The Feasibility of Montreal Cognitive Assessment (MOCA) Testing for Neurocognitive Impairment During Routine HIV Clinic Visits at The Michael E. DeBakey VAMC (MEDVAMC)

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Abstract
Background: HIV aging, and comorbidities contribute to neurocognitive impairment. Patient compliance poses challenges to neurocognitive testing during routine visits. In October 2016, the VA funded neurocognitive feasibility projects The MEDVAMC had 402 offered MOCA testing during clinic visits to HIV patients 45+ years.

Methods
Participants were recruited at The Michael E. DeBakey VAMC, Houston, TX. The data was analyzed on site & in 2017. For the pilot study, 3 providers offered MOCA testing for neurocognitive impairment during routine visits vs HIV primary care or ID mental health. Patients with known neurocognitive impairment were excluded.

• For the pilot study, 3 providers offered MOCA testing during routine visits to HIV primary care or ID mental health. Patients with known neurocognitive impairment were excluded.
• In October 2016, funding was received for “A Pilot Project To Determine Feasibility of Montreal Cognitive Assessment (MOCA) testing for Neurocognitive Impairment in A Primary Care HIV Clinic.”

• Participants were characterized by MCAscores (Normal = 26-30), Impaired = <26). The data was analyzed on site & in 2017. For the pilot study, 3 providers offered MOCA testing during routine visits to HIV primary care or ID mental health.

Results
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• Plotted POEMs were offered MOCA testing during routine visits to HIV primary care or ID mental health. Patients with known neurocognitive impairment were excluded.

• Patients were characterized by MOCA scores. Based on a perfect score of 30, groups were as follows: Normal cognitive function (score ≥26), cognitive impairment with a score <26, ≥25-18 or cerebrovascular impairment and 17 ≤ score ≤ 13. Significant differences in visuospatial /executive function were found (Table 1). The groups were similar in age, immune parameters, and comorbid conditions known to affect neurocognitive impairment, except for gender, education, diabetes mellitus and cardiovascular disease.

\[ \text{Table 1: MOCA scores by Group} \]

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Discussion and Conclusions
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