treatment for anxiety disorders most often involves SSRIs, venlafaxine, benzodiazepines, or buspirone.

Start at a quarter to half of normal dosing and increase the dose slowly because patients with HIV are "exquisitely sensitive to side effects," Dr. Daroff advised.

Psychotherapy should be part of the therapeutic approach, he said. "I think we're underprescribing psychotherapy in HIV."

Psychotherapy was associated with decreased HIV levels and improved CD4 counts in 7 of 14 randomized, controlled trials in patients with HIV, a review found.

Findings from the review (Psychosom. Med. 2008;70:575-84) and from other studies suggest that psychotherapy reduces mental distress associated with HIV, and that different forms of psychotherapy may be equally effective in helping these patients, Dr. Daroff said.

The kind of psychotherapy the patient receives seems to be less important than the quality of the relationship between the therapist and the patient, "which suggests that there is great power in the relationship you build with your patients," he added. ■

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When anti-HIV drugs may be causing a patient's mood disorder, consider subtracting a drug from the regimen, Dr. Robert B. Daroff Jr. advised.

Disclosures: Dr. Daroff said that he had no relevant conflicts of interest.

Psychiatric Side Effects of ARVs

Didanosine: Nervousness, anxiety, confusion, insomnia.
Lamivudine: Insomnia, mania.
Stavudine: Confusion, depression, anxiety, mania, insomnia.
Zidovudine (AZT): Mania, depression, anxiety, insomnia, confusion.
Raltegravir: May worsen preexisting depression.
Efavirenz: Stepped-up dosing reduces neuropsychiatric side effects seen in clinical trials.

Source: Dr. Daroff

Online Program for Flu Assessment

The American Medical Association has begun offering a Web-based flu-assessment program.

In addition to helping patients determine the severity of their symptoms based on Centers for Disease Control and Prevention guidelines, the program provides tools that physicians can use to monitor those symptoms.

For more information about the program, visit www.AMAfluhelp.org. ■