

A qualitative study of the lived experience of HIV-associated neurocognitive disorder



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and **REACH 2.0**

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Process

In Toronto and Vancouver,
and 3 health care facilities,
25 people living with HIV were:

1. Screened for cognitive impairment
2. Given feedback by a Neuropsychologist
3. Interviewed about their lived experience

Methods



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Using a community based research approach and grounded theory, 8 Peer Research Associates (PRAs), 5 clinicians, 2 students and 5 social scientists developed interview questions, process, conducted data analysis and interpretation and created lots of knowledge transfer and exchange materials and events.



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People living with HIV told us

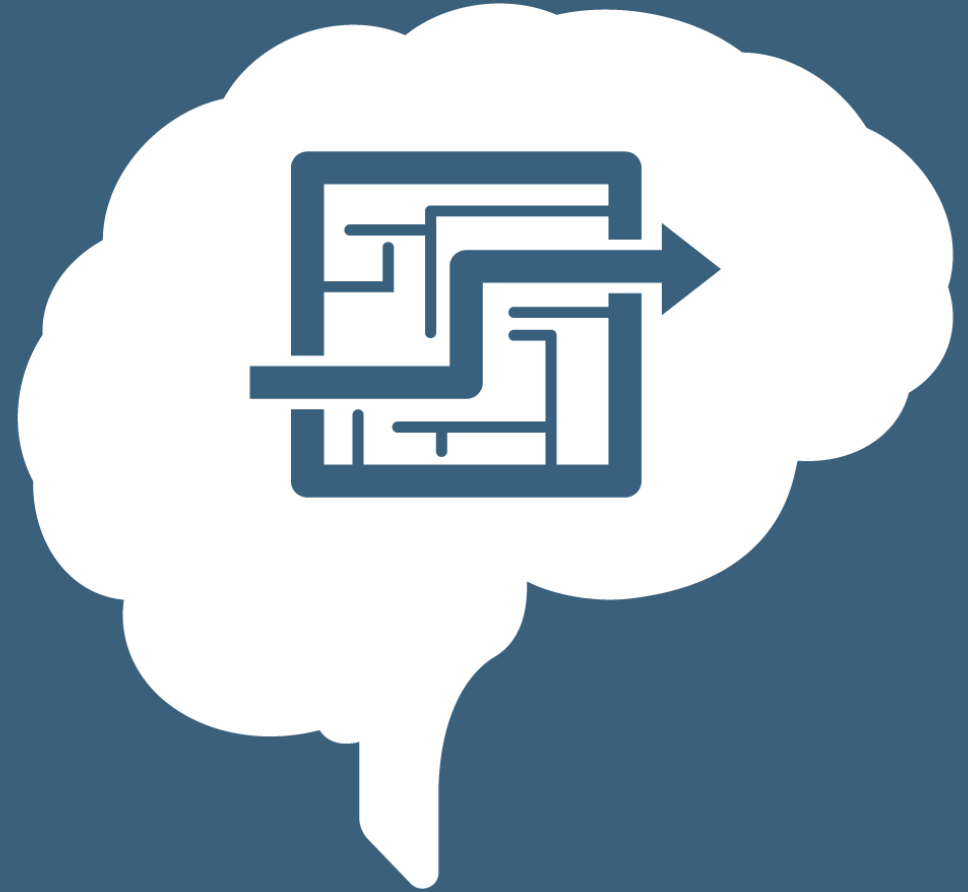
It's hard to
start the
conversation.





Getting
screened
makes a
positive
difference .

Being
methodical
and habitual is
important.





There are
helpful
strategies
and tactics

Take charge
of your health.





Be heard, be
empowered.

Practice
healthy living,
within your
means.





Try practical
solutions.

Find a support
network.





Breathe a
sigh of relief.



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Lending a helping HAND

Get
informed
about HAND.





Clarify and make distinctions for your patients.

Start the
conversation.



Link patients to
community
programs.





Build
partnerships
with patients.

Make your
practice
HAND-
friendly.



Thank you.

For more information, see:
bit.ly/HIVcognitive

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Thank you.

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