

Early experience with development of a dedicated clinic to screen for Cognitive defects in HIV positive patients

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Background

Neurocognitive disorders are more common in the HIV positive population. With this in mind a pathway was initiated to screen and help those with potential cognitive problems. The HIV associated neurocognitive disorder (HAND) clinic was set up in April 2014 to offer screening to a large HIV cohort of over 2000.

Method

Patients reporting memory issues from regular clinics are referred to the HAND screening clinic. Patients are screened using...

- Montreal Cognitive Assessment (MOCA)
- Frontal Assessment Battery (FAB)
- Questionnaire on daily function

Any patient scoring significantly on MOCA/FAB or with significant problems in their daily function are identified as having cognitive problems. Those identified as having potential cognitive problems are referred for psychological testing and support. These patients are also recommended to have lumbar puncture and MR head scan as per clinician discretion.

Patients are also screened for anxiety and depression using the Hospital Anxiety and Depression Screening tool (HADS). Questionnaire also accounts for medical history, education and drug use.

Table showing scores and outcomes of those attending clinic

Age	VL	CD4	Anxiety	Depression	MOCA	FAB	Main problem	Referred	LP	MR
33	<40	976	16	15.00	27	16	Personal difficulties	GP for Anxiety	.	.
34	<40	488	7	7.00	20	16	Study problems	Cognitive assessment	Normal	Normal
49	<40	474	16	8.00	23	16	People, places + appointments	Cognitive assessment	Normal	Stable white matter changes
42	<40	84	0	2	27	17	Word finding	Cognitive assessment	.	Normal
54	<40	488			failed	8	Forgetting things	Cognitive assessment	.	White matter changes ? PML
48	<40	640	16	18.00	25	13	Word finding & concentration	Cognitive assessment	.	Normal
44	<40	605	0	2.00	29	13	Appointments/pills	Back to GP	.	.
26	<40	362	8	8.00	19	15	Misplacing things, word finding	Cognitive assessment	.	Normal
63	<40	531	16	16.00	26	13	Pans/food/appointments	.	.	.
52	<40	725	10	13.00	29	18	Loses keys etc	HIV specialist nurse follow up	.	.
46							Memory and language	Cognitive assessment	.	.
48	<40	622	15.00	14.00	29	18	Forgets when stressed	Already under review	.	Ordered
51	<40	304	20	8.00	25	17	Loss of confidence/ memory	Cognitive assessment	.	.
50	<40	899	13	7.00	29	18	Dates and events	Counselling	.	.
44	<40	644					Upset	Cognitive assessment	.	.
59	<40	372	14	12.00	30	18	Life activities	Cognitive assessment	.	normal
48	<40	399	18	12.00	28	14	Studies effected and low mood	Counselling	Normal	Normal
40	<40	926	18	14.00	25	15	Minimal memory	Counselling	.	.
47	<40	614	11	13.00	28	17	Dates and shopping tasks	Counselling	HIV PCR +ve	Normal
60	<40	900					Tablets/depressed	Cognitive assessment	.	.
54	<40	525						Vascular dementia	.	Normal
34	<40	307					Upset/ low mood	Counselling	.	.
55	<40	765	18	13.00	26	13	Appointments/organisation	Likely mood related	.	.
40	<40	729	12	17.00	20	14	Cooking/ appointments	Cognitive assessment	.	.
54	<40	474	18	15.00	29	16	Forgetting things	Motivational issues	Normal	.
43	<40	475	19	19.00	29	13	Attributed to Cannabis use	Counselling	.	.

Results

47 patients with an age range of 24-65 years have been referred for assessment of whom 26 attended clinic. All had plasma viral load of ≤ 40 c/ml and a CD4 count range 84-976x10⁶/L.

7 patients scored <26 (significant) on MOCA whilst only 1 was less than <12 on FAB. 16 scored >10 for anxiety or depression on HADS. 2 became too distressed in consultation to complete the assessments.

5 progressed to an LP (one had a detectable viral load) and 10 had an MR brain of which 2 had white matter abnormality. 14 were referred for formal cognitive testing and 7 were referred for psychological therapy. 3 had established diagnoses to explain their memory problems.

Conclusion

Early results revealed a high rate of depression and anxiety requiring neuropsychology referral. Over 50% of patients were referred for formal cognitive assessment with clinical psychology. Subsequent service developments have included a patient satisfaction questionnaire, a dedicated cognitive rehabilitation group and a texting service to prompt clinic attendance after identifying a high DNA rate.

SCREENING CLINIC PATHWAY

