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**AFC Case Manager  
Training:  
Working with Older Adults  
Living with HIV/AIDS  
(OALWHA)**

**Session 5: Cognitive Health and Aging with HIV**

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**Session Goals** AIDS  
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- Learners will understand:
  - *Cognitive changes typical of aging*
  - *Cognitive decline due to diseases/conditions common with aging*
  - *Cognitive decline due to HAND (HIV associated neurocognitive impairment and disorder)*
  - *Healthy cognitive aging & protecting cognitive functioning*
  - *Conditions that may mimic cognitive decline*

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**What You Should Be Able to Do or Know** AIDS  
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- Understand basic differences and similarities among typical cognitive aging, HAND and other cognitive diseases/conditions
- Understand how other diseases/conditions can appear as cognitive health concerns
- Conduct brief assessments of cognitive functioning
- Develop care plans with clients to address cognitive health needs
- Coordinate care with other professionals to promote clients' cognitive health
- Refer clients to appropriate resources and services

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**Key Terms & Definitions**

- **Cognition:** the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses.
  - *the combination of several critical brain functions, including memory, judgment, language, intuition and the ability to learn.*
- **Age Related Cognitive Change:** normal part of aging process; doesn't impair daily functioning
  - *some areas of cognition will decline with age while others stay the same or improve; Variability in rates of decline*
- **Cognitive Impairment:** problems with memory, language, thinking and judgment that are greater than normal age-related changes.
- **Cognitive Health:** the health of the brain and its overall function.
- **Mental Health:** a person's condition with regard to their psychological and emotional well-being.

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**Reflection:**  
**What is it like to experience cognitive impairment?**

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**Cognitive Changes with Aging**  
Typical Cognitive Changes with Aging  
Cognitive Diseases/Conditions  
**HAND**  
Rule-Outs

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**Cognitive Changes as a Part of Typical Aging: Putting it In Perspective**

- Cognitive change is a normal and expected part of aging.
- Normal age-related cognitive change does not cause impairment in daily functioning
- 8%-12% of Illinois adults 50 and older report worsening confusion/memory loss in the past year
- Said another way: 88%-92% of IL adults 50 and older **DO NOT** report these symptoms

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**Cognitive Changes as a Part of Typical Aging**

- Some areas of cognition will improve with aging while others decline:
  - *Improve/Remain Stable*
    - Crystalized Knowledge and Skills
    - Visuospatial Abilities
  - *Decline*
    - Fluid Knowledge and Skills
    - Memory
- Occasional memory lapses are normal regardless of age




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**Cognitive Diseases/Conditions that Become More Prevalent with Aging**

- Dementia IS: A group of symptoms that affect one's thinking, memory and socializing enough so as to interfere with day to day functioning
- Dementia IS NOT a specific disease

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**Cognitive Diseases/Conditions that Become More Prevalent with Aging**



•Some Common Types of Dementia

- *Alzheimer's*
  - Most common type of dementia
  - Early symptoms: recall of recent events, apathy, depression
  - Risk factors: increasing age, close family history
- *Vascular*
  - Second most common type
  - Early symptoms: judgment, decision making, planning
  - Risk factors: high cholesterol/blood pressure, smoking, history of strokes/heart attacks
- *Others (less common)*
  - Lewey Body Dementia, Frontotemporal Dementia

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**Typical age-related changes compared to Alzheimer's related changes**



Typical age-related changes	Signs of Alzheimer's
Making a bad decision once in a while	Poor judgment and decision making
Missing a monthly payment	Inability to manage a budget
Forgetting which day it is and remembering later	Losing track of the date or the season
Sometimes forgetting which word to use	Difficulty having a conversation
Losing things from time to time	Misplacing things and being unable to retrace steps to find them

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**What to Be Aware of: Cognitive Impairment and Aging**



- Monitor Cognitive Changes Over Time
  - *Formal and Informal Assessment*
- Different types of cognitive impairment/dementia can look similar
- People may experience more than one type of cognitive impairment simultaneously
- Other conditions can mimic cognitive impairment
  - *Depression, medication interactions, substance use, pain*
- Cognitive ability is associated with medication adherence
  - *Important for clients on medication regimens*

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**Memory Loss and Medication Management**



- Memory loss and other impairments can make it difficult to take medication correctly
  - *Consequences: incorrect dosage/medication, missed doses*
- Physical impairments more common in older age also impede appropriate medication administration
  - *e.g. vision, hearing, dexterity, swallowing*
- Strategies to Remember and Take Medication

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**HAND: HIV-associated neurocognitive impairments and disorders** AIDS FOUNDATION OF CHICAGO

- What is HAND?
  - *HIV-related inflammation and damage to brain cells*
  - *accelerates aging process, may experience cognitive impairment sooner than their peers*
- Spectrum of HAND:
  - *Asymptomatic Neurocognitive Impairment (ANI)*
  - *Mild Neurocognitive Disorder (MND)*
  - *HIV Associated Dementia (HAD)*
- Risk Factors
- Who's Affected

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**HAND, cont'd Advancements in Care/Quality of Life** AIDS FOUNDATION OF CHICAGO

- Good News:
  - *Use of ART has decreased rates of more severe impairment*
  - *Use of ART to maintain undetectable levels of HIV is important for treating HAND*
- How Case Managers can Help:
  - *Support clients with medication adherence*
  - *Manage conditions that predict or worsen HAND*
  - *Secondary prevention for clients experiencing HAND*
    - *Psychosocial and cognitive rehabilitation*

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**HAND Video** AIDS  
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- To learn more about HAND, the experience of living with HAND, prevention and treatment, please watch this video:

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**What were your reactions  
to people's experiences  
with HAND?**

Have you seen some of these symptoms in your own clients?  
How might you best support them?

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**Fall Prevention** AIDS  
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- Falls are the leading cause of both fatal and non-fatal injuries among adults 65+
- 1 in 3 older adults falls each year
- Factors that contribute to falls
  - Ex: Balance, Vision, Medications, Environment
- Fall prevention
  - Ex: promote physical activity, home safety asse  
assess medication and polypharmacy
- Resources



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**Conditions that can Mimic Dementia and Cognitive Impairment** AIDS FOUNDATION OF CHICAGO

- Depression
- Delirium
- Substance Use

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**Pseudo-Dementia and Depression** AIDS FOUNDATION OF CHICAGO

- Pseudo-dementia: clients experiencing depression that appears like dementia
  - *Examples: problems recalling recent information, slower mental processing of information*
- Why it matters:
  - *Getting the right diagnosis leads to the right treatment*
  - *Earlier intervention can reduce severity of impairment from either depression or dementia*
- What to do about it
  - *Track for changes in memory, concentration, mood*
  - *Collaborate with cognitive and mental health specialists to get the right diagnosis and treatment for your client*

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**Delirium vs. Dementia** AIDS FOUNDATION OF CHICAGO

- *Delirium: A serious disturbance in mental abilities resulting in confused thinking and reduced awareness of surroundings*
- *Varied Causes*
  - *Ex: illness, medication, surgery, substance withdrawal*
- *Symptoms*
  - *Changes/loss of functioning in: awareness of environment, thinking, behavior and emotional expression*
- *Delirium and HIV*
  - *HIV medications and HIV related brain illness contribute*
- *Treatment*
  - *Treat underlying causes; address disorientation; safety*
- *How is Delirium different from Dementia?*
  - *Sudden onset*
  - *Loss of Attention/Focus*

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**Substance Use and Cognitive Impairment**

- Alcohol and recreational drug use may be more common among older adults than people realize
- Why it Matters:
  - Like cognitive decline and delirium, substance use impacts cognitive functioning
  - Important to understand clients' use of recreational drugs/alcohol, prescribed/OTC medications
- What to do about it:
  - Build trust/don't express judgment
  - Collaborate with health professionals about medication interactions with alcohol/drugs

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**AFC Build as quiz True or False Quiz: Cognitive Changes**

1. All areas of cognitive functioning typically decline with age (false)
2. Individuals with HAND (HIV-associated neurocognitive impairments and disorders) experience inflammation of the brain and accelerated aging (true)
3. Older adults experiencing depression may show symptoms of cognitive impairment, like memory or concentration problems, in addition to depressed mood (true)
4. Older adults experiencing dementia may show symptoms of depression (true)
5. Generally, older adults will get "more drunk" than middle age adults drinking the same amount of alcohol (true)

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**Assessing Cognitive Impairment**

**Brief Assessments**

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**Why is it Important to Screen for Cognitive Impairment?** AIDS FOUNDATION OF CHICAGO

- Helps determine client's capacity to participate in their own healthcare
- Early intervention can help preserve greater cognitive functioning
- Opportunity to plan for future if client is experiencing cognitive decline
- When changes are observed in client cognitive functioning, case managers may want to screen for impairment in order to appropriately set goals and plan care




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**Informal Assessment of Cognitive Functioning** AIDS FOUNDATION OF CHICAGO

- Typical observation and communication with clients can be an important strategy in assessing cognitive functioning:
  - Pauses in Conversation: give clients time to process and respond*
  - Checks for Recall and Attention: ask client to repeat back what you were discussing with them*
  - Memory: note memory lapses—ask about them*
  - Forgetting things that are typically recalled*
  - Repetition of things said in same conversation*

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**Brief Cognitive Assessments** AIDS FOUNDATION OF CHICAGO

- Next we will walk through a suite of brief cognitive assessments that can be used to monitor clients' cognitive functioning, should changes be noted
  - Mini Mental Status Exam (MMSE)*
  - Clock Drawing and Mini-Cog*
  - Clinical Dementia Rating Scale-Caregiver Form*
  - Geriatric Depression Scale, short form (GDS)*

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**Mini-Mental Status Exam (MMSE)** AIDS FOUNDATION OF CHICAGO

- *Uses:* Assess Cognitive Impairment; predict general functional independence among older adults
- *Domains Assessed:* Orientation to Time & Place, Attention, Memory, Language, Comprehension, Basic Reading, Writing, Drawing
- *Administration Method:* Oral, paper & pencil
- *Administration Time:* ~ 10 minutes

*Handout: Sess 05 Asmt 01 Mini Mental Status Exam*

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**Mini-Mental Status Exam cont'd Example Questions** AIDS FOUNDATION OF CHICAGO

*Orientation to Time:*

- “What is the year? Season? Date? Day of the week? Month?”

*Reading*

- “Please read this and do what it says.” (Written instruction is “Close your eyes.”)

*Writing:*

- “Make up and write a sentence about anything.” (This sentence must contain a noun and a verb.)

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**Clock Drawing** AIDS FOUNDATION OF CHICAGO

- *Uses:* Assess Cognitive Impairment/Dementia
- *Domains Assessed:*
  - *Draws on verbal understanding, memory, spatially coded knowledge*
  - *Original purpose was to assess visuo-constructive abilities*
- *Administration Method:* Oral, paper & pencil
- *Administration Time:* ~ 5 minutes

*Handouts: Sess 05 Asmt 02 ClockDrawing  
Sess 05 Asmt 2B Clock drawinginstructions*

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### Clock Drawing Examples

- Client is given sheet of paper with large empty circle drawn on it; top of paper is indicated

Client instructed to:

- draw numbers** in a circle to look like the face of a clock
- draw hands** on clock to read a specific time, e.g. "10 after 11"
- Scored on number & severity of errors (e.g. organization of #s on clock face, correct time)



blank clock face



nonimpaired drawing



example of dementia









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### Mini Cog

Mini Cog combines clock w/ 3 word recall test—important b/c recall is an early function to deteriorate in dementia

Developed to help non-specialists assess significant cognitive impairment—this could be built out further in presentation if we choose—detailed info below:

#### Scoring the Mini-Cog

3-Item Recall Score:  
1 point for each word recalled without cues, for a 3-item recall score of 1, 2, or 3.

Clock Drawing Score:  
2 points for a normal clock or 0 (zero) points for an abnormal clock drawing. A normal clock must include all numbers (1-12), each only once, in the correct order and direction (clockwise). There must also be two hands present, one pointing to the 11 and one pointing to 2. Hand length is not scored in the Mini-Cog™ algorithm.

- The Mini-Cog™ was developed to help identify, in non-specialist settings, individuals likely to have clinically important cognitive impairment.
- The Mini-Cog™ is a useful screen for clinically important cognitive impairment, not a diagnostic test.

Handout: Sess 05 Asmt 3  
Minicog

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### Geriatric Depression Scale (GDS). short form

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- Uses:** Assesses depressive symptoms among older adults
- Administration Method:** Oral, paper & pencil
- Administration Time:** ~ 10 minutes

Handout: Sess 05 Asmt 04 Geriatric Depression Scale\_short.form

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**Geriatric Depression Scale** AIDS  
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**Example Questions**

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- Are you in good spirits most of the time?
- Do you feel full of energy?
- Have you dropped many of your activities and interests?

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**Assessment: Clinical Dementia Rating: Caregiver Questionnaire,** AIDS  
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- Uses: screen for dementia and clinical depression
- Domains Assessed: 8 categories of client functioning potential impacted by dementia or depression
  - Recent memory, long term memory, orientation, judgment & problem solving, insight/self-awareness, community affairs/concentration, home & hobbies, personal care
- Administration Method: Paper & pencil to caregiver
- Administration Time: ~ 15 minutes

Handout: SESS 05 Asmt 05  
 Dementia.Rating.Scale\_caregiver.version &  
 SESS 05 Asmt 05a  
 Dementia.Rating.Scale\_completed.ex.CM.practice

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**Clinical Dementia Rating—Caregiver Questionnaire, Example Question** AIDS  
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**Recent Memory:**

- Poor recall of recent events, repeatedly forgets appointments/important obligations
- Repeats statements/questions during same conversation
- Forgets familiar names/faces
- Word-finding disorder (e.g. can't think of word to use in sentence, esp. nouns/names)
- Losing train of thoughts (forgets what talking about in middle of a conversation)

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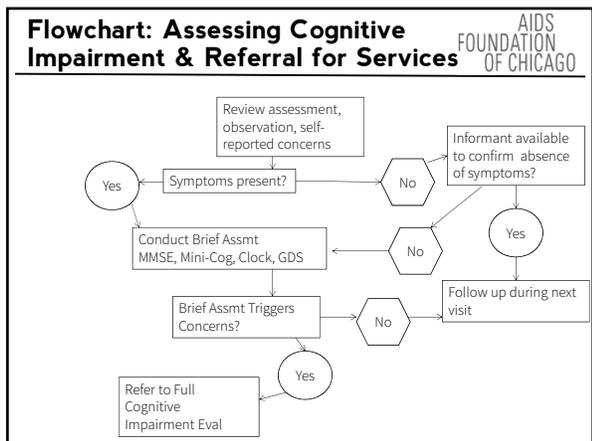
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### Tips to help compensate for declining memory

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Domain	Example
Household Safety	Cook in the microwave rather than the stove as often as possible so it won't matter if you go off and forget whatever you're cooking.
Lists/Things you need	Make lists of things you have to do and always put them in the same place.
Transportation	If driving to certain places (such as the airport) is too stressful, have someone else drive or take a bus or taxi.
Frustration Prevention	If a task is too complicated for you don't even try to do it if it's just going to frustrate you. Try to find someone else to do it even if you have to pay them
Work/Other Responsibilities	Print out important documents in your computer so if you can't find them or you accidentally delete them, you'll still have copies that could be retyped.
Recall Problems	If you forget the date or day of the week, look on your cell phone.

*Above all, stick to the same daily routine as much as possible. This, too, reduces stress.*

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### Let's Practice: Brief Cognitive Assessments Homework

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- **Assignment:** Practice some mock brief cognitive assessments that we've just learned about
- **What you'll be given:** mock clients' responses to brief cognitive assessments, template forms
  - MMSE, Clock Drawing, GDS, Mini-Cog, ADCQ
- **What you'll need to do:**
  - Score mock assessment cases
  - Describe how you would support client based on findings
  - Scan and turn in responses to:
    - Email: [trainings@aidschicago.org](mailto:trainings@aidschicago.org)
    - Fax: 312-784-9052

Refer to case studies and instructions:  
 Sess 05 Activity 1A Cogn.Assmt.Homewk.Ex.Cases  
 Sess 05 Activity 1B Cogn.Assmt.Homewk\_CM.Assignment

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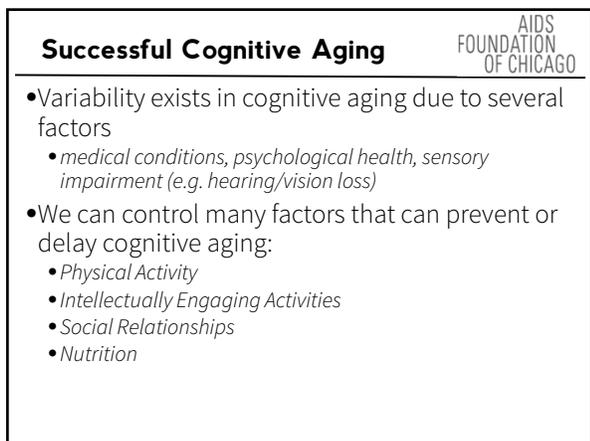
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**Use it or lose it!**

Think of your brain as a muscle – you need to exercise it regularly to keep it strong.




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**Successful Cognitive Aging, cont'd.**

- How can we help clients prevent or slow cognitive decline?
  - *Understand: what health promoting activities do your clients enjoy?*
  - *Work with client "where they're at"*
  - *Support health-promoting lifestyle*
  - *Practice skills/support overcoming barriers*
  - *Referrals/linkages to supports and services*
  - *Ongoing support and follow up*

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**Case Scenario: Joaquin**



- Joaquin is a 68 year old Cuban-American man who was diagnosed with HIV in 2000 although he thinks he may have been positive for several years before his diagnosis. He also has been diagnosed with hypertension (high blood pressure) and experienced a minor stroke few years ago.
- Joaquin walks 3 miles every weekday and does push-ups and sit-ups 3 times per week to "stay in fighting shape." Joaquin enjoys playing dominoes and the occasional "cafecito" with his friends. He walks or takes the bus to meet them at the local café but does not have a car.
- He has been consistently taking the same medication for HIV, a baby aspirin tablet to prevent future strokes/heart attack, and recently began a new blood pressure medication.
- Joaquin has been more impulsive, irritable and forgetful lately according to family members. He does not seem very worried about these changes, but his family members are. Family members also indicated that he needs to get the prescription for his glasses checked. They suspect he may have trouble reading the directions for taking his medication

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**Case Scenario, cont'd.**



- Describe your approach to helping Joaquin address potential cognitive changes.
- How would you support him in maintaining his health and well-being in light of potential cognitive/mental health and physical health changes?
  - How do you support Joaquin as a "whole person?"
- Who would you want to collaborate with in addressing Joaquin's cognitive and physical health needs?

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**Instructions for Completing Case Scenario**



- Open Template Case Scenario document: "SESS 05 Activity 2 COGN.Case.Scenario\_Joaquin.final.CM"
- Save a version of case scenario document with your first name and last initial at the end
- Review Case Scenario
- Provide responses to questions in template document
- Submit responses to:
  - Email: [trainings@aidschicago.org](mailto:trainings@aidschicago.org)
  - Fax: 312-784-9052

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**Conclusions/Take Aways**



- Approach clients with compassion and empathy
  - *cognitive changes may be experienced as humorous, stressful or frightening*
- Why it Matters: It is important to assess cognitive changes among clients that may represent:
  - *Typical aging*
  - *Signs of cognitive impairment*
  - *Signs of HAND*
- Prompt and tailored intervention leads to the right treatment and reduces severity of impairment
- There are many advances and strategies to support healthy cognitive functioning well into older adulthood

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The great thing about getting older is that you don't lose all the other ages you've been.

- Madeleine L'Engle

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**Session Evaluation**

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•Please take a moment to complete our session evaluation...

*Thank you*

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**Session Evaluation Questions**

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•Knowledge and Skills Gained by Participants

•1. After completing this session, how would you rate your capacity in the following areas working with older adults (ages 50 and older) living with HIV/AIDS?

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Session Evaluation Questions		AIDS FOUNDATION OF CHICAGO			
Understanding mental health and cognitive needs of older adults living with HIV/AIDS	HIV-associated neurocognitive impairments and disorders, depression	Excellent capacity	Good capacity	Limited capacity	No capacity
Developing effective strategies to work with people with varying levels of decision making/memory impairment	Developing reminder strategies for taking medication, maintaining home safety, etc.	Excellent capacity	Good capacity	Limited capacity	No capacity
Understand conditions that may mimic cognitive decline, such as substance use or depression	Similarities and differences between cognitive decline and other conditions	Excellent capacity	Good capacity	Limited capacity	No capacity
Conduct brief assessment of cognitive functioning	Example: Mini-mental status exam, Clock Drawing	Excellent capacity	Good capacity	Limited capacity	No capacity

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Session Evaluation Questions		AIDS FOUNDATION OF CHICAGO			
Use conversation with clients as an informal strategy to assess cognitive functioning	Questions and observations that assess client cognitive functioning	Excellent capacity	Good capacity	Limited capacity	No capacity
Develop strategies to promote healthy cognitive aging	Ex: nutrition, exercise, social engagement	Excellent capacity	Good capacity	Limited capacity	No capacity
Care plan with clients around cognitive functioning	Develop goals, objectives and action steps to maximize client's cognitive health	Excellent capacity	Good capacity	Limited capacity	No capacity

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Session Evaluation Questions		AIDS FOUNDATION OF CHICAGO			
<p><b>•Application</b></p> <p>•2. This session highlighted content knowledge and skills useful in working with older adults living with HIV/AIDS. How confident are you that you could apply this knowledge/skill set in your case management practice?</p> <p>• Responses:</p> <ul style="list-style-type: none"> <li>• Very confident</li> <li>• Somewhat confident</li> <li>• Not very confident</li> <li>• Not at all confident</li> </ul> <p>•What more would you want to know about this content area in working with older adult clients living with HIV/AIDS?</p> <p>• What can we do to make this session better in the future?</p>					

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**Acknowledgements**

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This training was created through the generous support of Gilead Sciences.

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