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Screening for Neurocognitive Impairment in HIV Infection

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Two Key Screenings

1.
**Screening for
Neurocognitive
Impairment**

2.
**Screening for
Neuropsychiatric
Disorders**

Two Key Screenings

1.
**Screening for
Neurocognitive
Impairment**

2.
**Screening for
Neuropsychiatric
Disorders**

Advantages in common:

- 1. Feasible: paper-based*
- 2. Rapid: <10 minutes*
- 3. Reliable: 75% - 95%*

1. Neurocognitive Impairment

Name	Reference	Duration	Pros	Cons
CogState®	<i>Cysique et al, J Int Neuropsych Soc, 2006</i>	10-15 min	- 4 areas covered - Low practice effect	- Economical cost - Feasibility (computerized)
CAMCI® (Computer Assessment of Mild Cogn. Impairm.)	<i>Becker et al, AIDS Patient Care and STDs, 2011</i>	20 min	- 4 areas covered - Low practice effect	- Economical cost - Feasibility (computerized)
HNRC Screen	<i>Carey et al, Clin Neuropsychol, 2004</i>	5-10 min	- Good accuracy (78%, 85%) - Only 2 measures	- Economical cost - Instrumental requirements (pegboard)
IHDS (International HIV Dementia Scale)	<i>Sacktor et al, AIDS, 2005</i>	5-10 min	- Quantitative score - Extensively used	- Designed for HAD - Limited accuracy
BNCS (Brief NeuroCognitive Screen)	<i>Ellis et al, J Neurovirol, 2005</i>	5-10 min	- Paper-based use - Extensively used	- Economical cost - Limited sensitivity (65%)
MoCA® (Montreal Cognitive Assessment)	<i>Koski et al, HIV Medicine, 2011</i>	5-10 min	- Quantitative score - 4 areas covered	- Designed for aging - Limited specificity (42%)
NEU Screen	<i>Muñoz-Moreno et al, JAIDS, 2013</i>	5-10 min	- Good accuracy (74%, 81%) - No copyright restrictions	- Limited to Spanish speakers - No formal validation

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1. Neurocognitive Impairment

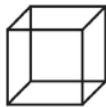
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1. Neurocognitive Impairment

MONTREAL COGNITIVE ASSESSMENT (MOCA)
Version 7.1 Original Version

NAME: _____ Date of birth: _____
Education: _____ Sex: _____ DATE: _____

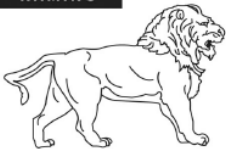

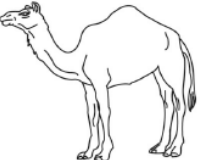
VISUOSPATIAL / EXECUTIVE

Copy cube  []

Draw CLOCK (Ten past eleven) (3 points) []

Points: [] / 5

NAMING

 []  []  []

Points: [] / 3

MEMORY

Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY	RED	No points
1st trial						
2nd trial						

ATTENTION

Read list of digits (1 digit/ sec). Subject has to repeat them in the forward order [] 2 1 8 5 4
Subject has to repeat them in the backward order [] 7 4 2

Points: [] / 2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors
[] FBACMNAAJKLBAFAKDEAAAJAMOF AAB

Points: [] / 1

Serial 7 subtraction starting at 100 [] 93 [] 86 [] 79 [] 72 [] 65

4 or 5 correct subtractions: **3 pts**, 2 or 3 correct: **2 pts**, 1 correct: **1 pt**, 0 correct: **0 pt**

Points: [] / 3

LANGUAGE

Repeat: I only know that John is the one to help today. []
The cat always hid under the couch when dogs were in the room. []

Points: [] / 2

Fluency / Name maximum number of words in one minute that begin with the letter F [] _____ (N ≥ 11 words)

Points: [] / 1

ABSTRACTION

Similarity between e.g. banana - orange = fruit [] train - bicycle [] watch - ruler

Points: [] / 2

DELAYED RECALL

Has to recall words WITH NO CUE	FACE	VELVET	CHURCH	DAISY	RED	Points for UNCUED recall only
[]	[]	[]	[]	[]	[]	

Optional

Category cue	FACE	VELVET	CHURCH	DAISY	RED
[]	[]	[]	[]	[]	[]
Multiple choice cue					

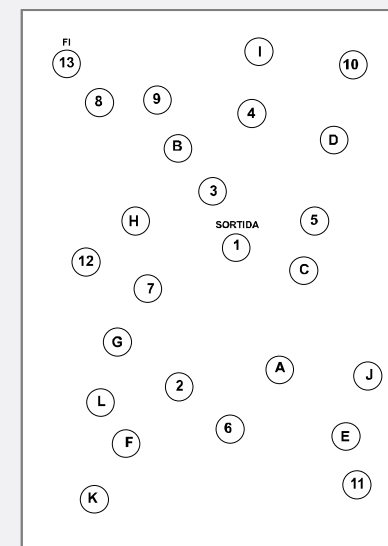
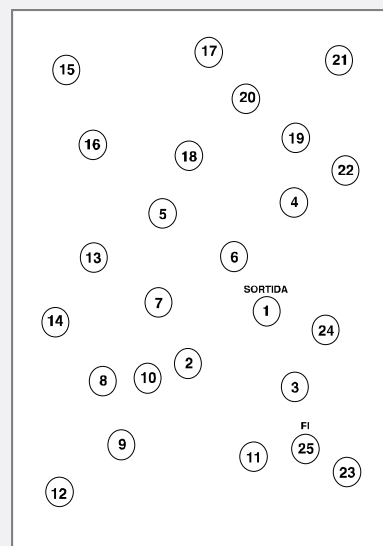
Points: [] / 5

ORIENTATION

[] Date [] Month [] Year [] Day [] Place [] City

Points: [] / 6

© Z.Nasreddine MD www.mocatest.org Normal ≥ 26 / 30 TOTAL [] / 30
Add 1 point if ≤ 12 yr edu



F: _____

A: _____

S: _____

1. Neurocognitive Impairment

👆 Aging

👆 Accuracy

MoCA

(Nasreddine et al, JAGS, 2005)

Hasbun et al, *J AIDS Clin Res*, 2012

Age 43: 85% - 40%

Overton et al, *J Neurovirol*, 2013

Age 43: 89% - 42%

Milanini et al, *JAIDS*, 2014

Age >60: 72% - 67%

Muñoz-Moreno et al, *JAIDS*, 2013

Age 44: 81% - 74%

Muñoz-Moreno et al, *CROI*, 2014

Age 43: 73% - 74%

Muñoz-Moreno et al, *submitted*, 2018

Age >60: 91% - 92%

2. Neuropsychiatric Symptoms

HADS

*Hospital Anxiety and Depression Scale
(Zigmond et al, 1983)*

1. Me siento tenso o "nervioso"

Todos los días
 Muchas veces
 A veces
 Nunca

2. Todavía disfruto con lo que antes me gustaba

Como siempre
 No lo bastante
 Sólo un poco
 Nada

3. Tengo una sensación de miedo, como si algo horrible me fuera a suceder

Definitivamente, y es muy fuerte
 Sí, pero no es muy fuerte
 Un poco, pero no me preocupa
 Nada

4. Puedo reírme y ver el lado divertido de las cosas

Al igual que siempre lo hice
 No tanto ahora
 Casi nunca
 Nunca

5. Tengo mi mente llena de preocupaciones

La mayoría de las veces
 Con bastante frecuencia
 A veces, aunque no muy a menudo
 Sólo en ocasiones

-> 14 items
-> 2 scales
-> 1 total scale

BDI-II

*Beck Depression Inventory
(Beck et al, 1996)*

1 a No me siento triste
 b Me siento triste
 c Siempre me siento triste, no puedo evitarlo
 d Me siento tan triste o infeliz que no puedo soportarlo

2 a No me siento especialmente desanimado ante el futuro
 b Me siento desanimado ante el futuro
 c No hay nada que me haga ilusión
 d Veo el futuro sin esperanza y creo que las cosas no pueden mejorar

3 a No me siento fracasado
 b Me siento más fracasado que la mayoría de la gente
 c Cuando recuerdo mi pasado no veo más que fracasos
 d Creo que soy un fracaso total como persona

4 a Disfruto de las cosas igual que siempre
 b No disfruto de las cosas como antes
 c Nada me produce verdadera satisfacción
 d Estoy insatisfecho o aburrido de todo

5 a No me siento especialmente culpable
 b Me siento culpable con frecuencia
 c Me siento culpable la mayor parte del tiempo
 d Me siento culpable todo el tiempo

-> 21 items
-> 1 scale
-> 2 subscales

STAI

*State-Trait Anxiety Inventory
(Spielberger et al, 1983)*

	Casi nunca	A veces	A menudo	Casi siempre
1. Me siento bien	1	2	3	4
2. Me siento nervioso/a e inquieto/a	1	2	3	4
3. Me siento satisfecho/a conmigo mismo/a.....	1	2	3	4
4. Me gustaría poder ser tan feliz como otros parecen serlo	1	2	3	4
5. Me siento un fracaso	1	2	3	4
6. Me siento descansado/a	1	2	3	4
7. Soy una persona tranquila, serena y sosegada	1	2	3	4
8. Veo que las dificultades se amontonan y no puedo superarlas	1	2	3	4
9. Me preocupo demasiado por cosas sin importancia	1	2	3	4
10. Soy feliz	1	2	3	4
11. Tengo pensamientos que me perturban	1	2	3	4
12. Me falta confianza en mí mismo/a	1	2	3	4

-> 20 items
-> 1 scale

CONCLUSIONS

- 1. Both neurocognitive and neuropsychiatric screenings are essential in the establishment of a HAND.***
- 2. There are available feasible and rapid tools for both type of screenings.***
- 3. Accuracy of some of those tools can be fairly high, particularly for aging HIV population.***