

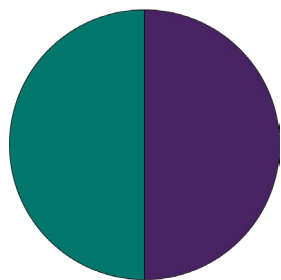
Improving Cognitive Decline Among People with HIV in Michigan

What is important to know about cognitive decline?

Thanks to improvements in HIV treatment, nearly half of people with HIV (PWH) in Michigan are now 50 or older. However, aging with HIV is not without its challenges, including a much higher likelihood for cognitive decline. PWH have a higher likelihood for dementias such as Alzheimer's, as well as for HIV-Associated Neurocognitive Disorder (HAND). While severity of HAND has decreased since the early days of the epidemic, the incidence remains the same. Though HAND is not as severe as Alzheimer's and other dementias, its early diagnosis is still essential to ensuring access to all treatment options. Factors that increase the chance for developing cognitive decline include diabetes; high blood pressure; high cholesterol; low nadir and low current CD4 count; poorly controlled viral load; and substance use disorders.

How does cognitive decline affect PWH?

Level of Impact



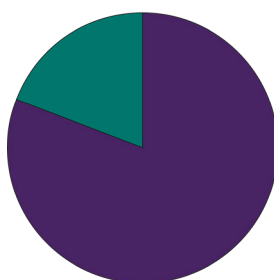
50% of PWH will experience some form of cognitive impairment.

Increased Chance

5x

PWH are five times more likely than their peers to experience cognitive problems as they age.

Underdiagnosis



81% of patients who meet the criteria for dementia have never received a documented diagnosis.

Cognitive decline disorders can cause substantial delays or interruptions in HIV care. Symptoms can include memory loss, sleep changes, anxiety, depression, executive dysfunction (problems with planning, organizing and decision making), and even motor changes. Differences in diagnosis have great implications for prognosis and treatment. Making sure people are diagnosed early and accurately can help get people proper treatment, help with future planning and potentially ease fears about how daily life will be affected.

What are opportunities for improving care for PWH?

TEAM



- Early and accurate diagnosis allows PWH to be involved in future planning.
- Appropriate diagnosis allows teams to make accommodations/adjustments to best support PWH and cognitive decline in managing their HIV.

PRACTICE



- Develop policy and procedures for cognitive screening and diagnosis for PWH.
- Differentiate HAND from Alzheimer's disease and related dementias.
- Provide educational resources on preventing and treating cognitive decline disorders among PWH.

ENGAGE



- Promote non-medical interventions for those with cognitive decline, such as support groups, education programs, cognitive activities, and social engagement.
- Create new programming and groups specific to PWH and cognitive changes of all etiologies.

Clinical Features of HIV-Associated Neurocognitive Disorder

Cognition

Impairments in attention/processing speed, working memory and executive functioning.

Behavior

Apathy, depression, anxiety, agitation, mania, and/or sleep disturbance.

Motor

Unsteady gait, poor coordination and/or tremor.

Unlike mild cognitive impairment/Alzheimer's disease and related dementia:

Efficiency in learning and retrieval are reduced, but primary memory disturbances are rare.

Resources are available to support providers:

Client Services

The HIV Supportive Services Program at the Alzheimer's Association has free programs and services, such as social engagement programs, educational presentations, support groups, etc.

Capacity Building

The Alzheimer's Association has resources to support capacity building, such as the Cognitive Assessment Toolkit, Care Planning Toolkit and Continuing Medical Education Credit opportunities to enhance provider's screening, diagnosis and management of cognitive impairment of all etiologies.

Technical Assistance

Alzheimer's Association staff can serve as consultants and/or facilitators on formal quality improvement projects designed to address challenges with brain health, dementia screening, treatment and care management within your health system.

Summary

PWH have a higher likelihood for dementias such as Alzheimer's as well as for HIV-Associated Neurocognitive Disorder (HAND), and Michigan data suggests that these diagnoses are being missed in PWH in Michigan. Early and accurate diagnosis has important treatment implications and can actually ease minds, as HAND severity is most often significantly less than Alzheimer's disease and related

dementias. Multiple resources are available through the Alzheimer's Association Michigan Chapter, including its HIV Supportive Services Program, to help providers and patients best navigate screening, diagnosing, treating and living with cognitive decline of all etiologies. Please contact Kate Pierce at kpierce@alz.org or 248-996-1036 to access any of the resources discussed on this flyer.