Title:
Efficacy of a Home-based Neurocognitive Remediation Program in Adults with HIV

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Session Title:
Rising Stars of Nursing Invited Posters - Group 1

Slot (superslotted):
RSG STR 1: Thursday, September 25, 2014: 9:45 AM-10:30 AM

Slot (superslotted):
RSG STR 1: Thursday, September 25, 2014: 2:30 PM-3:15 PM

Keywords:
AGING, HIV/AIDS and SPEED OF PROCESSING

References:


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Learning Activity:

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<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
<th>TIME ALLOTTED</th>
<th>FACULTY/SPEAKER</th>
<th>TEACHING/LEARNING METHOD</th>
<th>EVALUATION/FEEDBACK</th>
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<tbody>
<tr>
<td>Example</td>
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<tr>
<td>Critique selected definition of the term, &quot;curriculum&quot;</td>
<td>Definitio of &quot;curriculum&quot;</td>
<td>20 minutes</td>
<td>Name, Credentials</td>
<td>Lecture PowerPoint presentation Participant feedback</td>
<td>Group discussion: What does cultural training mean to you?</td>
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<td>Recognize how a home-based speed of processing training program influences neurocognitive function, particularly speed of processing, in middle age to older adults with HIV</td>
<td>10-hour home-based speed of processing training program Pre-post Useful Field of View (UFOV) results Exit survey responses</td>
<td>30 minutes</td>
<td>Shameka Humphrey, MSN, RN</td>
<td>Poster Presentation</td>
<td>Discussion: How will speed of processing training in alternative settings contribute to improved neurocognitive functioning and facilitate successful aging in adults with HIV?</td>
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<td>Discuss neurocognitive gains from a home-based speed of processing training program and its</td>
<td>Posttest results of Timed Instrumental Activities of Daily Living (TIADL) Exit</td>
<td>30 minutes</td>
<td>Shameka Humphrey, MSN, RN</td>
<td>Poster Presentation</td>
<td>Discussion: How does the advantages of a home-based speed of processing training on everyday functioning influence quality of life for adults with HIV? What is the nurse's role in educating patients about these</td>
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Abstract Text:

Efficacy of a Home-based Neurocognitive Remediation Program in Adults with HIV

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Purpose: Despite the life-sustaining effects of Combination Antiretroviral Therapy (cART), adults with HIV continue to experience neurocognitive impairments. In fact, over half of adults with HIV experience HIV-Associated Neurocognitive Disorders (HAND). As neurocognitive impairments continue to emerge among adults with HIV, more private settings such as the home may facilitate greater use of neurocognitive remediation therapies such as speed of processing training to enhance neurocognitive and everyday functioning. The efficacy of a home-based speed of processing training was examined in middle-aged and older adults with HIV (i.e., age 40+).

Methods: In this pre-post experimental design, fifteen middle-aged and older adults with HIV received a neurocognitive battery and instructions to complete a 10-hr speed of processing training at their homes. Six weeks after initiation of training, participants received a neurocognitive posttest and a survey about their training experience and any observed cognitive gains.

Results: Higher ($t(14) = 2.80, p = .01, d = 0.44$) Useful Field of View (UFOV®) scores post-training indicated significant improvement in speed of processing and executive function. There was a significant improvement on the Timed TIADL Test ($t(14) = 2.14, p = .05, d = 0.22$). Survey responses ($1 = not at all, 3 = moderately, 5 = extremely$) indicated, on average, participants liked the training moderately ($M = 3.69; SD = 1.03$) and observed cognitive improvements in the following domains: memory ($M = 3.54; SD = 1.05$), speed of processing ($M = 3.77; SD = 0.83$), and attention ($M = 4.08; SD = 0.76$).

Conclusions: Home-based speed of processing training has neuroprotective value and can be used to accommodate adults who lack accessibility to neurocognitive remediation therapies and those facing stigma who prefer to receive training in a more private setting.

Nursing Implications: Nurses are in a unique position to distribute this home-based neurocognitive program and teach their patients about alternate methods for preserving neurocognitive function. It is possible that an increasing number of adults with HIV may seek healthcare services if they are aware of more discrete options.