



Cognitive Changes

This video builds on the skills of frontline staff to support people living with HIV adapt to their changing needs and environments and provide effective and empathetic client-centred care. As we age, many of us will encounter cognitive changes and may experience forms of dementia. People living and aging with HIV can also face these challenges, alongside changes to the brain linked specifically to the HIV virus.

Neurocognitive Disorders/Impairment (NCD/NCI) and Dementia

LTC staff will be familiar with many of the symptoms of NCD/NCI, which generally do not vary in the HIV-affected population, and include (www.catie.ca):

- confusion
- thinking that is foggier or less clear
- difficulty finding words
- difficulty with fine motor skills, coordination and concentration (such as with tasks like handwriting)
- loss of short- and long-term memory (trouble remembering appointments and names)
- diminished capacity for planning, processing information and problem-solving
- apathy and lack of motivation
- personality changes
- difficulty with multi-tasking

HIV Associated Neurocognitive Disorders (HAND)

- HAND is an acronym used by medical professionals working with people living with HIV and NCD/NCI, and can refer to a range of disorders, including changes to cognition that are linked to ways the HIV virus can affect the brain.
- Advancements in HIV treatment have reduced some of the effects of HIV on the brain. At the same time, as people live longer, age-related cognitive changes are now becoming more common for people living with HIV.
- For a variety of reasons, the onset of cognitive changes may also occur earlier than in the general population, and PLHIV may transition into LTC at a younger age than the majority of residents.

Strategies for care

- Using a team approach is important when caring for someone with cognitive impairment. The team can consist of frontline care providers such as RNs, RPNs and PSWs behaviour specialists, social workers, psychiatrists/psychologists and family members of the client.
- A change in cognition can lead to alterations of mood and behaviour, including social withdrawal and anxiety. Some people may become agitated, or even at times physically or verbally aggressive. Strategies to help care for someone with cognitive change include creating clear, consistent and manageable routines, building a relationship with family members to learn about the client's past, personality and interests and being aware of potential barriers and distractions.

Sources and links

CATIE offers fact sheets on HIV and the brain, including the symptoms listed above:

www.catie.ca/en/fact-sheets/other-health-conditions/hiv-and-brain

The Alzheimer's Society of Canada provides a range of brochures and resources, including tips on caring for someone with dementia: www.alzheimer.ca/en/We-can-help/Resources