

Cognitive aging in the era of effective antiretrovirals

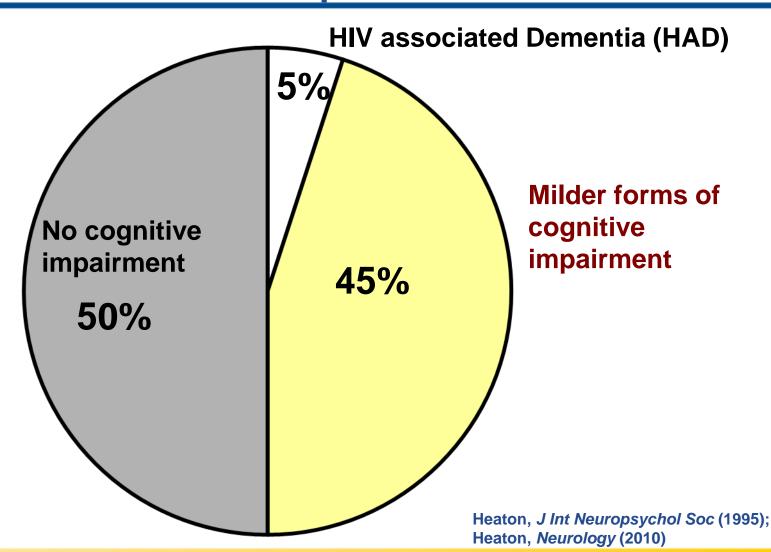
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SETTING THE STAGE

Cognitive dysfunction persists among HIV+ individuals in the era of effective antiretroviral therapies





ASSESSMENT

Neuropsychological Testing

Domain	Test
Memory/Learning	Hopkins Verbal Learning Test (HVLT)
Attention	Trail Making Test Part A Letter-Number Sequence Test (LNS; Control Condition)
Working Memory	Letter-Number Span Task (LNS; Experimental Condition) blue, red, green
Executive Function	Stroop Test Trial 3 (read word; inhibit color) Trail Making Test Part B
Processing speed	Symbol Digit Modalities Test; Stroop Test Trial 2 (read) words red, blue
Fluency	Controlled Oral Word Association Test (COWAT) Semantic Fluency
Motor Skills	Grooved Pegboard

Verbal learning and memory

Broom

Ham

Pencil

Chicken

Notebook

Sponge

Turkey

Detergent

Scissors

Hamburger

Bleach

Eraser

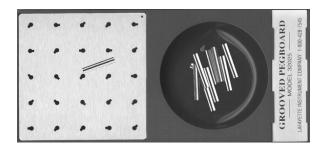
Neuropsychological Testing

Fluency

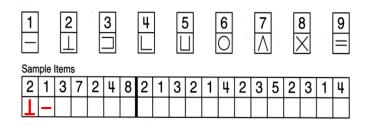


little, lily, light, lark, list, lime, low

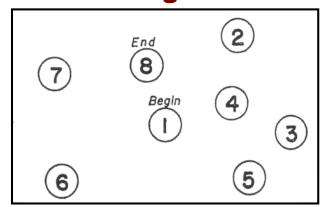
Fine Motor Skills



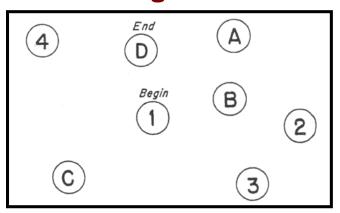
Digit Symbols



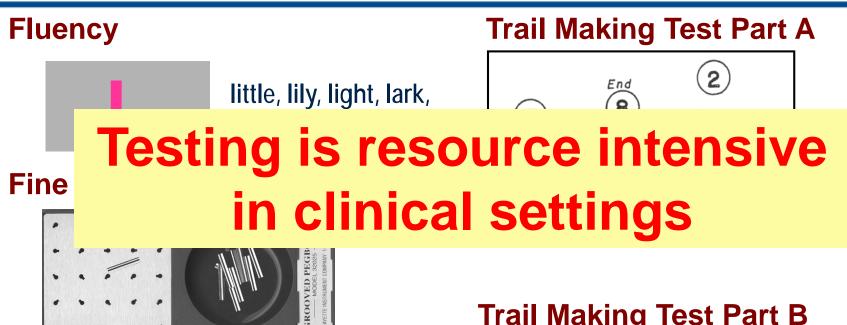
Trail Making Test Part A



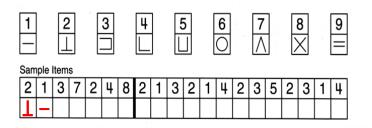
Trail Making Test Part B



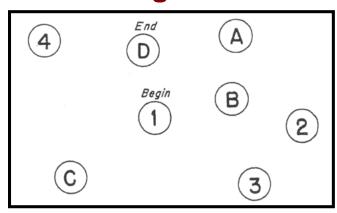
Neuropsychological Testing



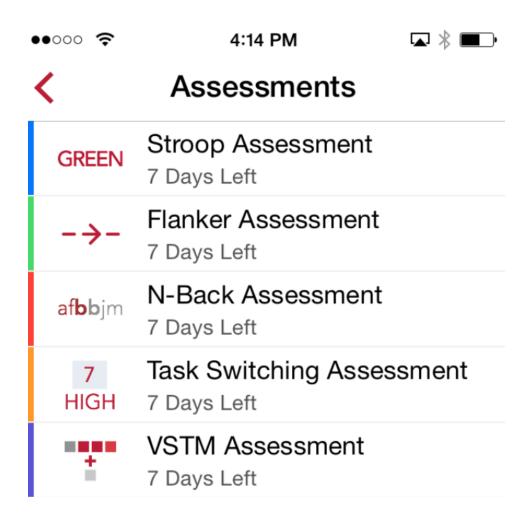
Digit Symbols



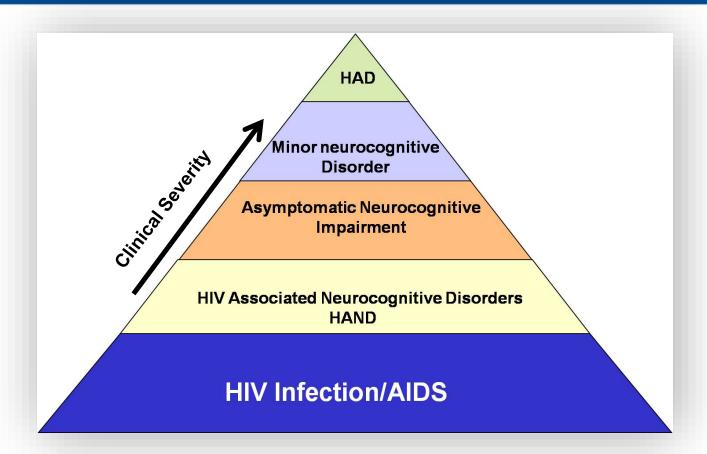
Trail Making Test Part B



Mobile Devices (i.e., apps, tablets)



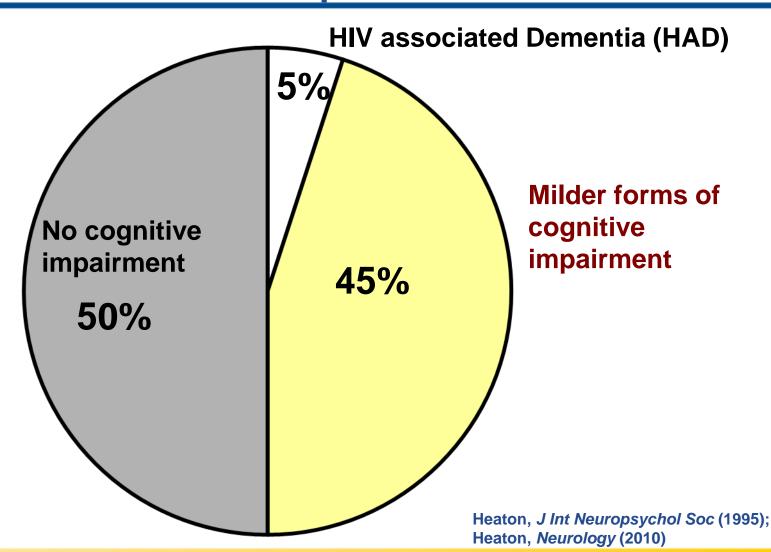
HIV-associated neurocognitive disorders (HAND)



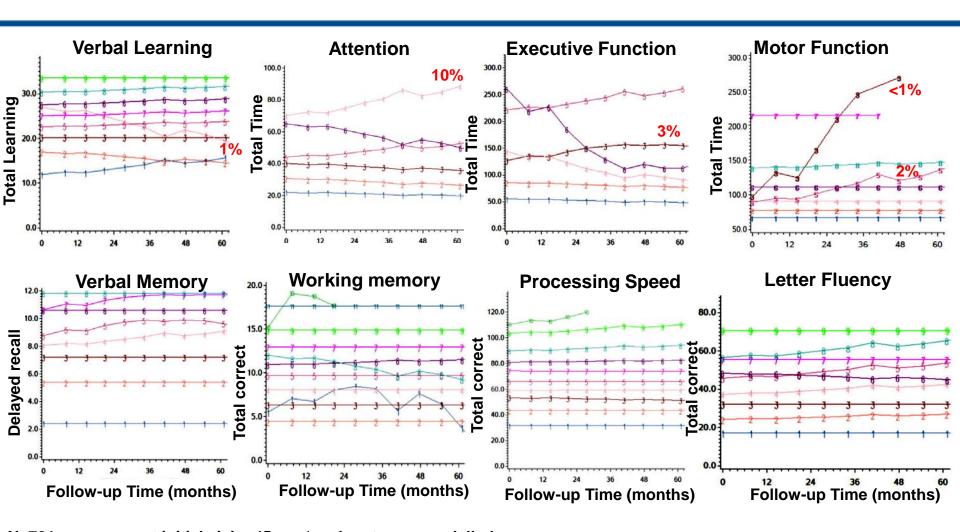


PATTERNS

Cognitive dysfunction persists among HIV+ individuals in the era of effective antiretroviral therapies



Cognitive aging in HIV: Heterogeneity is the rule not the exception



N=701; mean age at initial visit ~45yrs; *each outcome modelled separately using group based trajectory analysis; 16% declined on ≥1 test

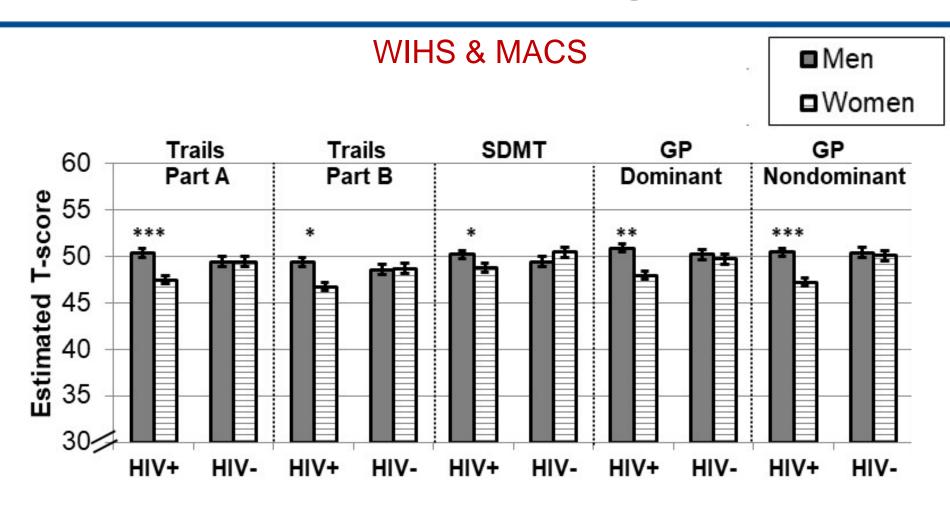
Most studies on HIV-associated cognitive aging includes or focuses on....

- All or predominantly men living with HIV
- Mixed samples of virological suppressed & unsuppressed individuals
- Global measure of impairment (e.g., HAND)

Heterogeneity

- Optimize cognitive phenotyping to improve:
 - understanding of functional consequences
 - identifying underlying pathophysiology, &
 - developing more targeted interventions

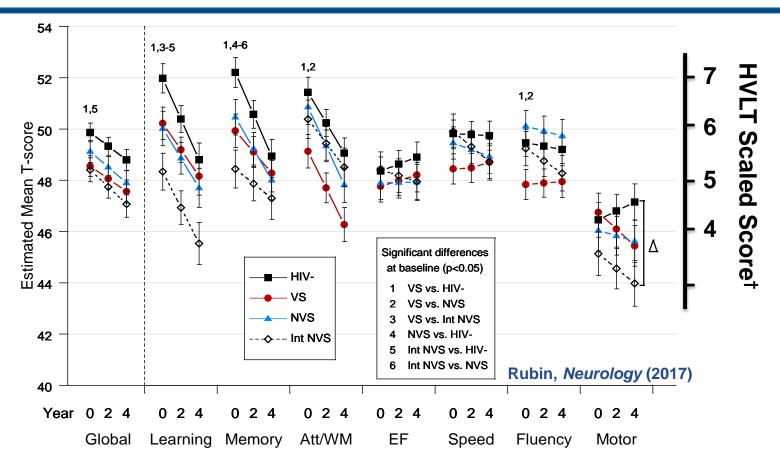
Women living with HIV may be more cognitively vulnerable than men living with HIV



858 HIV+ (429 women) 562 HIV- (281 women)

SDMT=Symbol Digit Modalities test; GP=Grooved Pegboard

Cognitive impairment persists among virally suppressed women aging with HIV



Att/WM=attention/working memory; EF=executive function; VS=consistent use of cART & virally suppressed; NVS=consistent use of cART but inconsistent plasma viral suppression; Int NVS=intermittent cART use & inconsistent plasma viral suppression NVS=not virally suppressed; † Norman, *J Clin Exp Neuropsychol*, (2011); ***p<0.001; **p<0.01; p<0.05; Δ=group difference in slopes at p<0.05



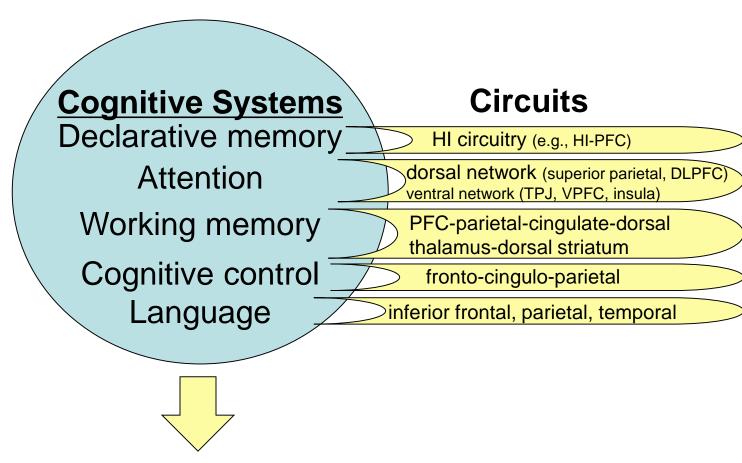
PATTERNS

- Heterogeneity in cognitive aging is the rule not the exception
- Women living with HIV may be more cognitively vulnerable than men living with HIV
- Cognitive impairment persists despite continued viral suppression



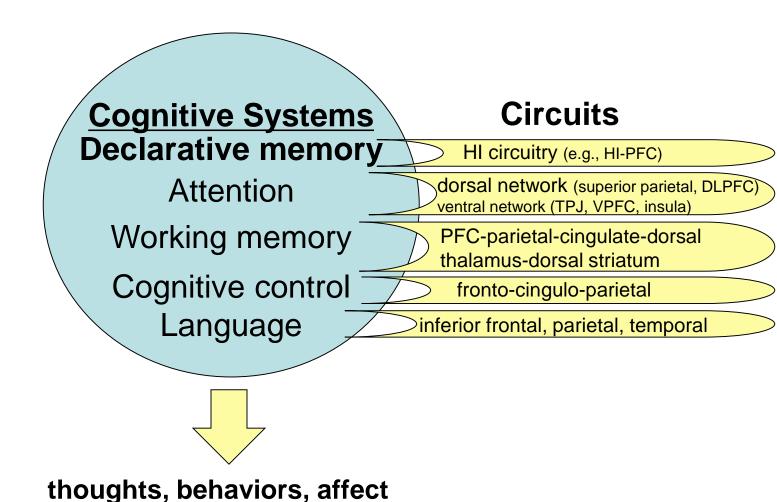
MECHANISMS

Cognitive systems impacted by aging with HIV



thoughts, behaviors, affect

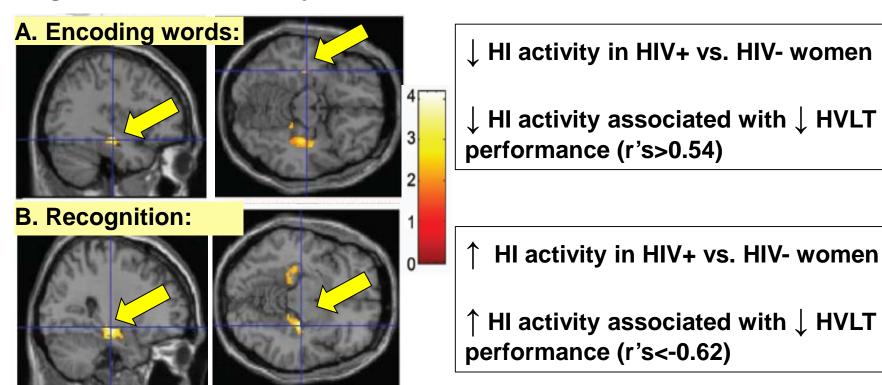
Cognitive systems impacted by aging with HIV



NIMH Research Domain Criteria (RDoC)

HIV-related alterations in brain function during a declarative memory task in midlife women

Region of interest analysis:

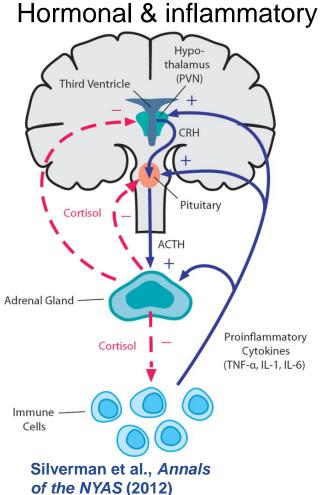


Whole-brain analysis: HIV-alterations in PFC during encoding & recognition;
PFC related to ↓ HVLT performance

Maki, Rubin et al., Neurology (2009)

Hormonal and inflammatory contributions to declarative memory dysfunction in virally suppressed midlife HIV+ women

Mechanisms

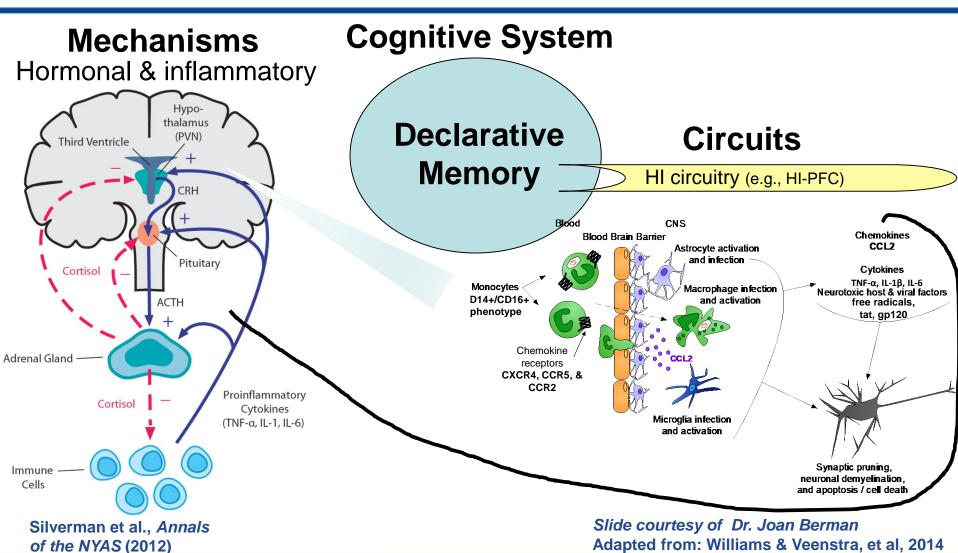


Cognitive System

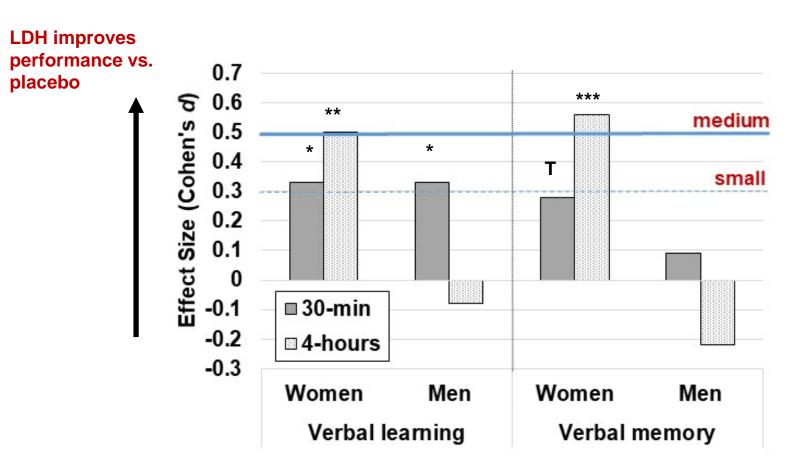
Declarative Circuits

Memory HI circuitry (e.g., HI-PFC)

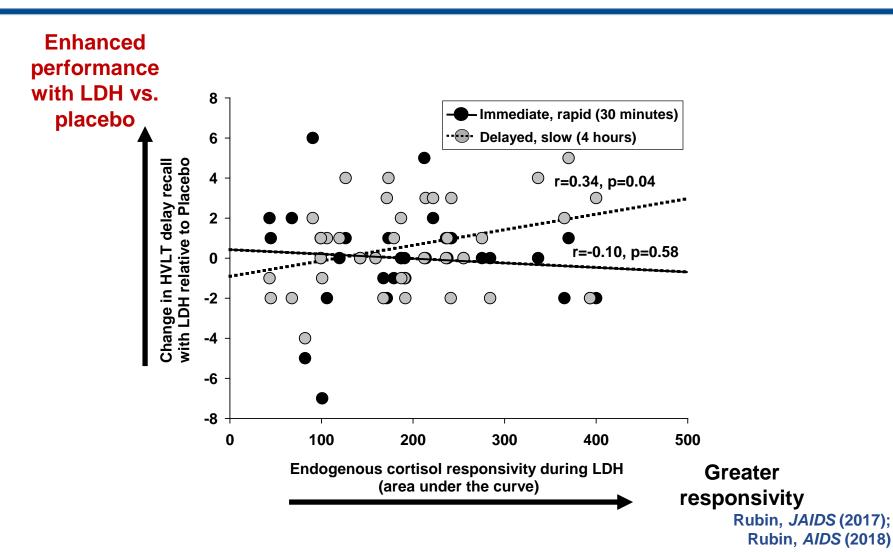
Hormonal and inflammatory contributions to declarative memory dysfunction in virally suppressed midlife HIV+ women



Probing the HPA axis & inflammation using low dose hydrocortisone (LDH) improves learning & memory at the 4-hour time point in HIV



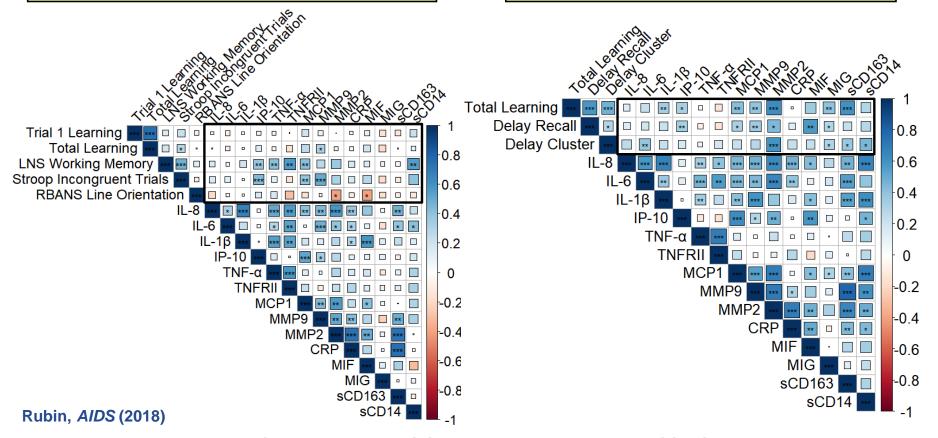
Magnitude of increase in salivary cortisol responsivity due to low dose hydrocortisone (LDH) is associated with verbal memory improvement at the 4 hour time point



Degree to which LDH suppresses inflammatory activity is associated with LDH improvements in learning and memory only in HIV+ women

Immediate, rapid (30 min)

Delayed, slow (4 hours)

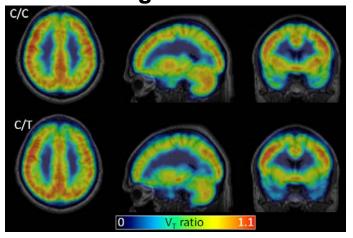


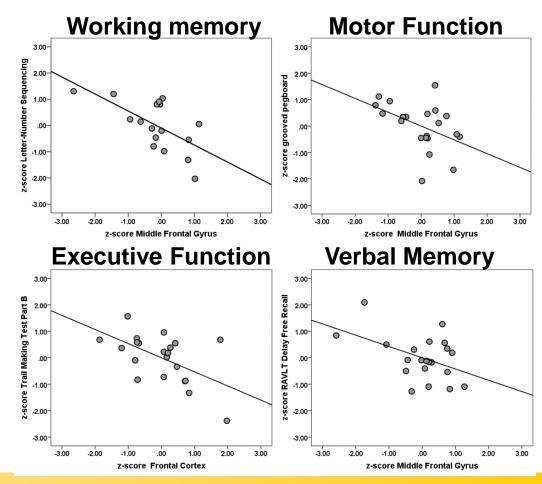
***p<0.01; **p<0.05; *p<0.10; immune responsivity = placebo – LDH; cognitive improvement = LDH – placebo; Positive association (blue) = greater inflammatory reduction; greater cognitive improvement

Higher region-specific microglial activation in the frontal cortex is associated with lower cognition in HIV+ virally suppressed individuals

Using [11C]DPA-713 with positron emission tomography (PET) to image translocator protein 18 KDa (TSPO), a marker of microglial activation

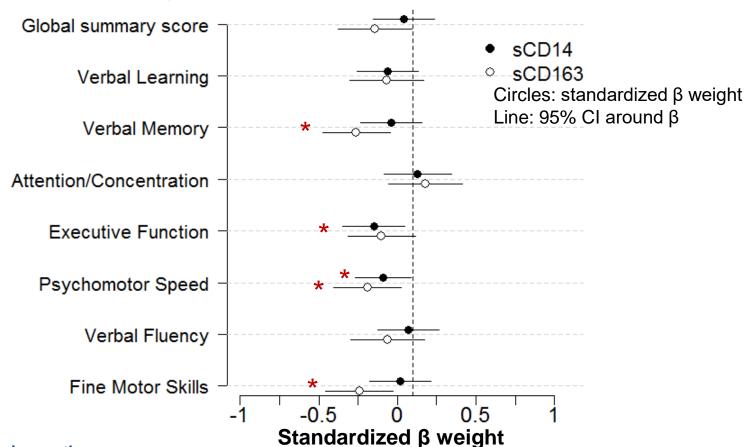
Mean binding of the radiotracer





Higher monocyte-driven inflammation predicts lower cognitive performance in midlife HIV+ virally suppressed women

Soluble markers of myeloid-specific activation (sCD14, sCD163)



See for similar findings in mostly men Burdo et al., *AIDS (2013*)—global, learning, executive function Royal et al., *PLoS One* (2016)—global in women only



MECHANISMS

- Alterations in prefrontal-limbic function subserve the declarative memory deficit in midlife virally suppressed individuals
- HPA axis and inflammation may be a potential mechanisms driving cognitive deficits in learning/memory



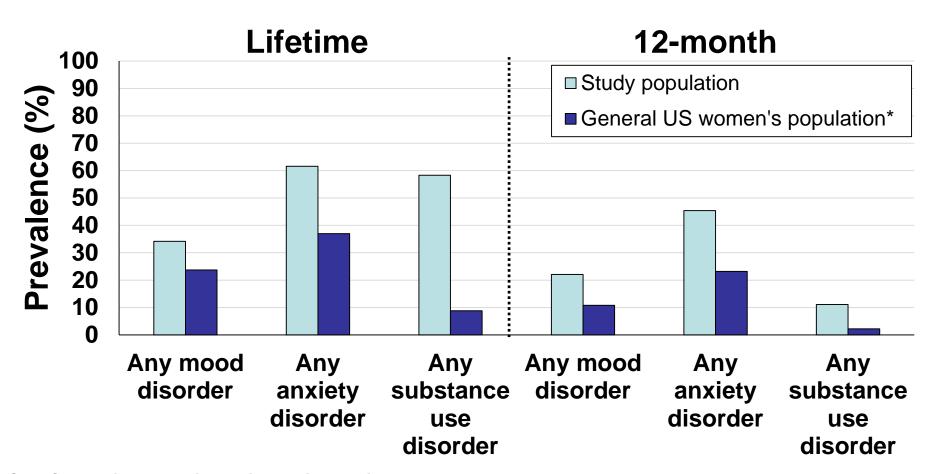
PREDICTORS



PREDICTORS

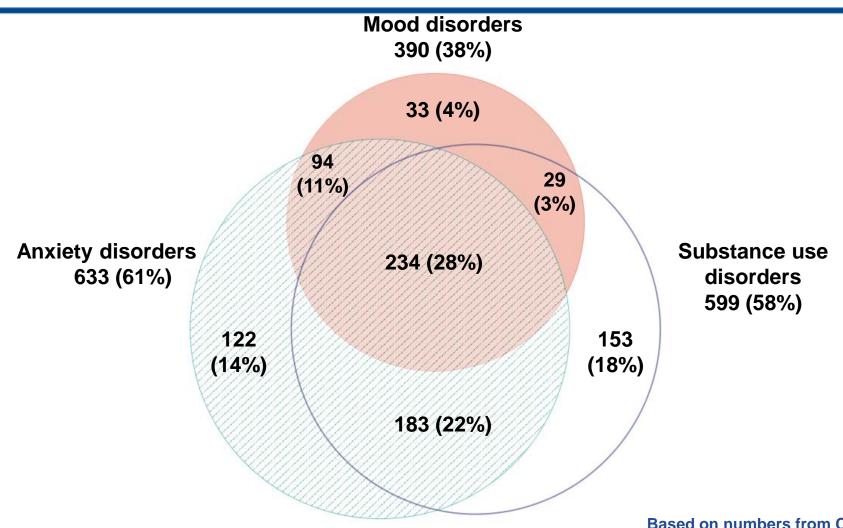
Mental Health

Prevalence of mental health disorders among 1027 WIHS midlife women living with HIV



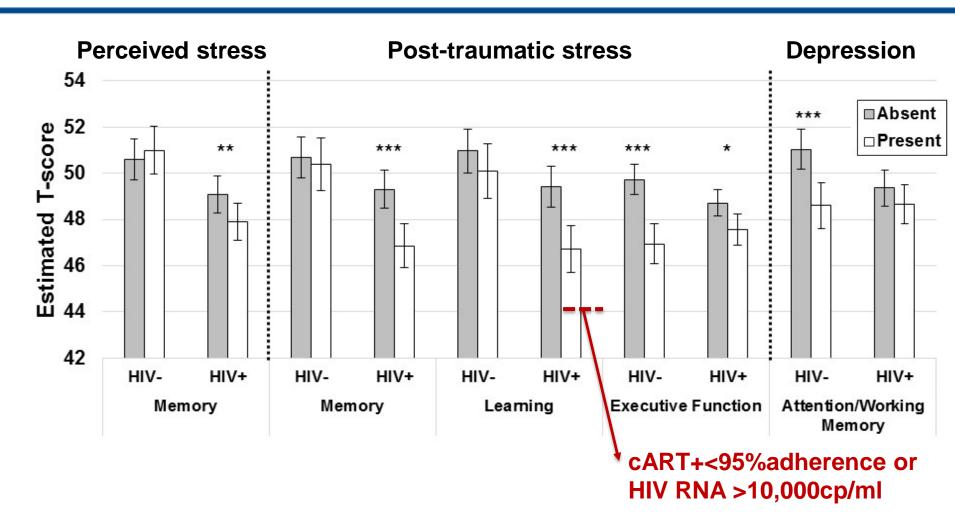
CIDI=Composite International Diagnostic Interview * National Comorbidity Survey Replication (NCS-R)

Lifetime mental health comorbidities among 1027 WIHS midlife women living with HIV



Based on numbers from Cook, et al. *AIDS* (2018)

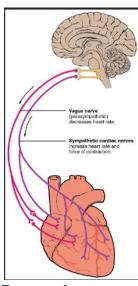
Perceived and post-traumatic stress are associated with decreased cognition in midlife HIV+ women





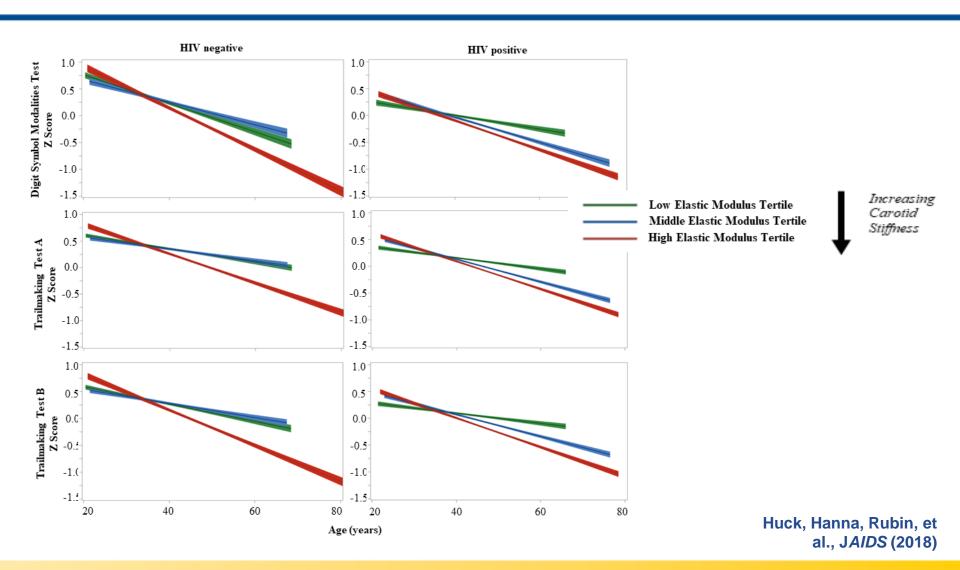
PREDICTORS

- Mental Health
- Cardiovascular risk factors



Researchgate.net

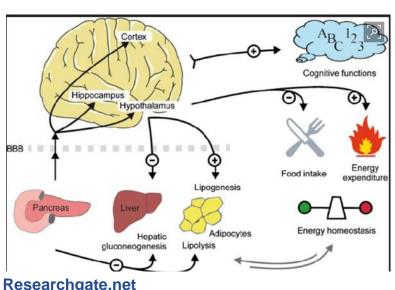
Arterial stiffness is a risk factor for cognitive aging among WIHS women





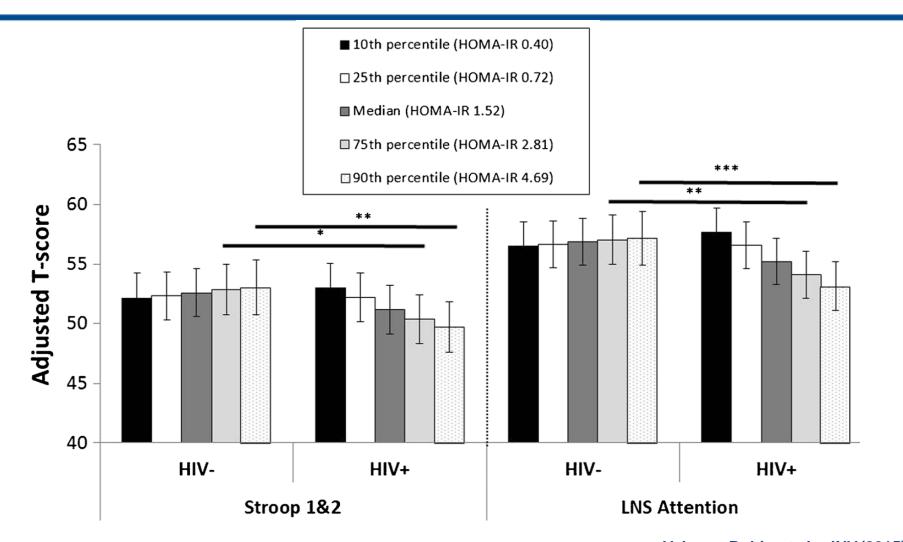
PREDICTORS

- Mental Health
- Cardiovascular risk factors
- Metabolic risk factors



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HIV modulates the association of insulin resistance and attention among midlife women with HIV

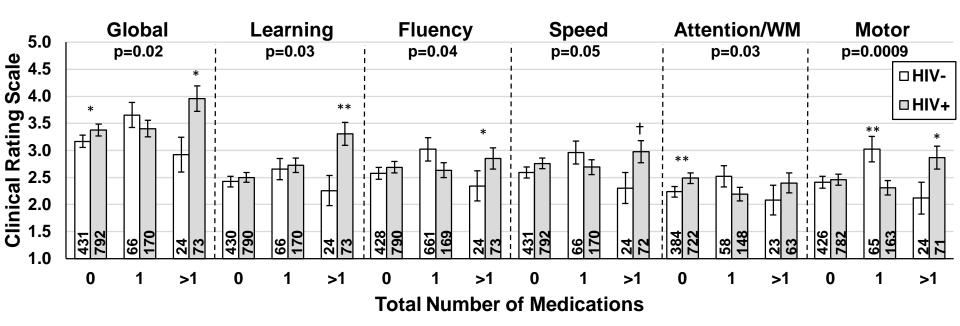




PREDICTORS

- Mental Health
- Cardiovascular risk factors
- Metabolic risk factors
- Polypharmacy

Cognitive burden of common medications with anticholinergic properties among midlife women with HIV



Commonly used medications in WIHS women with anticholinergic properties:

Antidepressants: Trazodone, Paroxetine, Mirtazapine, Amitriptyline

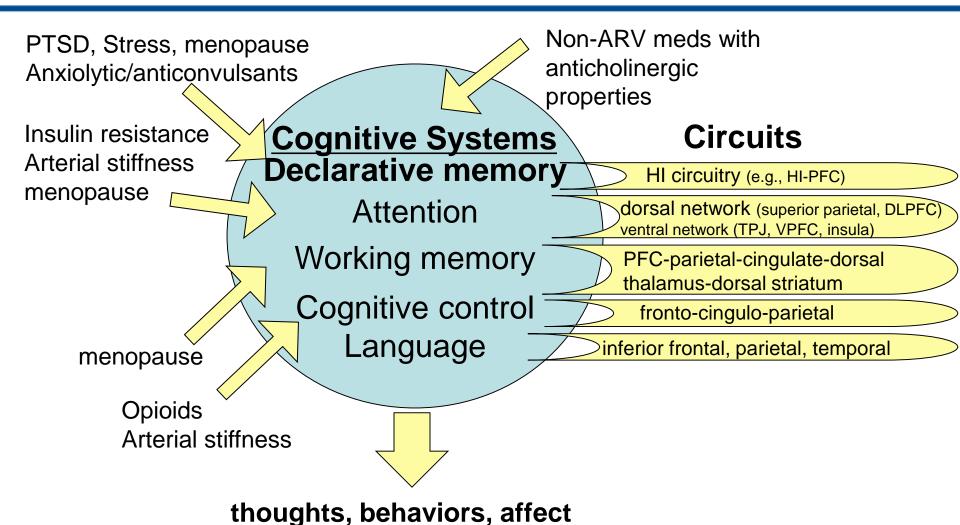
Antipsychotics: Quetiapine, Risperidone, Olanzapine

Muscle relaxants: Baclofen, Cyclobenzaprine

Antihistimine: Loratadine, Diphenhydramine, Hydroxyzine

***p<0.001; **p<0.01; *p<0.05

Cognitive systems impacted by aging with HIV



NIMH Research Domain Criteria (RDoC)

Summary/Conclusion

Assessment:

- Standard neuropsychological testing; app/tablet based assessments
- Are we using the right measures?

Patterns:

- Persistent cognitive impairment despite viral suppressed in HIV
- Considerable heterogeneity in cognitive systems impacted with age
- **Mechanisms**: example in midlife women:
 - Alterations in prefrontal-limbic function subserve declarative memory deficit in HIV
 - HPA axis and inflammation may be a potential mechanisms driving some of the mental health+cognitive deficits in declarative memory
 - Treatments targeting alterations might provide cognitive benefit in HIV+ individuals

Predictors:

- Numerous factors (mental health, cardiovascular, metabolic, polypharmacy) contribute or exacerbate HIV effects on specific cognitive systems

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