

HIV IOI Interactions Between HIV and Mental Health Medications

		MEDICATION (Brand Name)	INTERACTION
ANTIDEPRESSANTS	Serotonin Reuptake Inhibitors (SRIs or SSRIs)	Fluoxetine (Prozac)	See * below. a, b, c
		Citalopram (Celexa)	Could be affected by RTV, monitor for toxicity. Of SSRIs, this agent is less likely to be affected by PIs.
		Sertraline (Zoloft)	Side effects are similar to those noted for Prozac, but are less severe due to shorter half-life. a, b, c
		Paroxetine (Paxil)	Promotes sleep; initial dose is 20 mg/d; increase by 10mg increments. Less likely to interfere with other medications than other SRIs. d
		Fluvoxamine (Luvox)	a, b, c
	Mixed Agents	Venlafaxine (Effexor)	a, b
		Buspirone (BuSpar)	<ul style="list-style-type: none"> ■ Nonbenzodiazepine-nonbarbiturate; dependence liability negotiable; increase dose 5mg q 2-4 days to effective daily dose of 15-30mg.* ■ Not likely to be affected by PIs or NNRTIs.
	Tricyclics	Amitriptyline (Elavil)	d
		Doxepin (Sinequan)	d
		Nortriptyline (Aventyl, Pamelor)	Titrate level (70-125mg/dL). promotes sleep. d
		Desipramine (Norpramin)	Desipramine (<125 ng/dl). promotes sleep. d
	Other Agents	Nefazodone HCl (Serzone)	a, b, c
		Bupropion (Wellbutrin/Zyban)	Initial dose is 150mg bid; increase to 300mg/day after 3 days, as necessary. a, b, c
	ANTIPSYCHOTICS	Haloperidol (Haldol)	d
		Chlorpromazine (Thorazine)	d
		Respiridone (Respirdal)	d
		Imipramine (Tofranil)	d
		Thioridazine (Mellaril)	d
		Perphenazine (Trilafon)	d
	MOOD STABILIZING AGENTS	Lithium	Not affected by PIs or NNRTIs
Olanzapine (Zyprexa)		a, b, d	
Valproic Acid (Depakote, Divalproex)		a, b,c	
BENZODIAZAPINE	Diazepam (Valium)	d, e	
	Clonazepam (klonopin)	b, d, e	
	Alprazolam (Xanax)	b, d, e	
	Temazepam (Restoril)	b, d, e	
	Lorazepam (Ativan)	b, d, e	

COMMENTS KEY:
a - potential ↓ levels by efavirenz (EFV), nevirapine (NVP; clinical significance unclear, monitor for sub-therapeutic effect
b - potential ↑ levels by Protease Inhibitors (PIs); clinical significance unclear, monitor for toxicity
c - potential ↑ levels of PIs and Non-nucleoside Reverse Transcriptase Inhibitors (NNRTIs); clinical significance unclear, monitor for toxicity
d - possible ↑ levels by ritonavir
e - Metabolites could be affected by PIs and NNRTIs, clinical significance unclear. Suggested start with reduced dosage and titrate up.
** Major side effects are nausea, nervousness, insomnia, weight loss, dry mouth, constipation; insomnia may be treated with Desyrel 25-50mg hs.*

*tetracycline, fluoroquinolones contraindicated in pregnancy

Developed by HEPP staff.

References: Bartlett JG and Gallant JE. 2000-2001 Medical Management of HIV Infection. Johns Hopkins University, Baltimore, MD. 2000. Available at http://www.hopkins-aids.edu/publications/book/ch7_1std.html.