



# ATTENTION FUNCTIONING AND MEMORY IMPAIRMENT ARE CORRELATED TO AN HIGHER RISK OF SELF-CHOSEN DISCONTINUATION OF cART

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## Background

- Neurocognitive impairment are common among HIV-infected people even in the HAART era.
- Among of the most important consequences of neurocognitive impairment are attention functioning impairment and memory disturbances
- Both attention functioning impairment and memory disturbances can lead to a suboptimal adherence
- Objective of this study was to estimate determinants of attention functioning and memory impairment as perceived by physicians

## Methods

- 30 Italian physicians were anonymously asked to participate into the survey (POSIT - Popolazione Sieropositiva Italiana) since 2008 in cooperation with Nadir Foundation.
- Each physician answered items of about 40 patients
- Physicians were enrolled in 30 Italian Clinical Centers
- Time for answering to survey: 1 month
- New survey step: December 2009
- Items of questionnaire investigate demographic, social, clinical and lifestyle characteristics (smoke, alcohol, diet, leisure and physical activities, travels).
- Items on awareness and acceptance of the HIV disease, level of psychological support, depression, anxiety, psychological stability, adherence, self-discontinuation of antiretroviral therapy were also included
- Attention functioning and memory impairment were investigated with an appropriate question:
  - ✓ Have you perceived any impairment in the attention functioning of your patient?
  - ✓ Have you perceived any impairment in memory of your patient?
- Adherence was defined by physician as optimal (100%) or suboptimal (less than 100%)

## Results

### CHARACTERISTICS OF ENROLLED PATIENTS (n=1146)

Age, mean, years (SD)	45.3 (10.5)
Females (%)	31
MSM (%)	22
<8 yrs education (%)	52
Live alone (%)	29
Immigrants (%)	7.5
Smokers (%)	51
Physical activity (%)	36
Travels (%)	9
Balanced diet (%)	77
Heavy Alcohol use (%)	5

## Results

### ATTENTION FUNCTIONING IMPAIRMENT

yes	3.1%
yes, often	2.2%
Yes, sometimes	11.1%

### MEMORY IMPAIRMENT

yes	2,8%
yes, often	1.7%
Yes, sometimes	11.1%

79.8%	are perceived without attention or memory impairment
13.2%	are perceived with both attention and memory impairment
3.1%	are perceived with only memory impairment but not attention functioning impairment
3.9%	are perceived with only attention functioning impairment but not memory impairment

Suboptimal adherence	26,7%
Self-chosen discontinuations	32%

### DEPRESSED PEOPLE (as defined by the physician)

Seriously depressed	3%
Moderately depressed	7.2%
Mildly depressed	21%

### ATTENTION FUNCTIONING IMPAIRMENT

#### As perceived by physicians - Multivariate analysis -

	HR	95% CI	p
Age	1.06	1.04-1.09	<0.001
Heavy alcohol drinkers	3.78	1.33-10.71	0.01
Depressed people	3.79	2.17-6.62	<0.001
<b>Self-chosen discontinuations</b>	<b>2.22</b>	<b>1.38-3.58</b>	<b>&lt;0.001</b>

### MEMORY IMPAIRMENT

#### As perceived by physicians - Multivariate analysis -

	HR	95% CI	p
Age	1.05	1.03-1.08	<0.001
Heavy alcohol drinkers	3.02	1.12-8.17	0.03
Adv. line of HAART	1.16	1.04-1.29	0.007
Depressed people	2.95	1.70-5.09	0.001
<b>Self-chosen discontinuations</b>	<b>1.66</b>	<b>1.03-2.68</b>	<b>0.04</b>

## Conclusions

- Prevalence of attention functioning impairment and memory disturbances is high
- People with attention functioning impairment and those with memory disturbances seem two overlapping populations
  - Similar neurocognitive pathogenesis?
  - Poor predictive ability of the physician to discriminate?
- Both attention functioning impairment and memory disturbances are associated with self-chosen discontinuations of HAART
- Strong attention should be paid to the identification of neurocognitive impairment in HIV people taking HAART