Group Therapy Can Improve Viral Load in HIV

BY DAMIAN McNAMARA
Miami Bureau

MARCO ISLAND, FLA. — Semistructured group therapy improves mood state in HIV-positive men, which improves cortisol levels and immune function and thereby reduces viral load, Karl Goodkin, M.D., said at the annual meeting of the Academy of Psychosomatic Medicine.

Bereavement outside of HIV has long been known to be associated with immunosuppression. Bereavement is also associated with increased mortality risk for surviving partners. The risk increases 40% for the first 6 months and 10-fold in the first year, the same time frame as observed decrements in the immune system, said Dr. Goodkin, professor of psychiatry and behavioral sciences, neurology, and psychology at the University of Miami.

In a randomized controlled trial, Dr. Goodkin and his colleagues compared the intervention with usual care in HIV-positive and HIV-negative gay men who had experienced a loss in the previous 6 months. Although effects of grief were similar, the two-tier group intervention decreased overall psychological stress—which improved mood and immune measures, including CD4 counts and viral loads—and reduced physician health visits, compared with the usual-care control group.

Participants attended a 90-minute session once weekly for 10 weeks. The groups consisted of 6-10 attendees and two professional coleaders. Enrollment was ongoing throughout the study. The first tier of the intervention fostered grief resolution; the second tier fostered stressor management, including identification of stressor impact and maladaptive behaviors. In addition to specific grief-related topics for each session, including past experiences of personal loss, reactions to surviving and implications for one's spirituality and mortality, non–bereavement-related stressor management was planned as a major focus of this unique group intervention, he said.

The usual-care group received any medical and psychosocial care that they had begun prior to initial assessment (if used consistently for 1 month or longer). Furthermore, they received four telephone calls during the 10-week intervention period to assess their clinical status. The total time for these calls was limited to 90 minutes over the 10-week period. Study staff avoided any therapeutic interactions during these calls and maintained a log documenting call content.

In the study, 166 participants (97 HIV-positive and 69 HIV-negative) completed the intervention or community usual-care group conditions. Participants were primarily in their late 30s, employed, and college educated. More than one-third were members of an ethnic minority.

The Stressor-Support-Coping model appears to have utility "with or without bereavement. We found an increase in positive life events in HIV-positive men after the intervention. Social support increased in the intervention group and declined in controls," Dr. Goodkin noted.

Evidence from the study suggests that increased serum cortisol from stress is associated with decreases in lymphocyte proliferation in response to the artificial stimulant phytohemagglutinin in HIV-positive men and women. This is a functional measure of immunity that tends to decrease before CD4 count, he said.

The intervention decreased overall psychological distress in HIV-negative men, compared with controls, according to scores on the Distress-Grief Composite Measure. However, the decreases in grief, specifically, were less prominent than those for distress or the composite of the two measures for both the HIV-positive and -negative men.

In terms of immune effects, HIV-positive people had a true increase in their lymphocyte proliferation response up to 2 years, and the intervention provided HIV-positive participants with a buffer against decreases in CD4 levels seen in controls. The decrement among HIV-positive participants was smaller, compared with HIV-negative groups, where there was a larger spread, Dr. Goodkin explained.

All participants were asked to self-report physician health care visits in the 6 months prior to assessment. Among HIV-positive participants, there was an increase in the control group that was not as great in the intervention group. Researchers found that the same pattern held true among HIV-negative individuals. There was increased health care utilization among control participants and a decrease among the intervention group, he said.

Researchers were not able to analyze whether all health care visits were HIV or symptom related, an important caveat of the study. Another potential limitation was the difference in atmosphere between HIV-positive and HIV-negative group sessions. "HIV-positive groups talked more about concerns around their own mortality, but nonetheless it is important to note the consistency in findings across multiple domains, especially the physical domains," Dr. Goodkin said.

"That suggests that if you improve mood state, you will improve cortisol, and you will improve immune function, which relates to improvements in viral load," he said. ■

PTSD Rate Highest in First Months After Brain Injury

MARCO ISLAND, FLA. — Posttraumatic stress disorder is not uncommon after moderate to severe traumatic brain injury, Jesse R. Fann, M.D., said at the annual meeting of the Academy of Psychosomatic Medicine.

Many people experience anxiety after moderate-to-severe traumatic brain injury. Because both brain injury and dissociation from posttraumatic stress disorder (PTSD) can impair declarative memory, the true occurrence of PTSD remains controversial, noted Dr. Fann, director of the psychiatry and psychology consultation service at the Seattle Cancer Care Alliance.

In a 6-month prospective follow-up study, Dr. Fann and his colleagues assessed 124 patients admitted to Harborview Medical Center in Seattle following traumatic brain injury to determine the incidence of PTSD, the risk factors, and how PTSD symptoms manifest in this population.

Researchers performed monthly assessments with the PTSD Checklist–Civilian Version, the Patient Health Questionnaire, and the Self Reported Health Status (SF-1) instruments. The first month had the highest incidence of PTSD, about 13%. "A lot of the PTSD may not be prolonged, lasting 1-3 months," Dr. Fann said.

Patients with lower levels of education and those injured in an assault were significantly more likely to meet criteria for the disorder. Participants who met PTSD criteria most commonly reported feeling sad when recalling aspects of the event and feeling cut off from others, jumpy, hypervigilant, and irritable. Sleep disturbances were also common, he said.

The investigators looked at PTSD symptom clusters and found arousal symptoms in 23% of assessments over the 6 months. They also found intrusive symptoms in 20% and avoidance and numbing in 8%.

"There is a significant overlap of other comorbid psychiatric disorders, such as anxiety and depression, that can present a diagnostic challenge," Dr. Fann said. "There is also overlap of PTSD and traumatic brain injury symptoms."

The researchers also assessed patients for major depressive disorder, panic disorder, and other anxiety disorders. PTSD was significantly associated with current major depression, any other anxiety disorder, a blood alcohol level greater than 0.08, and a psychiatric history, according to a univariate analysis. A logistic regression analysis showed that people with a history of PTSD reported significantly increased functional impairment compared with those without PTSD.

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—Damian McNamara