

Clinical evaluation and management for cognitive impairment through screening in HIV+ patients



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Background

- Neurocognitive impairment (NCI) is an important comorbidity in an ageing HIV+ population.
- At the UMC Utrecht a protocol for NCI is established and performed at every annual visit.
- Aim is to evaluate clinical practice and outcomes.

Methods

- Screening for NCI (2012-2016) is performed with two tests combined with subjective complaint assessment. Furthermore, everyday participation and depressive/anxiety symptoms are evaluated.
- Management includes somatic and psychological evaluation in four steps.
- First goal is to rule out treatable conditions. In addition, HIV replication in the CNS could be tested. When no treatable cause is detected; patients could be referred for cognitive revalidation.

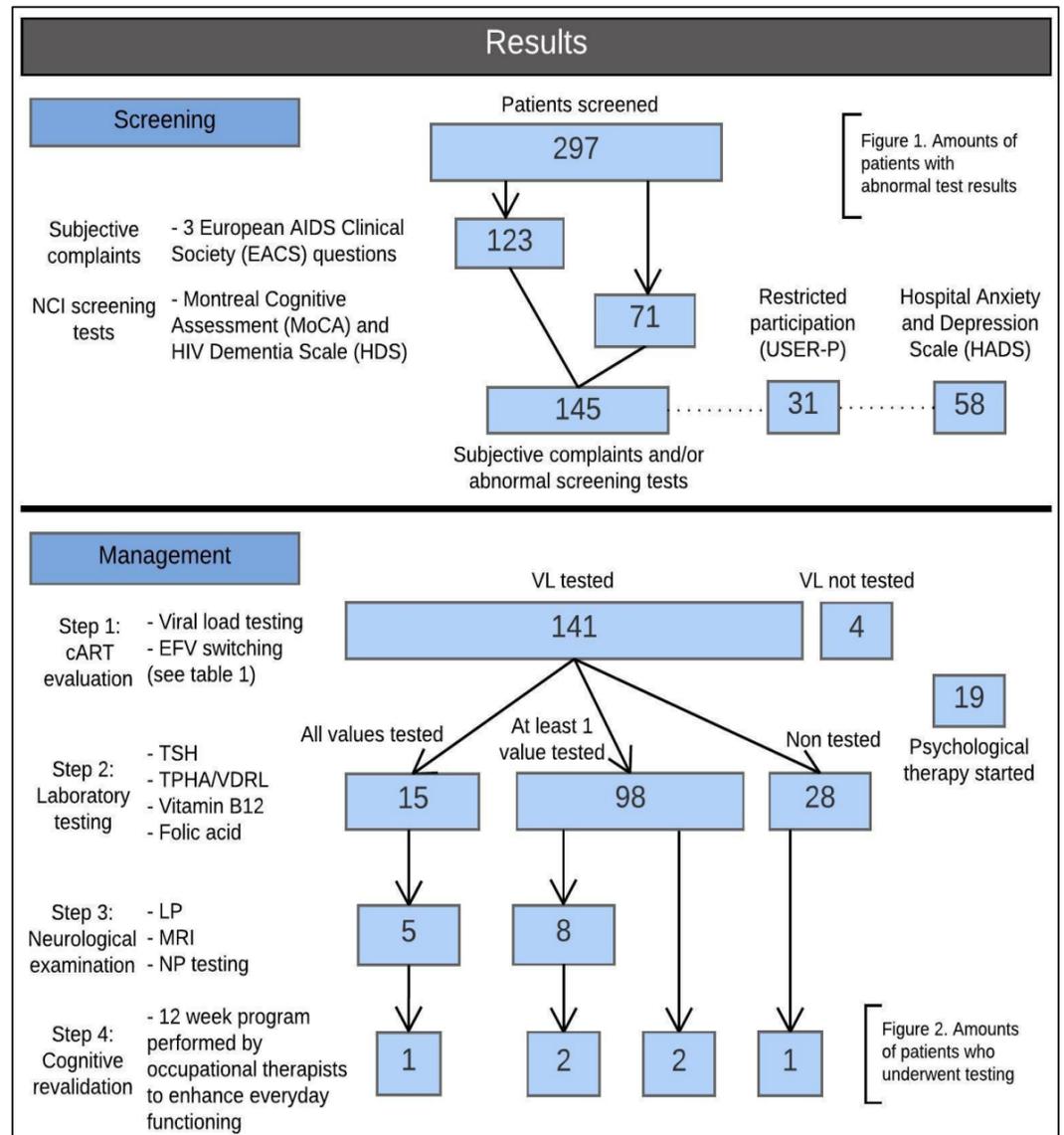
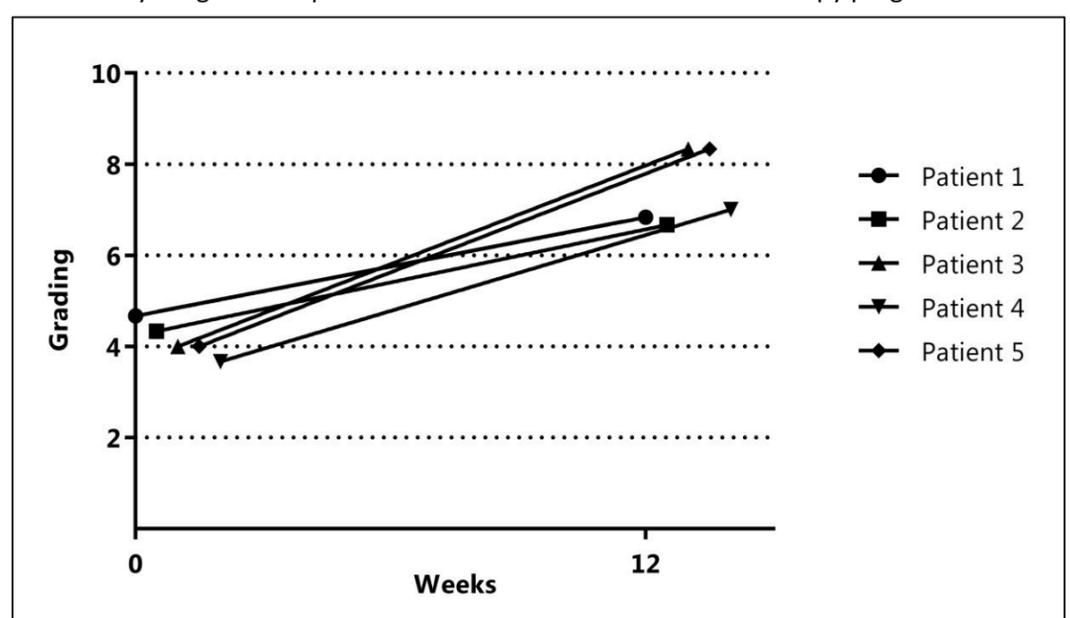


Table 1. Outcomes of the tests in step 1-3

Steps	Performed		Abnormal outcomes	
	N	N	N	%
Step 1 – Virological treatment				
EFV switched	32	6 switched	18.8%	
VL within 3 months	141	13	9.0%	
Step 2 – Laboratory testing				
Lues TPHA/VDRL	81	4	4.9%	
TSH	77	6	7.8%	
Folic acid	31	9	29.0%	
Vit B12	29	1	3.4%	
Step 3 – Neurological examination				
LP	10	2	20%	
MRI	5	1	20%	
NP testing	5	3	60%	

Figure 3. Results of step 4; cognitive revalidation Patient's initial scores (n=5) on individually set goals compared to the scores at the end of each therapy program



Conclusion

- Substantial amount of patients 58 (40%) with mood disorder symptoms, 19 had treatment started.
- Only a small amount was switched away from EFV-containing regime (6 out of 32; 18.8%).
- Folic acid deficiencies were the most common lab abnormalities (9 out of 31 tested; 29.0%).
- Cognitive rehabilitation beneficial for cognitive problems in everyday functioning.