

COGNITIVE DISORDERS

The Human Immunodeficiency Virus (HIV) has a significant impact on the central nervous system. This impact can show up in a number of ways of varying degrees of severity. These are referred to as HAND, or HIV-associated neurocognitive disorders. This includes the whole range of potential conditions. The mild effects include changes in mood and behaviour like depression, apathy, anxiety, insomnia, and hyperactivity. On the more severe end are conditions like HIV-associated dementia (HAD) and peripheral neuropathy. Typically these conditions appear only after many years of living with HIV, particularly in those diagnosed before effective medication was widely available.

Often, HAND resembles more common cognitive impairments like Alzheimer's disease. While Alzheimer's is permanent, HAND is reversible. Simply by taking effective antiretroviral therapies (ART) and adopting healthier habits, HAND can be reversed and cognitive function eventually restored.

SIGNS AND SYMPTOMS

If a person has HAND, they may show either cognitive or motor symptoms, or both.

Cognitive signs include:

- Noticeable slow thinking and reaction times
- Difficulty with memory (e.g. remembering names, thinking of words when speaking)
- Difficulty performing tasks at work
- Difficulty in concentrating on simple tasks, like reading or watching TV
- Difficulty planning tasks in advance (e.g. taking medication, preparing meals)

Motor signs include:

- Slowed walking and movement
- Slowing or difficulty with fine motor tasks (e.g. putting on clothes, typing)
- Increased clumsiness

It's important to remember these may be due to some condition other than HAND. However, if a person has HIV, is not taking HIV medication, or does not take it regularly, the person should speak to a doctor about these concerns. If the doctor suspects HAND, referrals can be made to the appropriate specialist. Early diagnosis can determine the exact problem ensure effective treatment starts as soon as possible.

TREATMENT

If a person is diagnosed with HAND, it is important to start treatment as soon as possible. ART can reduce and reverse the effects of HAND, and improve a person's overall health. If someone is diagnosed with HAND but is already on ART, their doctor and specialist can work with them to determine the best option for other treatments.

Other changes to lifestyle can help reduce the severity of the symptoms. Adopting a healthier diet, eliminating the consumption of alcohol and/or recreational drugs, and exercising regularly can help with depression, anxiety, and insomnia. For people experiencing more severe conditions like HAD or peripheral neuropathy, getting support from peers and counsellors can help them cope with the difficult recovery process. Counsellors can help develop coping strategies and reduce the emotional difficulties associated with HAND. Peer support is available from organisations like Living Positive Victoria, and from the Victorian AIDS Council.

SUPPORTING PEOPLE WITH HAND

People living with HIV and HAND can experience significant discrimination and prejudice, as well as internalised stigma. Adopting a person-centred approach to care is a powerful way to help the person develop resilience in the face of such difficulties. Person centred care places an individual at the centre of their care, and emphasises respect for the choices and values of the person, as well as their family and loved ones.

Ways to support the person include speaking with them about:

- Their experiences with HIV and HAND, and how they're affected by it
- How the person manages the condition, including any social support
- What help they feel they need to be supported and cared for.

It is important to be patient when speaking with a person with HAND, as their ability to communicate may be diminished. Speak clearly and simply, and allow the person time to consider their response.

People with HIV, whether they have HAND or not, are far more likely than others to experience depression and anxiety, much of it stemming from discrimination and stigma. Sometimes people with the best intentions can inadvertently do or say something that negatively affects them. Take time to reflect on your own beliefs and attitudes about HIV, sexual preference, and cognitive impairment. Trying to think about a person's situation from their particular point of view can provide a better understanding of their needs, and help you provide better support.

OTHER RESOURCES

Alzheimer's Australia provides a very useful toolkit for community care workers who work with people living with HIV and HAND. It can be found by searching for "HAND Toolkit" on the website: <http://www.fightdementia.org.au>