

APA RESOLUTION on Neuropsychological Assessment of Persons Living with HIV Infection

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WHEREAS in the era of combined antiretroviral therapy (cART), persons living with HIV /AIDS (PLWHA) are living longer and rates of neurocognitive impairment and HIV-associated neurocognitive disorder (HAND) remain high (up to 52%; Heaton et al., 2010; Heaton et al., 2011); and

WHEREAS rates of HIV-Associated Dementia (HAD) have decreased yet more individuals in the post-cART era exhibit milder forms of neurocognitive impairments, suggesting that neurocognitive outcomes remain a pertinent issue as people live longer with HIV/AIDS (Foley et al., 2008; Heaton et al., 2010); and

WHEREAS asymptomatic neurocognitive impairment has demonstrated increased progression to symptomatic HAND (Sacktor & Roberston, 2014), suggesting that early identification in patients without subjective cognitive complaints is important for early intervention; and

WHEREAS nearly half of PLWHA are aged 50 years or older, and older PLWHA may also be at greater risk for neurocognitive impairment (CDC, 2016; Cherner et al., 2004; Effros et al., 2008; Foley et al., 2010; Hardy et al., 2009); and

WHEREAS HIV/AIDS disproportionately affects racial/ethnic minority populations who are also at greater risk for neurocognitive impairment related to other comorbid disorders (e.g., cerebrovascular disease, Hepatitis C; Cargil & Stone, 2005; CDC, 2013; Marquine, et al., 2016; Rivera Mindt et al., 2008); and

WHEREAS HIV-related neurocognitive impairment is associated with increased risk for significant functional impairments among non-Hispanic white, racial/ethnic, and linguistic minority populations (e.g., deficits in activities of daily living, medication adherence, vocational functioning; Gorman et al., 2009; Heaton et al., 2004; Hinkin et al., 2004; Marquine, et al., 2018; Rivera Mindt et al., 2003; Thames et al., 2013); and

WHEREAS HIV antibody and antigen testing determine only the presence of viral infection; and

WHEREAS HIV serological screening is not a sensitive, specific, or appropriate indicator of neurocognitive status; and

WHEREAS determination of functional or neurocognitive impairment requires a direct psychological assessment of neuropsychological status; and

WHEREAS brief screening measures of cognitive status are often insensitive to milder forms of HAND and are not intended to be diagnostic tools (de Almeida, 2017; Sakamoto, 2013); and

WHEREAS evaluating neurocognitive impairment requires the use of reliable, valid and culturally and linguistically appropriate assessments in order to accurately assess and diagnose HAND (Antinori et al., 2007; Rivera Mindt et al., 2008; Woods et al., 2004);

THEREFORE, be it resolved that baseline and regular follow-up (e.g., annual) assessment of HAND is needed to inform treatment and improve neurocognitive and health outcomes among PLWHA; and

THEREFORE, be it resolved that direct neuropsychological assessment of functional or neurocognitive impairment, utilizing reliable, valid and culturally and linguistically appropriate assessments is the preferred method to evaluate and diagnose HAND (Antinori et al., 2007; Arentoft et al., 2012; Rivera Mindt et al., 2008); and

THEREFORE, initial and routine assessment of HAND should be implemented as part of the standard of care for PLWHA in order to inform treatment and improve neurocognitive and health outcomes among PLWHA; and

THEREFORE, funding should be increased to support research and training to better understand and optimize neurocognitive outcomes of PLWHA, particularly for those who may be at greater risk for HAND (e.g., racial/ethnic minority adults, older adults; Cherner et al., 2004; Rivera Mindt et al., in press); and

THEREFORE, neuropsychologists and trainees in neuropsychology should be specifically trained in the issues related to evaluating HAND; and

THEREFORE, Congress, the executive branch, state and local governments, and non-governmental organizations should promote public policies that increase multidisciplinary, interdisciplinary and transdisciplinary awareness of proper neuropsychological evaluation and HIV infection.

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