

Depression Not Tied to Drug Use in HCV Patients

BY DAMIAN McNAMARA
Miami Bureau

SAN JUAN, P.R. — Depression was not significantly associated with heroin or cocaine use for methadone maintenance patients infected with hepatitis C, according to a study presented at the annual meeting of the American Academy of Addiction Psychiatry.

"Depression has been associated with increased substance use in some previous studies of drug users, but patients with hepatitis C infection may be somewhat different," Steven L. Batki, M.D., said in an interview. Neuropsychiatric effects of the disease itself are a possible explanation.

"The bottom line is that in our sample, past or current depression was not significantly correlated with substance use over the past year," he said.

The only significant association noted in the study was lower alcohol use in the previous 12 months for participants who met criteria for current major depression or who reported a history of depression.

Patients with substance use disorders are a difficult population for whom to provide hepatitis C treatment. "Substance

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abuse is often a barrier to access to medical care for hepatitis C. Better treatment for mental disorders in patients with substance use problems would likely increase access and adherence to hepatitis C treatment," said Dr. Batki,

professor of psychiatry at the State University of New York, Syracuse, where he is also director of the Veterans Affairs Center for Integrated Healthcare.

About 80% of injection drug users in the Syracuse area are infected with the hepatitis C virus. The 82 patients interviewed for the study in 2001 and 2003 in central New York reported "considerable recent substance use," Dr. Batki said.

More than 60% of hepatitis C patients in methadone treatment reported heroin and/or cocaine use during the previous year, and more than 50% reported alcohol use. In addition, nearly 50% met DSM-IV diagnostic criteria for a major depressive disorder.

The mean age of study participants was 42 years: 62% of participants were male, and 62% were white. A total of 72% reported mental health problems. At the time of the survey, 55% were being treated for depression, and 55% had a Beck Depression Inventory score greater than 15. In addition, 66% reported a history of depression, including 31% who had been hospitalized for depression at some point. The National Institute on Drug Abuse funded the study.

Methadone patients come to treatment for months or years but often do not have consistent medical or psychiatric care. Sub-

stance users have often had hepatitis C for many years and therefore are at high risk for long-term morbidity from infection, cirrhosis, and liver failure. "When you find hepatitis C infected patients in a substance abuse program, these are people in their 40s, usually infected for 20 years or more," he said.

Historically, patients with substance use and psychiatric disorders were systematically barred from hepatitis C treatment, Dr. Batki said.

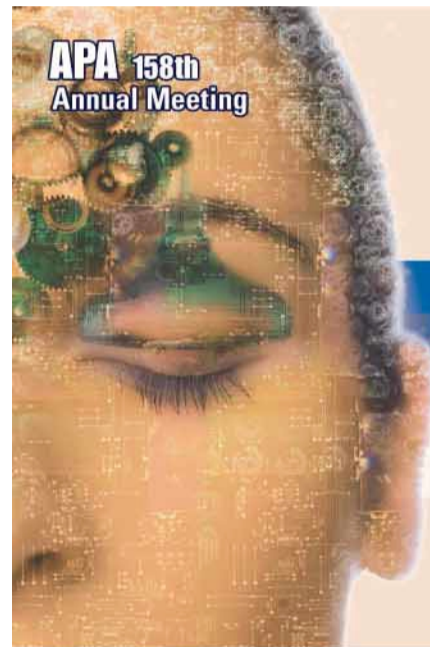
Although 2002 guidelines from a National Institutes of Health Consensus Development Conference removed the strict rules against offering hepatitis C treatment to these patients, "there has not yet been any widespread change in practice," he said.

"My concern, as with HIV and tuberculosis, is that too little is being done to bring the medical treatment to where the patients are," Dr. Batki said.

With that in mind, he is now perform-

ing a National Institute on Drug Abuse-funded randomized controlled trial to see whether hepatitis C treatment offered on site in methadone programs improves outcomes compared with routine care in community GI clinics.

The study also seeks to assess the sustained virologic response after initiation of hepatitis C treatment and to follow the development of any neuropsychiatric symptoms before, during, and after treatment. ■



APA 158th
Annual Meeting

Sunday, May 22, 2005 • 1:30 PM - 4:30 PM

Atlanta Marriott Marquis • Imperial Ballroom, Convention Level • Atlanta, Georgia

CLINICAL INTERVENTIONS

for the Treatment of Insomnia

ASSOCIATED WITH PSYCHIATRIC AND COMORBID MEDICAL ILLNESSES



AGENDA

1:00 PM

Lunch

1:30

Welcome and Introduction

Alan F. Schatzberg, MD, Program Chair
Kenneth T. Norris, Jr., Professor and Chairman
Department of Psychiatry and Behavioral Sciences
Stanford University School of Medicine
Stanford, CA

1:40

Interrelationship of Insomnia to Medical Illnesses and Neurological Disorders

Phyllis C. Zee, MD, PhD
Professor
Department of Neurology, Neurobiology and Physiology
Northwestern University
Director, Sleep Disorders Center
Northwestern Memorial Hospital
Chicago, IL

2:05

Effect of Chronic Pain Syndromes on Sleep

Raymond R. Gaeta, MD
Associate Professor, Anesthesiology
Department of Anesthesia
Stanford University School of Medicine
Director, Pain Management Service
Stanford Hospital & Clinics
Stanford, CA

2:35

Clinical Approaches to Insomnia

David J. Kupfer, MD
Thomas Detre Professor and Chairman
Department of Psychiatry
University of Pittsburgh School of Medicine
Medical Director
Western Psychiatric Institute and Clinic
Pittsburgh, PA

3:00

Gender-Specific Sleep Considerations in Women

Hadine Joffe, MD, MSc
Director of Endocrine Studies
Perinatal and Reproductive Psychiatry Clinical Research Program
Massachusetts General Hospital
Boston, MA

3:20

New Pharmacologic Approaches for the Treatment of Insomnia

John W. Winkelman, MD, PhD
Assistant Professor
Department of Psychiatry
Harvard Medical School
Medical Director, Sleep Health Center
Brigham and Women's Hospital
Boston, MA

3:45

Question-and-Answer Session

Alan F. Schatzberg, MD
Ned H. Kalin, MD, Program Co-Chair
Hedberg Professor and Chairman
Department of Psychiatry
University of Wisconsin Medical School
Madison, WI
Faculty Panel

4:30

Adjournment

OBJECTIVES

At the conclusion of this program, participants should be able to:

- Identify the need for careful evaluation of insomnia that may present with psychiatric disorders and comorbid medical illnesses
- Review the diagnostic strategies that are important for the assessment of insomnia in psychiatric and comorbid medical illnesses. Evaluate the medical-psychiatric aspects of insomnia
- Recognize the interrelationship between insomnia, psychiatric disorder, and comorbid medical illnesses and understand how treating the insomnia can impact clinical outcome
- Evaluate the behavioral and pharmacologic approaches for the treatment of insomnia

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Attendees must be registered for the APA 2005 Annual Meeting to attend this symposium. Seating is limited and will be on a first-come, first-served basis. For more information about the meeting, please visit the APA Web site at www.psych.org or contact the APA toll free at 1-888-357-7924 (within the United States and Canada) or at 703-907-7300.



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