A brief screening tool, such as the PHQ-2, may be used for routine depression screening. For annual mental health screening, an answer of “yes” to any one of the following questions from the patient questionnaire should prompt further evaluation by a member of the healthcare team and, if necessary, referral to a mental health provider. For the PHQ-2 and other screening tools, see Mental Health Screening Tools, available at www.hvguidelines.org.

Questions to Identify Depression

- In the past year, were you ever on medication or antidepressants for depression or nerve problems?
- In the past year, was there ever a time when you felt sad, blue, or depressed for more than a week in a row?
- In the past year, was there ever a time lasting more than 2 weeks when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

Questions to Identify Anxiety

- In the past year, did you have a period lasting more than 1 month when most of the time you felt worried and anxious?
- In the past year, did you have a spell or an attack when all of a sudden you felt frightened, anxious, or very uneasy when most people would not be afraid or anxious?
- In the past year, did you have a spell or an attack when for no reason your heart started to race, you felt faint, or you couldn’t catch your breath?

Questions to Identify Post-Traumatic Stress Disorder

- During your lifetime, as a child, or adult, have you experienced or witnessed traumatic event(s) that involved harm to yourself or others?
- “Yes.” In the past year, have you been troubled by flashbacks, nightmares, or thoughts of the trauma?
- In the past month, have you experienced any event(s) or received information that was so upsetting it affected how you cope with everyday life?

Questions to Identify Mania

- In the past year, when not high or intoxicated, did you ever feel extremely energetic or irritable and more talkative than usual?

The International HIV Dementia Scale is a validated brief screening instrument that can be administered by non-neuropsychologists and may detect early motor and cognitive changes associated with HIV dementia (available at www.hvguidelines.org). Mental Health Screening Tools

Cognitive Function Screening Tools

International HIV Dementia Scale (IHDS)

Memory-Registration – Give 4 words to recall (dog, hat, bean, red) – 1 second to say each. Then ask the patient all 4 words after they have said them. Repeat the test until the patient does not remember them all immediately. Tell the patient you will ask for recall of the words again a bit later.

Motor Speed:

1. Motor Speed: Have the patient tap the first two fingers of the non-dominant hand as wide and as quickly as possible.

- Score: 0 for 0-2 in 15 seconds
- 1 for 3 in 15 seconds
- 2 for 4 in 15 seconds
- 3 for 5 in 15 seconds

2. Psychomotor Speed: Have the patient perform the following movements with the non-dominant hand as quickly as possible: (available at www.hvguidelines.org).

- Draw a large circle
- Trace a large square
- Hold a pencil or pen horizontally and write your name
- Score: 0 for 0-2 in 15 seconds
- 1 for 3 in 15 seconds
- 2 for 4 in 15 seconds
- 3 for 5 in 15 seconds

Memory-Recall:

- Ask the patient to recall the 4 words. For words not recalled, prompt with a semantic clue as follows: animal (dog); piece of clothing (hat); vegetable (bean); color (red).
- Score: Give 1 point for each word spontaneously recalled
- Give 0.5 point for each word prompted
- Give 0 point for each correct answer after prompting

- Maximum – 4 points

Total International HIV Dementia Scale Score: This is the sum of the maximum possible item score. The maximum possible score is 4. Patients with a score of 10 should be evaluated further for possible dementia.

CAGE-AID (CAGE-Adapted to Include Drugs)

1. Have you ever felt the need to cut down on your drinking or your drug use in the last year?
2. Have you ever been bk shred or used drugs to steady your nerves or get over a hangover (eye-opener)?
3. Have you ever felt guilty because of something you’ve done while under the influence of drugs or alcohol?
4. Have you ever taken a drink or used drugs to steady your nerves or get over a hangover (eye-opener)?

A total of 2 may be suggestive of a problem

Conjoint screening questionnaires for alcohol and other drug abuse: Criterion validity in primary care practice.

Questions have been adapted by permission of Elsevier, Kluwer Academic. Perc 269 1st ed; 2001. All rights reserved. In brief screening for alcohol and drug abuse. CAGE-AID: (CAGE-Adapted to Include Drugs) (available at www.hvguidelines.org).

Questions for additional evaluation. Many more tools are available. For additional information, see Screening and Ongoing Assessment for Substance Use (available at www.hvguidelines.org).

The Two-Item Conjoint Screen (TICS)

1. In the last year, have you ever had or more drinks in 1 day?
2. Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?

A positive may be suggestive of a problem

Insomnia occurs frequently in HIV-infected patients and during all stages of HIV disease, and weight loss is a strong predictor of HIV disease progression.8,9 Conjoint screening questionnaires for alcohol and other drug abuse: Criterion validity in primary care practice.

The International HIV Dementia Scale is a validated brief screening instrument that can be administered by non-neuropsychologists and may detect early motor and cognitive changes associated with HIV dementia (available at www.hvguidelines.org).

Motor Speed:

1. Motor Speed: Have the patient tap the first two fingers of the non-dominant hand as wide and as quickly as possible.

- Score: 0 for 0-2 in 15 seconds
- 1 for 3 in 15 seconds
- 2 for 4 in 15 seconds
- 3 for 5 in 15 seconds

2. Psychomotor Speed: Have the patient perform the following movements with the non-dominant hand as quickly as possible: (available at www.hvguidelines.org).

- Draw a large circle
- Trace a large square
- Hold a pencil or pen horizontally and write your name
- Score: 0 for 0-2 in 15 seconds
- 1 for 3 in 15 seconds
- 2 for 4 in 15 seconds
- 3 for 5 in 15 seconds

Memory-Recall:

- Ask the patient to recall the 4 words. For words not recalled, prompt with a semantic clue as follows: animal (dog); piece of clothing (hat); vegetable (bean); color (red).
- Score: Give 1 point for each word spontaneously recalled
- Give 0.5 point for each word prompted
- Give 0 point for each correct answer after prompting

- Maximum – 4 points

Total International HIV Dementia Scale Score: This is the sum of the maximum possible item score. The maximum possible score is 4. Patients with a score of 10 should be evaluated further for possible dementia.

CAGE-AID (CAGE-Adapted to Include Drugs)

1. Have you ever felt the need to cut down on your use of alcohol or drugs?
2. Have you ever felt guilty because of something you’ve done while under the influence of drugs or alcohol?
3. Have you ever taken a drink or used drugs to steady your nerves or get over a hangover (eye-opener)?

A total of 2 may be suggestive of a problem

Conjoint screening questionnaires for alcohol and other drug abuse: Criterion validity in primary care practice.
Screening for and Management of Acute Suicidal or Violent Ideation or Behavior

**Acute Danger?**

- **YES**
  - Specific current plan and means to carry it out
  - History of recent suicide attempt or violence

- **NO**

**Is any one of the following present?**

- Intoxication or withdrawal from alcohol or other substances
- Acute change in mental status
- Current severe psychiatric symptoms, including psychosis, agitation, hopelessness, or depressive symptoms
- History of near-fatal suicide attempt or violence

**YES**

**Stop**

**NO**

Has the patient had thoughts of self-harm or harm to others since the last clinical visit or, if the patient is new to care, within the last 60 days?*

- **YES**
  - History of near-fatal suicide attempt
  - Acute change in mental status
  - Intoxication or withdrawal from alcohol or other substances
  - Depressive symptoms, including psychosis, agitation, hopelessness, or other substances

**NO**

For additional information, see Suicidality and Violence in Patients with HIV/AIDS (available at www.hivguidelines.org)

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**Mental Health Referral**

Refer to a mental health provider when a patient presents with:

- Risk for violence to self or others (see algorithm on previous panel)
- Psychosis, including delusions, hallucinations, flight of idea, disordered thinking
- Poor response or relapse of psychiatric symptoms while receiving medication/treatment
- Active substance abuse or relapse to substance use with mental health disorder*

Successful mental health referral involves communication between medical and mental health providers, as well as patient education.

*Refer to a program for duly-diagnosed patients.

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**HIV-Related Triggers of Mental Distress**

Clinicians should be aware of triggers that can cause mental distress, such as:

- Learning of HIV status and disclosure to sex partners, family, and friends
- Physical illness, diagnosis of an STI, introduction of ART medications, AIDS-diagnosis hospitalization (particularly first hospitalization)
- Life changes (death of a significant other, end of relationship, job loss)
- Necessity of making end-of-life permanency planning decisions

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**Elements of a Psychosocial Assessment**

The following assessment may help determine the need for additional support:

- Stability of housing*
- Employment, government assistance, and level of education
- Support network and safety:
  - Does the patient have contact with family and friends?
  - Are they aware of the patient’s HIV status?
  - Does the patient have a partner? Is the patient afraid of his/her partner or someone else close?
- Legal issues, including end-of-life arrangements*
  - Consent (information, housing, and support network should be closely monitored for patients with unstable living situations)

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**Prescribing Considerations**

Use of full prescribing information, knowledge of drug-drug interactions, and patient education are important components of effective psychopharmacologic treatment. Consultation with a psychiatrist experienced in HIV treatment may be warranted. Consultation for providers in New York State can be obtained at:

- Columbia University HIV Mental Health Training Project: 1-212-543-5413 (for New York State providers; calls returned within 24 hours/7 days a week)
- Columbia-Suicide Severity Rating Scale: Since Last Visit. Version 1/14/09.

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**References**

9. New York State Department of Health AIDS Institute
10. New York State Office of Mental Health
11. New York State Substance Abuse Hotline
12. LifeNet
13. National Institute of Mental Health
14. World Health Organization Department of Mental Health and Substance Use

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**Additional Resources**

New York State Department of Health AIDS Institute

New York State Office of Mental Health

New York State Substance Abuse Hotline

Additionally, you can access additional resources at:

- World Health Organization Department of Mental Health and Substance Use
- www.hivguidelines.org
- www.cssrs.columbia.edu/docs/C-SSRS_1_14_09_Since_Last_Visit.pdf

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**Preventive Management of Acute Suicidal or Violent Ideation or Behavior**

**YES**

- Acute Danger?
  - Specific current plan and means to carry it out
  - History of recent suicide attempt or violence

**NO**

**Is any one of the following present?**

- Intoxication or withdrawal from alcohol or other substances
- Acute change in mental status
- Current severe psychiatric symptoms, including psychosis, agitation, hopelessness, or depressive symptoms
- History of recent suicide attempt or violence

**YES**

**Stop**

**NO**

Has the patient had thoughts of self-harm or harm to others since the last clinical visit or, if the patient is new to care, within the last 60 days?*

- **YES**
  - History of near-fatal suicide attempt
  - Acute change in mental status
  - Intoxication or withdrawal from alcohol or other substances
  - Depressive symptoms, including psychosis, agitation, hopelessness, or other substances

**NO**

For additional information, see Suicidality and Violence in Patients with HIV/AIDS (available at www.hivguidelines.org).