Persons who are infected with HIV can have a long life expectancy if they are taking effective antiretroviral therapy (ART). As people age, they are likely to develop some problems with their memory and thinking skills. Many medical conditions can contribute to declines in thinking skills, and HIV is one of them. Some people with HIV may develop cognitive (brain) symptoms that are directly related to the HIV, but for most people with HIV, problems with thinking are more likely to be caused by other conditions. In people with very advanced AIDS, HIV can cause dementia, but this is very rare in people who take medications to control HIV.

What are cognitive symptoms?
Cognitive symptoms are difficulties with thinking; these may occur in some people who have HIV, and in people who do not have HIV. Symptoms can range from mild to severe. When severe, symptoms may affect daily functioning.

What are some examples of difficulty with thinking?
- Forgetting to take medications
- Trouble coming up with a word during conversation
- Losing your train of thought
- Difficulty paying attention
- Becoming lost, or having difficulty with directions
- Trouble thinking quickly
- Difficulty multitasking
- Forgetting about daily activities such as meal planning and proper nutrition

What are some common myths and misconceptions about thinking skills in patients with HIV?

Myth: Thinking difficulties are not common in patients with HIV

Truth: It is fairly common for patients with HIV to have some problems with thinking skills. Research has shown that about 30 percent of people living with HIV may exhibit difficulties with thinking skills.

Myth: Thinking difficulties are only caused by HIV

Truth: HIV can affect how well the brain works and can lead to difficulties with thinking. But many other medical problems also can cause or worsen cognitive symptoms. Conditions that can negatively affect brain function include high blood pressure, hepatitis C, diabetes, mental health conditions like depression or substance use, and traumatic brain injury (TBI). Some medications, and alcohol and recreational drugs, can interfere with memory and thinking.

Myth: Thinking difficulties do not occur if a person’s HIV viral load is undetectable

Truth: Thinking problems among people living with HIV are sometimes caused by HIV, and these can get better when a person is on HIV medications with an undetectable HIV viral load. For others with HIV, thinking problems may occur even if HIV is well controlled. This means the thinking problems may be caused by something other than HIV.
Myth: Thinking difficulties will become worse over time

Truth: If thinking problems are related to a high HIV viral load (untreated or uncontrolled HIV), getting on the right HIV medications and achieving an undetectable viral load may help significantly. If thinking problems are related to other medical, mental health, or substance use problems, getting appropriate treatment may help improve thinking.

Myth: Thinking difficulties are always a sign of Alzheimer’s dementia

Truth: You should not assume you have Alzheimer’s dementia or another type of dementia. If you are having problems with thinking skills, you may be referred for additional assessment so you and your health care providers can better understand what is causing your symptoms and what treatment might help improve your thinking.

How are problems with thinking evaluated?

► If you have concerns about your thinking skills, the first step is to discuss this with your medical and/or mental health providers. They will address your concerns and possibly refer you to a specialist for further evaluation.

► Your health care provider may ask questions to better understand your symptoms. For example:
  - When did these symptoms start?
  - What are some examples?
  - How do they affect your daily life?

► You may be asked to take paper and pencil tests designed to assess thinking skills.

What are some ways to help improve thinking skills?

► Use strategies to assist you in taking your medications as prescribed (e.g., a pill box, notes, or other reminder systems), keep your medical and mental health appointments, and complete your daily tasks.

► Address other medical, mental health, or substance use issues that may be contributing to memory or thinking difficulties. Attend all your medical appointments, take your medications as prescribed, and participate in psychotherapy, support groups, and/or substance use treatment, if needed.

► If you drink alcohol or use marijuana or other drugs, stop or cut down your use; this may improve your memory and thinking skills.

► Review your list of medications with your health care providers. Some medicines can impair your thinking.

► Cognitive rehabilitation is a treatment designed to help with thinking difficulties. Your provider can refer you to a clinical specialist (e.g., neuropsychologist, speech pathologist, health psychologist) for this treatment, if appropriate.

Additional resources

www.maketheconnection.net
www.hiv.va.gov