Additional analyses will be conducted to examine activation for frailty status (B = -0.1, t = -2.7, p < .05). Weakness, as a significant predictor of GDS, controlling for age (B = -1.1, t = -2.4, p < .05). Age was also a significant predictor of GDS, controlling for age (B = 57.7, SD = 4.7; 53.8% female; 76.9% Black) completed an neuropsychological battery assessing seven cognitive domains. Cognitive impairment, as well as the neural correlates of grip force as they interfered with action selection. PLWH aged 55+ (N = 26; M = 57.7, SD = 4.7; 53.8% female; 76.9% Black) completed an neuropsychological battery assessing seven cognitive domains. Cognitive impairment (aMCI) was defined as impairment (<1.0 SD below normative mean) on ≥2 memory domains. Separate linear regression models were run to examine the relationship between neuropsychological impairments and CSF biomarkers, controlling for age and HAND status. The results indicated that CSF biomarkers significantly differed by group status. Results in HAND individuals were not significant. No other AD pathology was found to be significant. These findings suggest that CSF biomarkers may be useful in differentiating HAND from aMCI in PLWH. Further research is needed to replicate these findings in a larger sample and to explore the potential biological mechanisms underlying these differences.
Approximately 44% of people living with HIV (PLWH) experience HIV-associated neurocognitive disorders (HAND). Cognitive training approaches, such as speed of processing (SOP) training, may reduce the detrimental impact of HAND on everyday functioning. In this experimental design study, 216 participants 40 and older with HAND or borderline HAND (82% Black) were randomized to one of three groups: 1) 10 hours of SOP training (n=70); 2) 20 hours of SOP training (n=73), or 3) 10 hours of Internet Navigation Control Training (a contact control group; n=73). Participants completed several everyday functioning measures at baseline, posttest, and year 1 and year 2 follow ups. Everyday functioning measures included: 1) Modified Lawton and Brody Activities of Daily Living (ADL) Questionnaire; 2) Timed Instrumental Activities of Daily Living (TIADL) Test; 3) Patient’s Assessment of Own Functioning (PAOFI); 4) Medication Adherence Questionnaire (MAQ); and 5) Medication Adherence Visual Analog Scale (VAS). Linear mixed-effect models and generalized estimating equation models were fitted to estimate between group differences at all follow-up time points. At follow-up timepoints, those in the 10-hour and 20-hour training groups performed better on medication adherence measures (MAQ and VAS) than those in the control group, with effects (Cohen’s d) ranging from 0.13 to 0.41 for MAQ and 0.02 to 0.43 for VAS. In conclusion, SOP training improved some indicators of everyday functioning, specifically medication adherence; however, the therapeutic effects diminished over time. This is an interesting finding given the importance of medication adherence in viral suppression and overall survival in PLWH.