

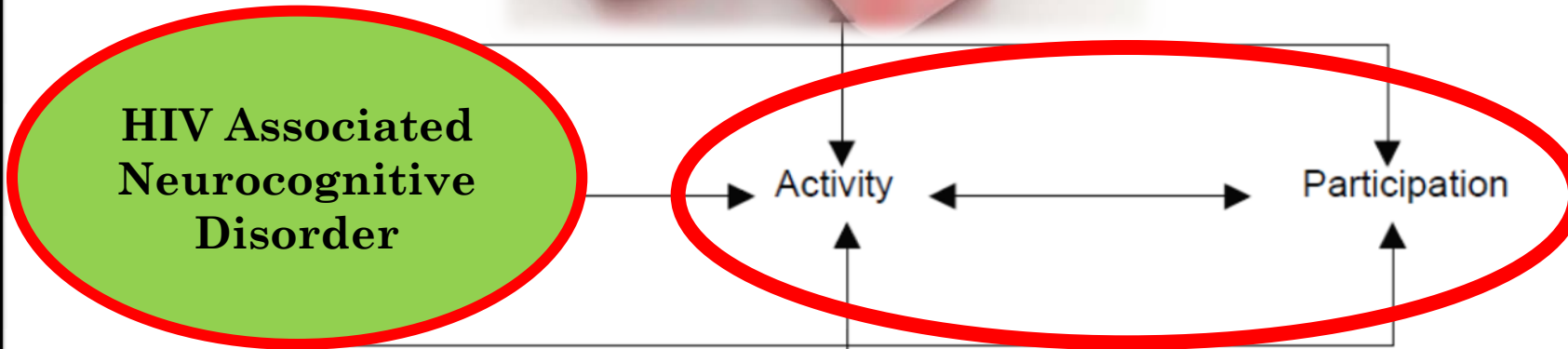
Using a measure of everyday performance to assess the presence and severity of HIV associated neurocognitive disorders

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Inspiring Minds



Policies and Procedures



Age, gender, education, sexuality, race

Contextual factors

HIV Associated Neurocognitive Disorder (HAND)

	No Preexisting Cause	Acquired impairment in >2 cognitive abilities	Interferes with daily functioning
Asymptomatic Neurocognitive Impairment (ANI)	√	√	NO
Mild Neurocognitive Disorder	√	√	Mild
HIV Associated Dementia (HAD)	√	Marked	Marked

The Assessment of Motor & Process Skills (AMPS)

- Performance-based evaluation of a person's ability to perform personal & instrumental activity of daily living (ADL) tasks
- Used to gain information about the observed **quality** of an individual's performance of chosen, familiar ADL tasks

Assessment of Motor and Process Skills

- Criterion-referenced
- Scored according to the external criterion of **competence**
 - No observable increased effort, decreased efficiency, safety risk, and/or need for assistance

AMPS – over 110 standardized ADL tasks that range in difficulty from easy to hard

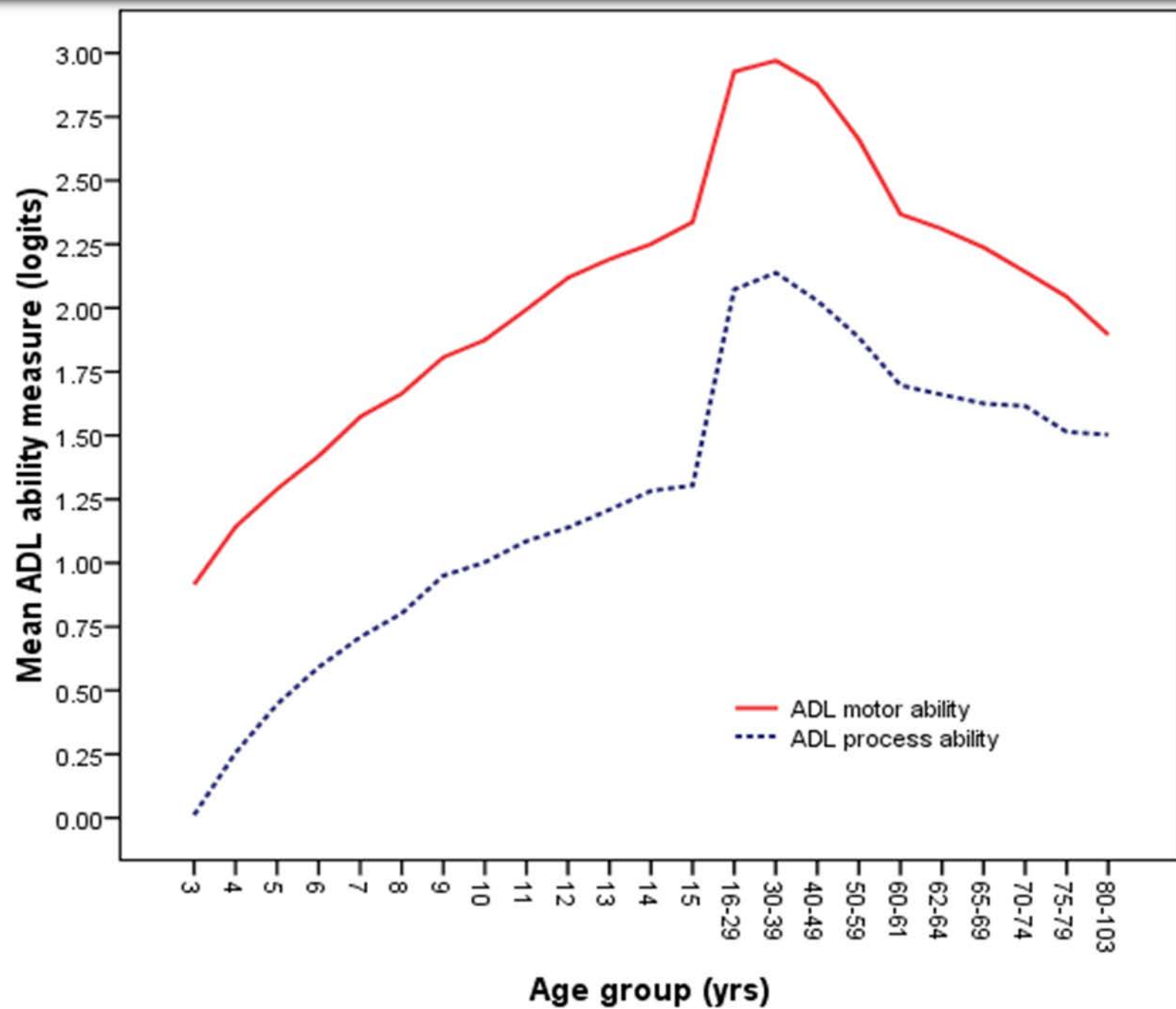


<http://tinyurl.com/ozcfq2v>



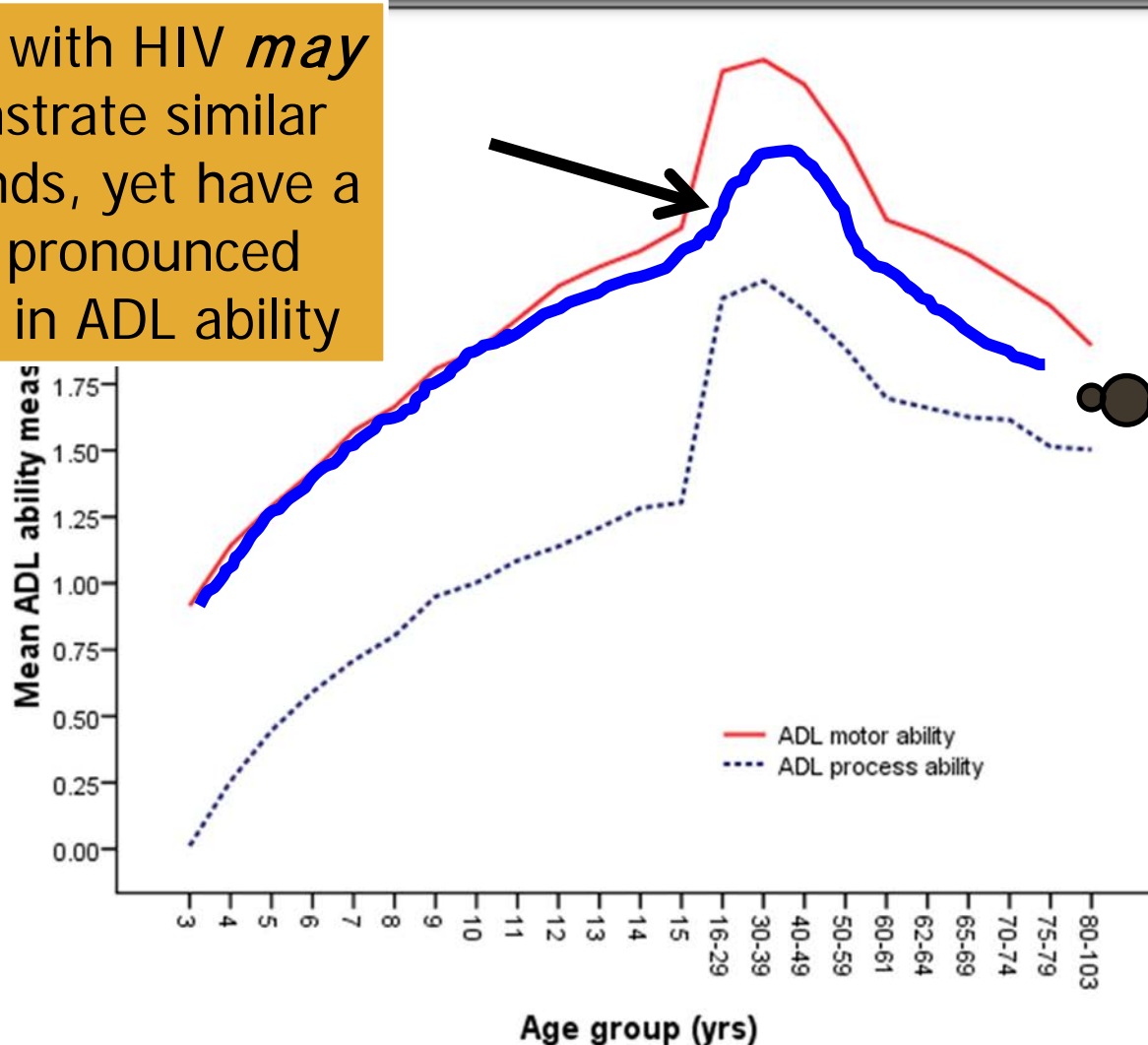
Assessment of Motor and Process Skills

- Initial evidence demonstrates that the AMPS can be validly used with persons who are living with HIV (Merritt, Gahagan, & Kottorp, 2012)
- Ceiling and floor effects are minimized because task challenge can be matched to person abilities
- Tasks can also be matched to the person's interests and familiarity



HIV & ADL across the lifespan?

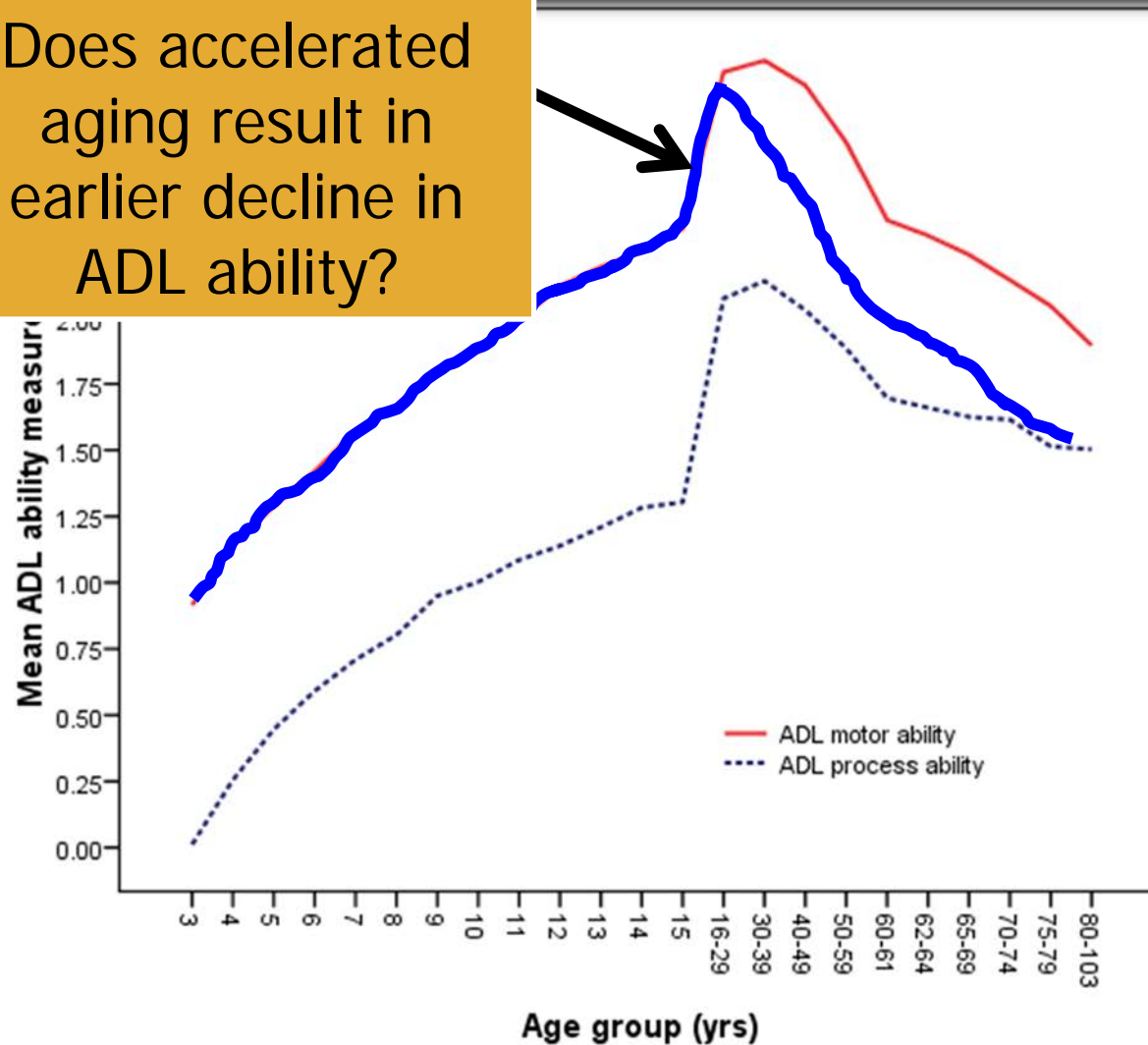
Persons with HIV *may* demonstrate similar age trends, yet have a more pronounced decline in ADL ability



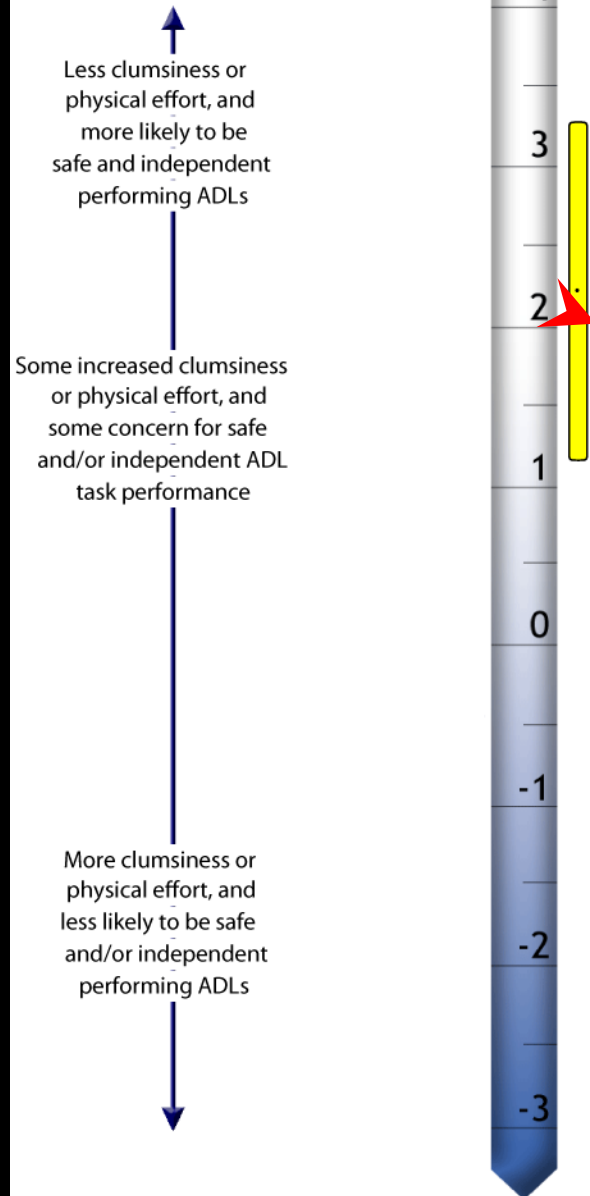
Is it HIV or age?

HIV & ADL across the lifespan?

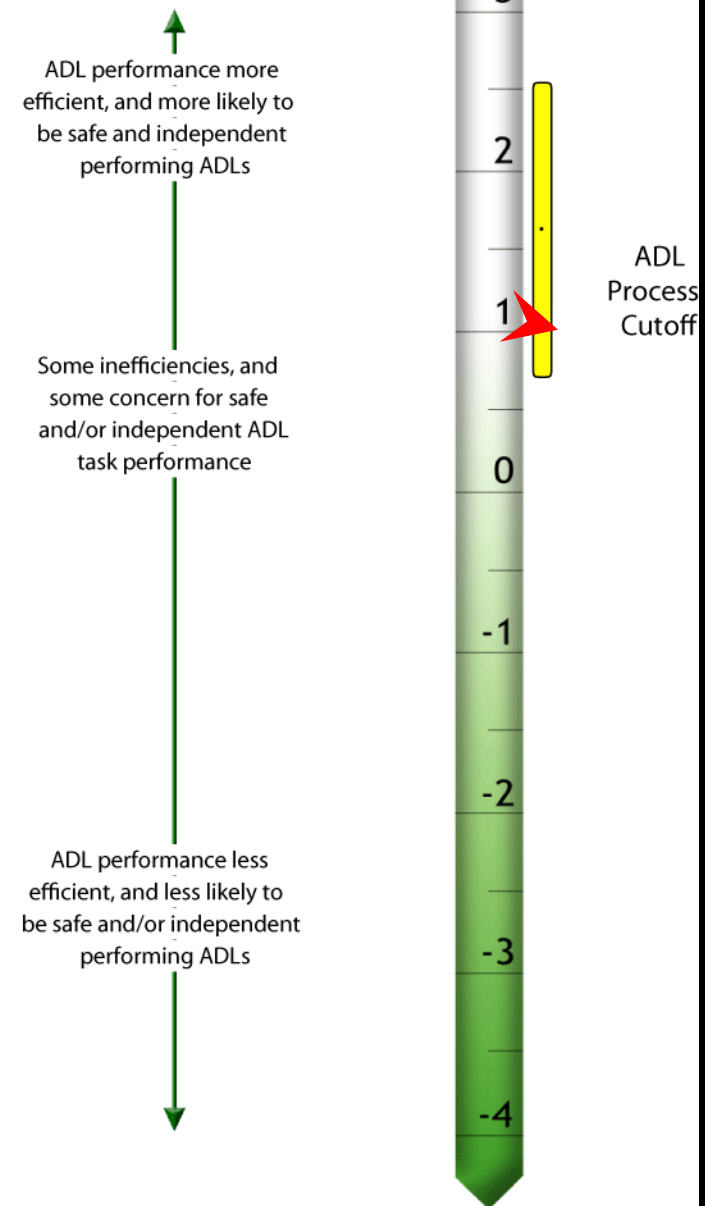
Does accelerated aging result in earlier decline in ADL ability?



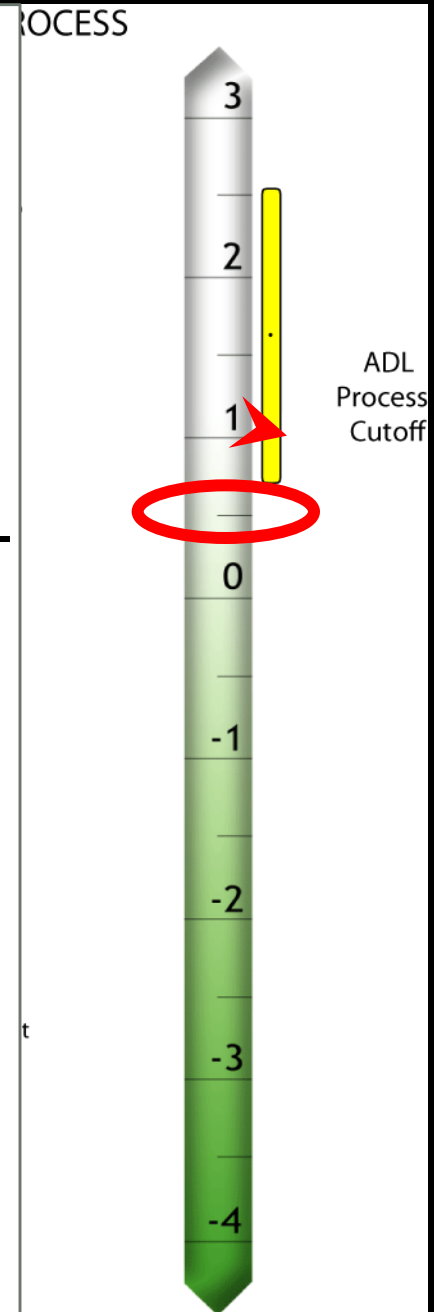
ADL MOTOR



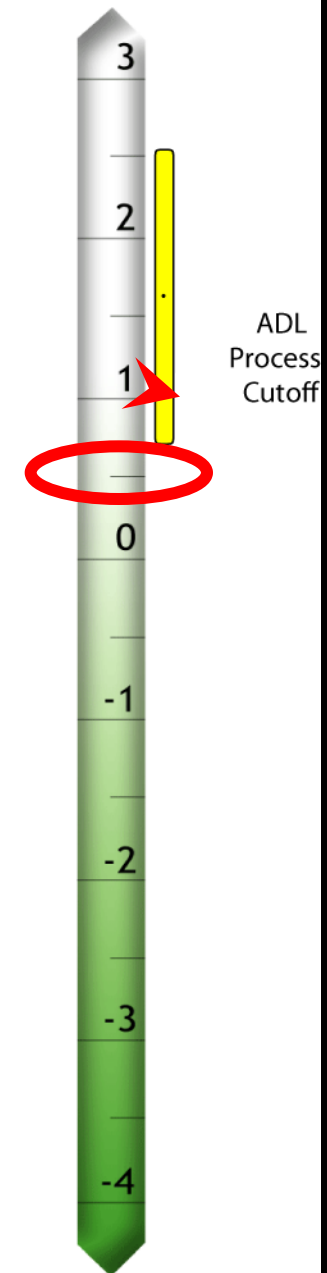
ADL PROCESS



Verbraak et al., (2012) found that a group of persons who were asymptomatic following a transient ischemic or a non-disabling stroke obtained AMPS ability measures that were below the norms of their healthy age matched peers.

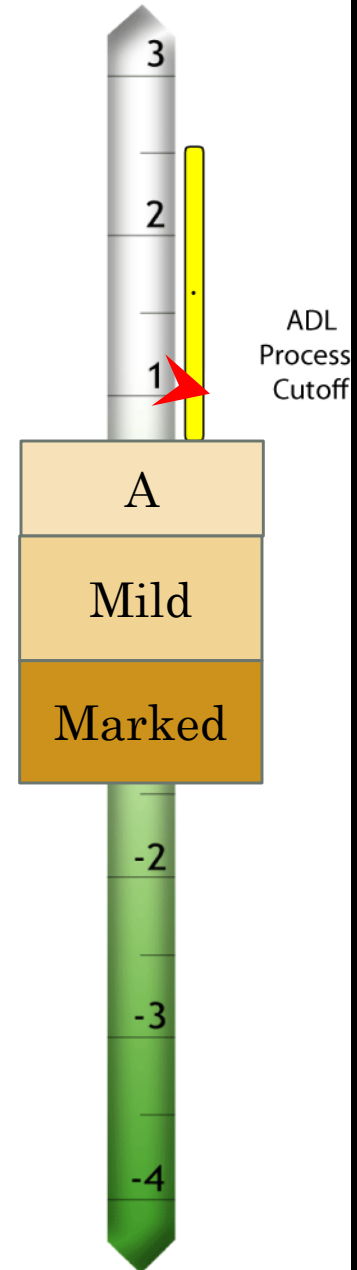


Might persons with asymptomatic HAND *also* have AMPS ability measures that are below normative values?



It is possible that the AMPS could be used to differentiate the three severity levels of HAND?

PROCESS



Future Directions



Evaluate validity of using the AMPS to:

- detect presence of HAND
- differentiate between the three levels of HAND (asymptomatic, mild, & dementia)
- monitor disease progression
- evaluate efficacy of treatment strategies