

MANAGEMENT OF TREATMENT REFUSAL IN AN HIV-POSITIVE PATIENT PRESENTING WITH A MANIC EPISODE OF BIPOLAR DISORDER

Dilan İrem Zengin, Duçem Selena İşmar, Güneş Devrim Kıcalı

Department of Psychiatry Muğla Training and Research Hospital, Muğla, Türkiye

OBJECTIVE: Manic episodes in bipolar disorder often lead to lack of insight and treatment refusal, complicating management. In HIV-positive patients, this poses additional risks, as adherence to both psychiatric medication and antiretroviral therapy (ART) is crucial. This case report discusses the clinical and ethical challenges of treatment refusal in an HIV-positive patient experiencing a manic episode, emphasizing a multidisciplinary approach.

CASE: A 41-year-old, single, university-educated female was diagnosed with HIV in 2014 and bipolar disorder in 2018. She had a history of poor medication adherence and was brought to the emergency department due to manic symptoms. Upon admission, her lithium level was <0.05 mEq/L, and ART adherence was poor. Treatment was initiated with olanzapine 20 mg/day, lithium 600 mg/day, Biktarvy 1x1, and LT4 125 mcg/day, considering potential drug interactions. However, the patient refused all oral medications, including ART, during the

first week. She exhibited negativistic behavior and excitability. Due to persistent refusal, IM formulations were initiated. Following IM treatment, the patient showed reduced agitation, decreased negativistic behavior, and improved receptiveness to psychoeducation. Medication adherence improved gradually, and by day 8, she resumed oral treatment.

DISCUSSION: Treatment refusal is common in manic episodes, especially in patients lacking insight. In HIV-positive individuals, it also affects immune function and ART adherence. In cases where patients pose a risk to themselves or others, involuntary treatment may be considered under the Turkish Civil Code and Penal Code No. 5237. When choosing antipsychotics and mood stabilizers, drug interactions with ART should be carefully evaluated. Multidisciplinary management is essential for ensuring both psychiatric stability and ART adherence.

Keywords: HIV, bipolar, treatment refusal, ART