

Mental health and HIV/AIDS in Africa

Poor access to mental health care for people infected and affected by HIV combined with poor access to HIV prevention, care and treatment for people with mental health needs were key themes discussed at a World Federation for Mental Health (WFMH) expert forum convened in Cape Town, South Africa, in January.

The forum of 23 leaders from different specialties in the AIDS and mental health fields explored mental health needs for all aspects of the AIDS response, with particular attention to the needs of carers, people living with HIV and vulnerable children – groups identified as often experiencing the most significant mental health challenges as a result of AIDS.

Research by the South African Depression and Anxiety Group and Wits University showed that 89% of home-based care workers in North West Province and Mpumalanga were depressed or showed signs of depression. WHO consultant Melvyn Freeman referenced a study in Zambia that showed 85% of pregnant women diagnosed HIV positive had episodes of major depression and many had suicidal thoughts, and another revealing increased depression and suicide among AIDS orphans in East and Southern Africa.

The meeting also heard how service gaps can lead to undue suffering, loss of quality of life, and poor uptake of, and adherence to, HIV prevention, treatment and AIDS care programmes.

In a keynote presentation Frank Njenga, president of the African Association of Psychiatrists and Allied Professions, offered an overview of the status of mental health in Africa, emphasising how the trauma of AIDS experienced by individuals, families and communities has significantly increased the need for an urgent scale-up of comprehensive mental health services that work in collaboration with national and local AIDS programmes.

Participants agreed to support a WFMH Africa Initiative on AIDS that will raise the profile of existing collaborative efforts, best practices and tools, and further mobilise and bring together organisations committed to greater collaboration between the mental health and HIV fields. The Initiative will seek to mobilise further interest at the African Psychiatric Conference in Ghana in April 2008, compile an online directory of joint HIV and mental health resources, develop a series of policy papers and information packs for key workers, and convene a partners' conference in early 2009 exploring the mental health consequences of AIDS for people living with HIV, their families, caregivers and communities.

Source: www.wfmh.org

Research capacity for mental health in Africa mapped

From 1993 to 2004 Africa contributed 1 089 mental health research articles indexed in either Medline or PsycINFO, out of 6 813 articles identified from the world's low- and middle-income countries in Africa, Asia and Latin America and the Caribbean. Of the 52 countries in Africa, 21 contributed no articles and 15 countries contributed 5 or fewer articles.

Conversely South Africa was one of the leading contributors, and along with Argentina, Brazil, China and India, the 5 countries together accounted for almost two-thirds of all the articles.

These are among the findings of a new study, 'Research capacity for mental health in low- and middle-income countries: Results of a mapping project', undertaken by the Mental Health Research Mapping Project Group of the WHO and the Global Forum for Health Research.

The aim of the project was to assess the current status of mental health research in the 114 low- and middle-income countries in these regions. In addition 3 598 non-indexed articles were identified from sources other than Medline/PsycINFO (so-called 'grey literature'), of which 534 were from Africa.

The findings indicate notable variations in mental health research production within and across all regions. Nevertheless there was agreement among researchers and other mental health stakeholders, and across the regions, regarding priorities for mental health research in these countries. Epidemiological studies of burden and risk factors, health systems research and social science research were the highest ranked types of needed research. Depression/anxiety, substance use disorders and psychoses were identified as the top 3 priority disorders, while the prioritised population groups were children and adolescents, women and persons exposed to violence/trauma. The most important criteria for prioritising research were burden of disease, social justice and availability of funds.

The study concluded that there is a need to review the management of mental health research so that it meets the national needs of the low- and middle-income countries as well as contributes to the global fund of knowledge. Organisations and governments in these countries should allocate greater funds to research, capacity and infrastructure strengthening. There is also a need for organisations to bridge the gap between policy and research. With half of the countries having made very little progress in mental health research and research infrastructure development, the challenge is to develop strategies for the countries that have made the least progress.

Source: www.globalforumhealth.org

Recent global reports about apparent ineffectiveness of antidepressants have SA psychiatrists up in arms

'Antidepressants don't work' and 'Sugar pills are as effective as Prozac' are headlines that have been published globally over the last few weeks, but local psychiatrists urgently want to set the record straight. The articles allege that drugs have no clinical effect on mildly or moderately depressed patients. The South African Society of Psychiatrists (SASOP) says that these articles are sensationalised and misinterpret what the results of the study in question actually established.

In summary, the study sought to examine the effectiveness of antidepressant medications on a variety of patients involved in certain clinical trials. It found that the improvement in patients with mild depression when on medication was no better than for those on placebo. Psychiatrists have been aware of the possible limited effects of antidepressants on patients with only mild depression for years. International guidelines recommend psychotherapy for mild to moderate depression, and psychiatrists discourage 'pill popping' and, in fact, recommend antidepressant medications for moderate, severe and very severe depression in conjunction with psychotherapy.

SASOP's main issue is that these articles can be very misleading, besides which the study, led by psychologist Professor Irving Kirsch, does not properly define what is meant by mild, moderate and severe depression. The subsequent media articles also inaccurately give the impression that these treatments are ineffective across all levels of depression. Kirsch, who is a professor of psychology and not psychiatry, and as such has no medical training in psychopharmacology, only used a 'few selected articles, and interpreted these in a selected way', says Dr Eugene Allers, Past President and convenor of the anti-stigma division at SASOP.

What these ambiguous articles did not include was that this same study found that medications such as fluoxetine (Prozac), venlafaxine, nefazadone and paroxetine were all more effective than placebo in treating depressed patients. When the initial

severity of the depression increased, patients were less likely to respond to placebo. The difference between drug and placebo was therefore higher in patients with more severe depression. Another study, conducted by Judd *et al.* and published in the *American Journal of Psychiatry* (2004), found that patients do experience improvement of the depression while taking an antidepressant like fluoxetine.

These articles failed to acknowledge the very positive benefits that antidepressants have provided for many years to patients and families globally. In fact, a substantial body of scientific evidence and medical experience show that a treatment such as fluoxetine is effective in treating depression and remains an important treatment option for people with depression. Regulatory agencies around the world have approved these drugs for use by patients suffering from depression.

Since its discovery in 1972, fluoxetine has become one of the world's most studied medicines. More than 50 million patients in more than 125 countries have taken this treatment, and more than 12 000 patients have participated in clinical trials specifically for this treatment.

'Our concern is that patients who read sweeping statements such as this may stop taking their antidepressants. This can result in severe relapses and could even result in patients attempting or committing suicide,' says Dr Allers. SASOP would like to advise patients to consult their psychiatrist prior to stopping any medication. Those patients under the care of a general practitioner should discuss the matter with him or her or contact a member of SASOP.

'When it comes to antidepressant therapy, treatment decisions are best made by physicians and patients based on individual patient needs and clinical presentation,' said Dr Frans Korb, psychiatrist and clinical research physician. Fluoxetine has been found by the FDA and other regulatory bodies, including the Medicines Control Council of South Africa (MCC), to be safe and effective in the management of major depressive disorders.

Issued on behalf of SASOP by Leigh Hopewell, The Write Agency