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Project title
HAND Clinic – early detection of HIV-associated neurocognitive disorders

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Introduction
HIV enters the central nervous system early in the course of the infection and leads to profound and widespread damage to the central nervous system. HIV-associated neurocognitive disorders (HAND) can range from subtle, subsyndromic deficits to frank and severe form of dementia. The diagnosis of HIV can bring emotional impacts to an individual, which resulted in cognitive complaints. Therefore, differential diagnosis of HAND and mood disorders is important for the provision of timely treatment to patients. We have established a HAND clinic for newly-diagnosed HIV+ patients who attended AIDS Clinical Service of QEH.

Objectives
1. To allow early detection of HAND and clinical mood disorders; 2. To offer timely medical and neuropsychological treatment to maximize the chance of reversing HAND and mood disorders; 3. To set up a standardized and protocol based screening service to enhance patient care.

Methodology
Newly-diagnosed HIV+ out-patients of AIDS Clinical Service received a HAND screening. The screening tools included the International HIV Dementia Scale (IHDS), Montreal Cognitive Assessment (MoCA-HK), Hospital Anxiety Depression Scale (HADS) and Depression, as well as Anxiety and Stress Scale (DASS). The screening was conducted by a Psychology Assistant (PA). When patients showed neurocognitive impairment in the screening and impairment in daily functioning, a battery neuropsychological tests will be offered by a clinical psychologist to the patients. Patients who were identified to suffer from clinical mood disorders would receive psychological interventions. All patients receive a follow-up screening at 6 months after the first screening.

Result
As at December 2014, 82 newly diagnosed HIV+ patients received the first screening between December 2013 and December 2014. 73 (89%) were males and 9 (11%) were females. Among them, 39 patients have already received a follow-up screening at month 6. During the first screening, 6 patients (7.3%) showed significant cognitive impairment, 27 patients (32.9%) showed mood disturbance, 5 patients (6.1%) showed both cognitive and mood disturbance and 43 patients (52.4%) were free from any cognitive or mood disturbance. Follow-up detailed neurocognitive assessment were offered to the 11 patients who were cognitively impaired in the screening, and confirmed that about 73% of them suffered from significant neurocognitive disorders. Psychological interventions were given to those emotionally disturbed. A total of 39 patients have received a second screening. Significant improvement in cognition and mood, as measured by IHDS and HADS, was observed at month 6. In conclusion: 1. HAND screening by PA is cost-effective. 2. Medical and neuropsychological service to HIV-infected patients is enhanced. 3. HAND screening provides objective monitoring of treatment progress and outcome.