



# Neuropsychological Assessments

This fact sheet details their role and use in management of clients with cognitive impairment associated with HIV/AIDS.

## The Nature of a Neuropsychological Assessment

Neuropsychological assessments provide detailed information on a client's cognitive functioning. An assessment of this type typically consists of three stages. Clients are initially asked questions in relation to their medical, social, and psychiatric history. They are then asked to complete a variety of tests assessing their cognitive functioning in areas including memory, attention, language and "executive functions" (e.g., ability to plan, organise, solve problems, show flexibility of thought). In the third stage – typically one to two weeks following the assessment – clients are offered a feedback session in which the results and

recommendations are discussed.

It is important to bear in mind that neuropsychological assessments are only one aspect of overall assessment and management and that it is very rare that a diagnosis may be given solely on the basis of a neuropsychological assessment. It is also important to recognise that a neuropsychological assessment is not 100% definitive as results may be affected by a variety of factors, including motivation level, ill-health, extreme anxiety or low mood and side effects from some medications.

## Reasons for which a neuropsychological assessment may be required

A neuropsychological assessment may be warranted for a variety of reasons. These can include the following:

- **Comment on the nature of suspected or confirmed cognitive impairment.** Neuropsychological assessments can provide information on the likelihood of impairment being related to HIV/AIDS, alcohol and/or drug related damage, other neurological impairment or psychiatric problems in clients with these personal histories.
- **Ongoing monitoring of cognitive functioning as illness progresses.** Assessments can be offered pre- and post-commencement of antiretroviral medications, particularly those that are better able to attack HIV in the brain.
- **Comment on a person's ability to cope independently.** This includes their ability to manage finances and make considered decisions in certain areas, including Wills, End of Life Decisions, Powers of Attorney and acceptance of medical treatment.

## Using the Results of a Neuropsychological Assessment in Management Plans

Cognitive functioning can affect all areas of life, including social interaction, occupational/school functioning and ability to manage finances and cope independently. Obviously, not all people will have impairments and those who do will have different profiles and require different interventions. The following are only some of the ways in which results of a neuropsychological assessment can be used in management plans.

- General education in relation to the nature of impairment and techniques to manage problems typical of HIV/AIDS related impairment.
- Reassurance and explanation relating to changes in client behaviour and provision of strategies to help manage the same.
- An adjunct to neurological investigations. Neuropsychological assessments can provide further confirmation of a diagnosis and can also provide additional information about more subtle and/or atypical changes. Note that neuropsychological assessments have the advantage of being much less intrusive than many neurological investigations.



# Neuropsychological Assessments

This fact sheet details their role and use in management of clients with cognitive impairment associated with HIV/AIDS.

---

## Using the Results of a Neuropsychological Assessment in Management Plans (continued)

- General comment in relation to the anticipated level of support and structure an individual may need when considering housing options.
  - Provision of specific, personalised instructions to maximise attendance at appointments and encourage adherence to medications.
  - General education in relation to modifying management strategies if clients are to be managed in a hospital or residential setting.
  - Provision of information about necessary modification of therapy techniques, should a client with impairment require psychological or psychiatric assistance.
  - Provision of strategies designed to maximise a client's potential at work.
  - Provision of strategies designed to solve personal problems – both current and anticipated (e.g., difficulty maintaining social ties, problems assigning priorities).
- 

Neuropsychologists usually work in hospitals. If there is none available locally, ADAHPT is able to assist.