Diagnostic test accuracy of cognitive & occupational performance test used in the identification of HIV associated neurocognitive disorders

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Introduction

- > 35.3 million people = HIV+
- 70% live in Africa
- occupational performance
- Effective management!!!
**Introduction**

- HAART → cHAART

- Life preservation → quality of life

- HIV Associated Neurocognitive Disorders

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<table>
<thead>
<tr>
<th>Definition of HIV-Associated Neurocognitive Disorders (HAND)</th>
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<td><img src="Image" alt="Table Image" /></td>
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- **Asymptomatic Neurocognitive Impairment (ANI)**
  - No Pre-existing Cause
  - Delirium Absent
  - Acquired Impairment in ≥ 2 Cognitive Abilities
  - Interferes with Daily Functioning: No

- **Mild Neurocognitive Disorder (MND)**
  - No Pre-existing Cause
  - Delirium Absent
  - Acquired Impairment in ≥ 2 Cognitive Abilities
  - Interferes with Daily Functioning: Mild

- **HIV-Associated Dementia (HAD)**
  - No Pre-existing Cause
  - Delirium Absent
  - Acquired Impairment in ≥ 2 Cognitive Abilities
  - Interferes with Daily Functioning: Marked

*Antinori et al, Neurology 2007, 69: 1789-99*
Objectives

- To pool data related to the psychometric properties
- To determine the accuracy (sensitivity & specificity) of tests
- Narrative synthesis
### Methodology

#### Diagnostic Test Accuracy: Systematic Review

**Reference:**
- Traditional Neuropsychiatric Battery
  - Premorbid ability
  - Motor/fine motor skills
  - Attention & working memory
  - Psychomotor speed / reaction time
  - Learning & memory
  - Executive functioning
  - Language & visioconstruction

**Index:**
- Montreal Cognitive Assessment (MoCA)
- Mini-Mental Status Examination (MMSE)
- HIV Disability Scale (HDS)
- International HIV Disability Scale (IHDS)
Key Findings

- Cryptic titles for journal articles
- Unclear statistical reporting
- Latent variable: criteria for measurement
- ↓ accuracy (sensitivity & specificity)
REFERENCES


