

Enhancing pathways, workforce and capacity for HAND (HIV-Associated Neurocognitive Disorders) assessment for people living with HIV (PLHIV) throughout Qld- including regional

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Background:

HIV-associated dementia incidence has dramatically reduced with the introduction of combination antiretroviral therapy (cART), however milder forms of HIV-Associated Neurocognitive Disorders (HAND) persist. Symptoms include psychomotor slowing, attention/working memory deficits, and difficulty with new learning. People living with HIV (PLHIV) are often aware of deficits and report functional impairment, including medication adherence. Mild HAND is an under-diagnosed problem for PLHIV and can increase risk of morbidity/mortality. Early detection is key in reducing progression and signs of HAND related neurocognitive impairment and is likely to be associated with dementia risk in late life; and can also improve health outcomes. This project aimed to identify needs in Queensland for assessing HAND in PLHIV experiencing symptoms.

Methods:

The initial part of this project aimed to assess practices, referral pathways and resources available in Queensland and other states/territories to identify gaps, barriers and challenges. These were identified through nine semi-structured interviews with industry partners and key stakeholders in partnership with community stakeholder (e.g. PLHIV, allied health workers, referrers) engagement.

Results:

Thematic analysis from interview data indicated several key difficulties: finding HAND assessment service providers, finding providers with specialized HAND and HIV knowledge among psychologists who conduct neuropsychological assessments, identifying clients who require a HAND assessment particularly when they are unable to communicate changes in cognitive functioning, the need for a standardised template for obtaining relevant medical history re HIV and information needed for further assessment, and finally a lack of training, knowledge, time, resources, self-efficacy, funding, and competing demands among health professionals.

Conclusion:

This project has highlighted key gaps in the current practices, referral pathways and resources currently available in Queensland and other states/territories in regard to providing HAND testing. The next phase of this project is to use these findings to create an intervention that addresses these gaps and make it accessible and provide resources as appropriate.

Disclosure of Interest Statement:

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