Functional Impact of HIV Associated Neurocognitive Disorder (HAND) and Strategies for Rehabilitation in the UK

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Patient perception

“I don’t read any more”

“What’s wrong with me?”

“I frequently forget to take my pills”

“I feel dyslexic”

“My partner does all the cooking now”

Strategies for Rehabilitation

Depression or anxiety can masquerade as HAND

Intervention around mood can reduce stress symptoms and then frequently the person reports their memory has improved – they did not have HAND

Conversely HAND might cause low mood/anxiety in itself

Stress Management

Stress management focusing on teaching relaxation and other self-help skills is used

Occupational re-engagement is a medium for improving both mood problems & HAND symptoms

Memory Strategies

Specific memory strategies for individual people – depends on their context

Many are very simple

Alarm as reminder

Routine /habituation

Use of key-ring pill holder

Visual prompts – pills kept where they can be seen

AHC started in January 2011

July 2012

- Presented data on 131 patients
- Fortnightly clinic
- HADS
- IHDS cut off 10

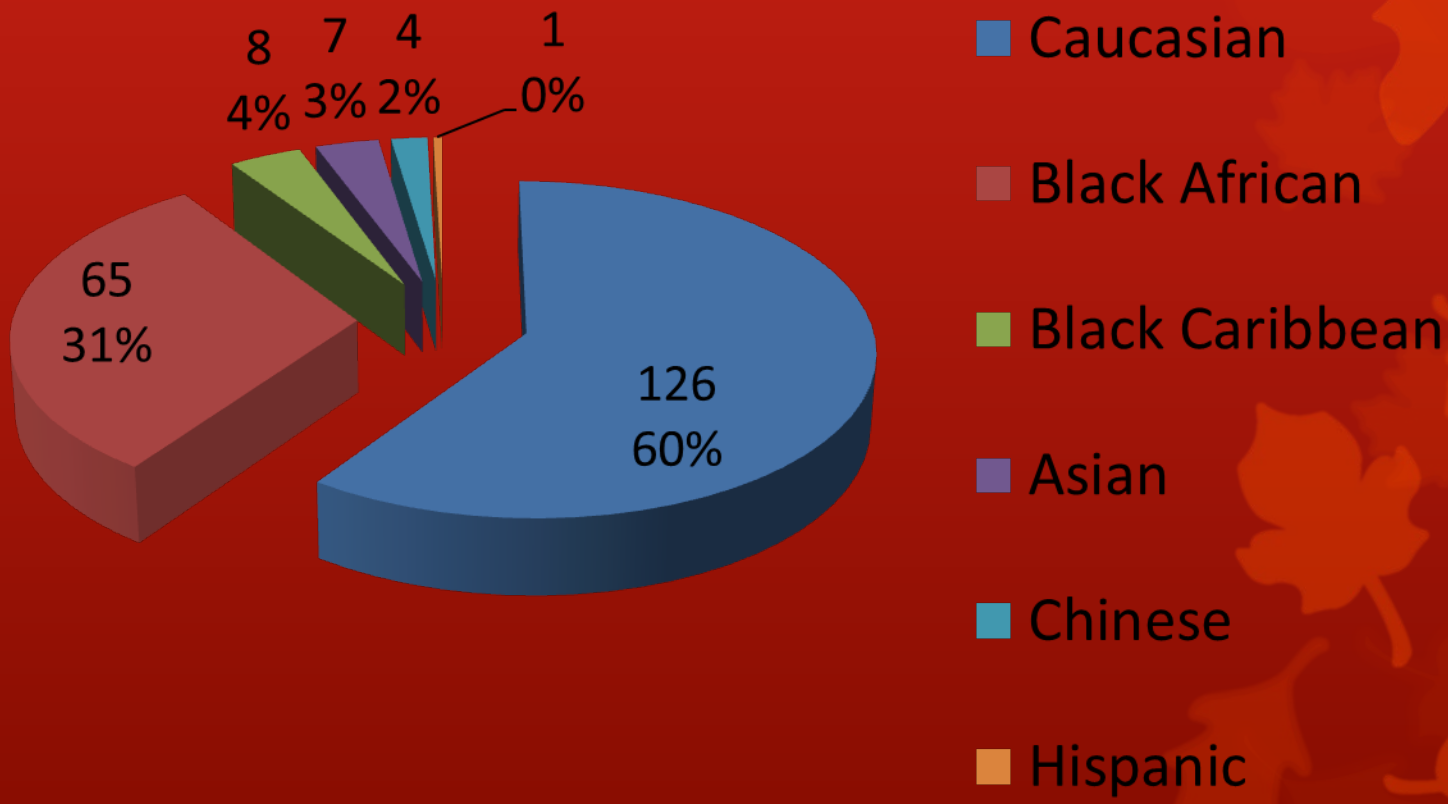
June 2013

- **Presenting data on 211 patients (up to April 2013)**
- **Clinic expanded to weekly**
- **HADS**
- **IHDS cut off 9**

Demographics (whole cohort N=211)

- Female n52 (25%)
- Male n159 (75%)
- Exactly the same ratio as before (and when split between the first 131 and the second 80)
- Average age of this cohort: 43 years
- Range 22 – 73 years
- ≥ 50 years = 45 people (21%)

Ethnic Origin
211 people

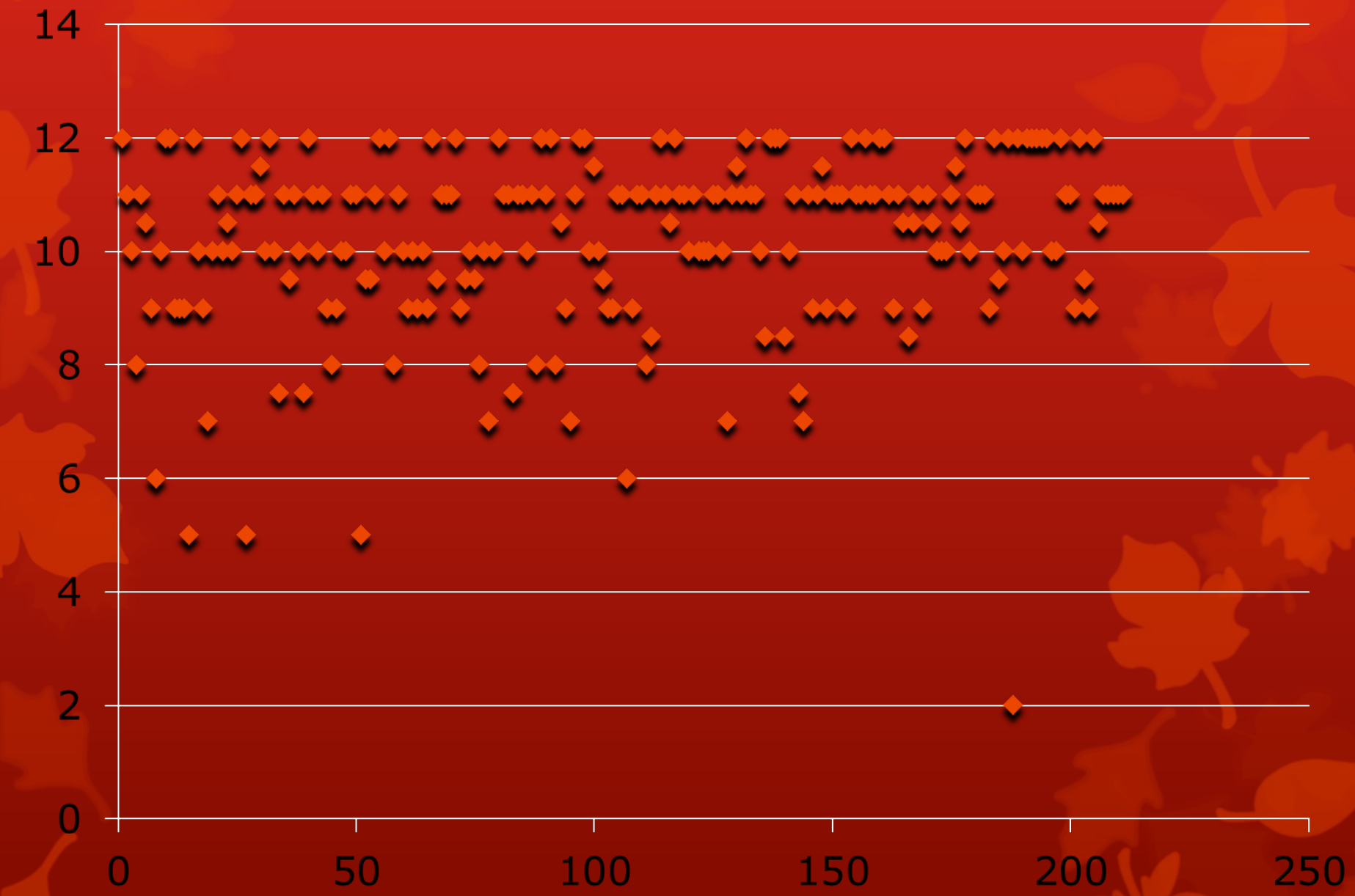


Total cohort at 2013 – 211 patients

- Total qualifying for follow up for any reason = 112 (53%)
- Total not for follow up at all = 99 (47%)

- Overall average length of diagnosis = 7.6 years

IHDS totals distribution across cohort of 211



IHDS total scores (whole cohort)

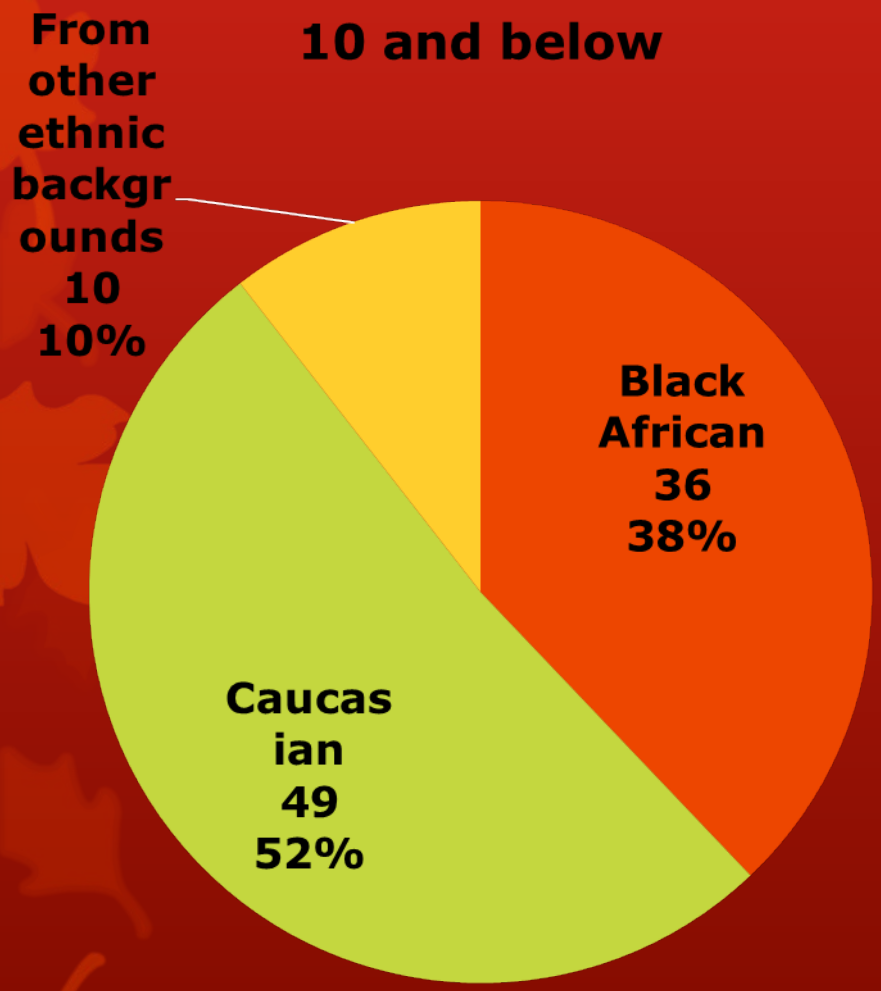
- Average total score = 10.2
- 95 (45%) scored 10 or below – 36 (38%) of the 95 were BA
- 49 (23%) scored 9 or below - 18 (37%) of the 49 were BA
- 38 of these scored maximum 12/12. Six (16%) of these were BA.
- 37 people scored on the cut off of 10. 15 (41%) of these were BA.
- 23 scored 9 of which 8 (35%) were BA.

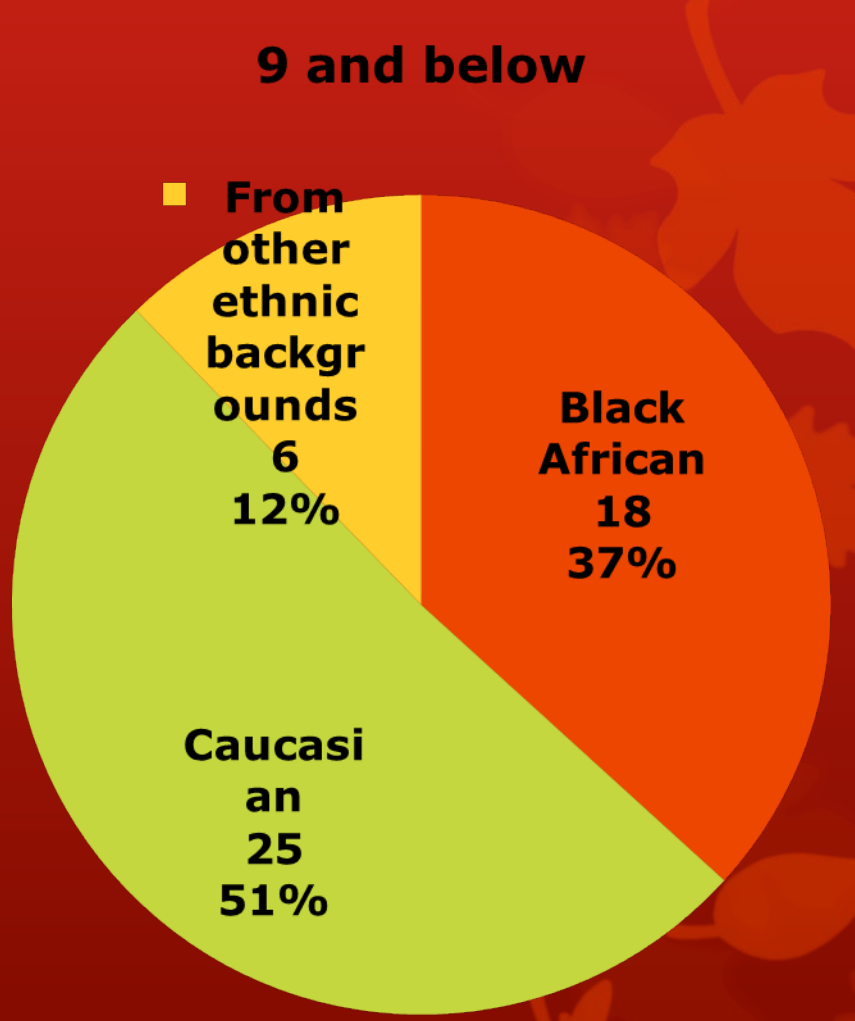
Average scores on IHDS

	Black African cohort	Caucasian cohort	Other ethnic origins	≥ 50 years	49 and under
Number in whole group of 211 people	65 (31%)	126 (60%)	20 (9%)	45 (21%)	166 (79%)
Average IHDS score /12	9.9	10.4	10	9.4	10.4
Number identified for neurocog F/U*	32 (49%)	44 (35%)	10 (50%)	23 (51%)	63 (38%)

* NB those identified here were a mix of using cut-off of 10 and of 9

Ethnic background of those identified for F/U using 10 and 9 as the cut off for further assessment

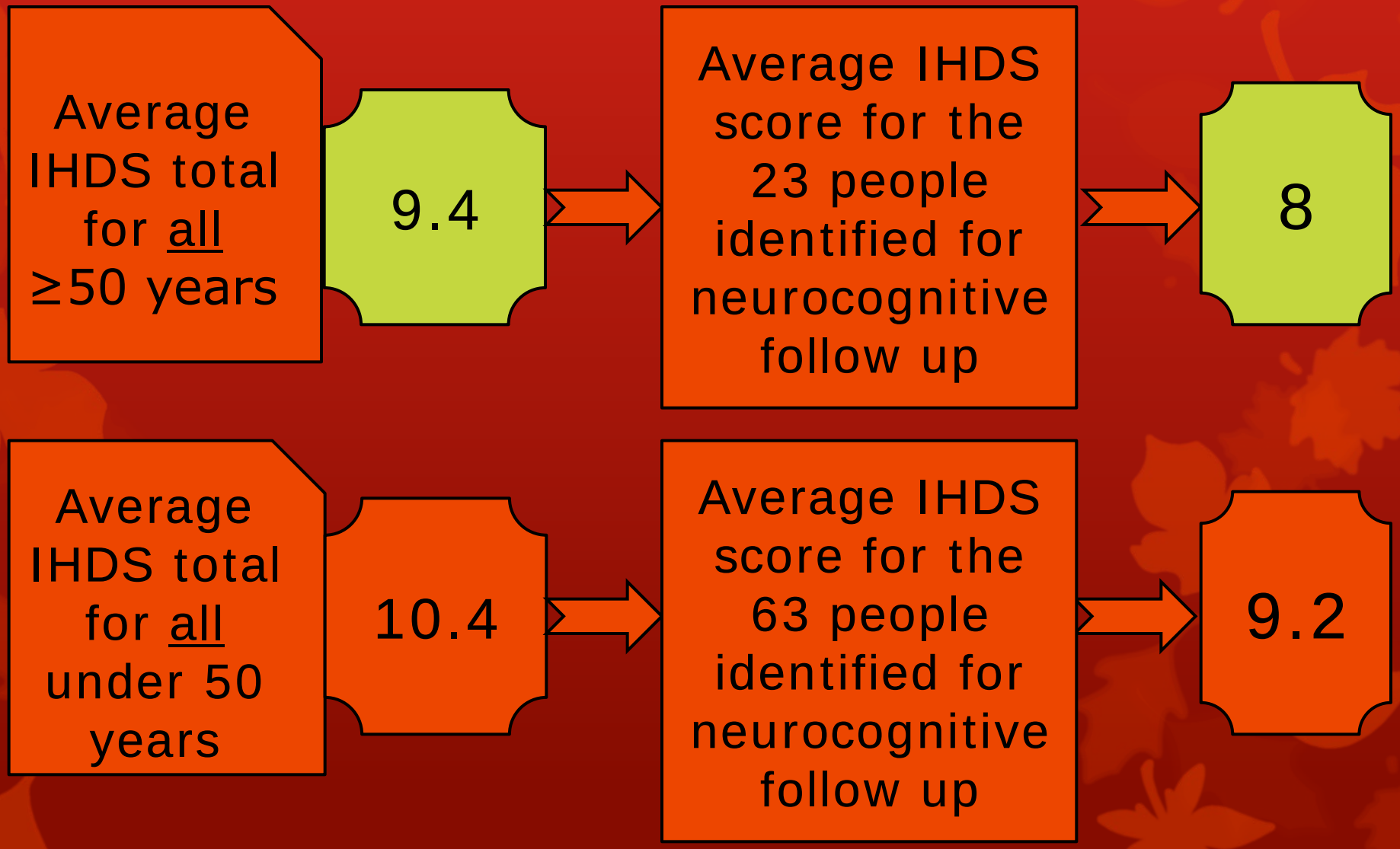




Comparison of follow ups in ≥50 years at cut off 9 or 10 on IHDS

- In the first 131 people, 67% of those aged 50 and over were identified for follow up (total 27 people ≥50 and 18 were followed up)
- Now 47% were identified for follow up (total 45 people ≥50 and 23 were followed up)
- This includes the first cohort analysed and changing the cut off score has dropped the numbers identified. This will presumably decrease further over time

Were the IHDS scores lower in the ≥50 years cohort?



Average length of diagnosis

Over 50 years

9.4 years

Under 50 years

7.1 years

Conclusions

- The AHC clinic helps identify people who might not have been seen otherwise
- Lowering the IHDS cut-off score from 10 to 9 has enabled us to focus time on those most in need
- Lowering the IHDS score has not changed the proportion of BA patients who are seen as needing further input
- Those aged over 50 have lower IHDS scores – work needs to be done to see if this correlates directly with real life impairment

Conclusions

- The most important aspect is that regardless of screening or assessment, functional intervention is needed in order to make it meaningful
- Will continue to collect practice data and analyse again when numbers are larger see how significant the differences are
- Intended to compare the further assessment outcomes of those at IHDS 10 and those at IHDS 9 and below
- Need to compare against nadir CD4

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