

# HIV-Associated Dementia: A Neurocognitive Disorder

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## COMMENTARY

AIDS dementia is also called HIV-associated dementia. It is a serious consequence of HIV infection and is seen in advanced stages of the disease. Purely HIV-associated dementia is caused by neuronal damage by the HIV virus. In patients with HIV infection, dementia may result from other disorders, some of which may be treatable. These disorders include other infections, such as secondary infection with JC virus causing progressive multifocal leukoencephalopathy, and Central Nervous System (CNS) lymphoma.

IDS dementia complex is caused by the HIV virus itself, not by the opportunistic infections that occur commonly in advanced HIV. We do not know exactly how the virus damages brain cells. HIV may affect the brain through several mechanisms. Viral proteins may damage nerve cells directly or by infecting inflammatory cells in the brain and spinal cord. HIV may then induce these cells to damage and disable nerve cells. HIV causes inflammation, which can cause memory issues, aging processes, including heart disease.

Although the specific symptoms vary from person to person, they may be part of a single disorder known as AIDS dementia complex, or ADC. Common symptoms include decline in thinking, or cognitive functions such as memory, concentration, reasoning, judgment and problem solving. Other common symptoms are changes in speech problems, personality and behavior, and motor problems such as clumsiness and poor balance. Other symptoms

of early dementia include reduced productivity at work, difficulty learning new things, changes in behaviour, poor concentration, mental slowness, forgetfulness, and confusion, withdrawal from hobbies or social activities and depression.

Examination and evaluation are essential in determining the presence and extent of the dementia. In addition to a complete medical history and extensive neurological motor and sensory exam, diagnostic procedures for dementia may include mental status test, magnetic resonance imaging, computed tomography scan, neuropsychological testing, basic tests of physical abilities or movement, spinal fluid test.

Specific treatment for HIV-associated dementia will be determined by your health care provider based on the extent of the problem, age, overall health, and medical history, tolerance for specific medications, procedures, or therapies, expectations for the course of the disorder.

People who are using highly active antiretroviral therapy, known as HAART, are less likely to develop HIV-associated dementia. Experts think this may be because these drugs help to maintain the overall immune system. A milder form of cognitive impairment called HIV-associated neurocognitive disorder.

Depending on your level of dementia, various therapies may be required. HIV-associated dementia is a progressive condition, meaning that it will continue to get worse, and the amount of care needed to manage the disease will increase over time.

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