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AIDS-RELATED DEMENTIA COMPLEX LITERATURE REVIEW

Alicia Viviana Mendez

Doctor at: ``Universidad técnica privada Cosmos``, Puerto Quijarro, Bolivia

Vânia Gomes da Silva

Speech therapist at: ``Universidade de Brasília``, Brasília, DF, Brazil

Aline Cicilia Oliveira Dos Santos Guimarães

Student of medicine course - Faculdade de Ciências Médicas de Jaboatão dos Guararapes, Jaboatão dos Guararapes, PE, Brazil

Samanttha Cristina da Silva Chaves

Student of medicine course - Universidade Federal de Catalão, Catalão, GO, Brazil

Adrian Emanuel Rosales Mendez

Clinical neuroscientist by: ``Universidade de Roehampton``, Londres, Reino Unido

Tiago Picolo Fernandes

Doctor at: ``Universidade Nove de Julho``, Bauru, SP, Brazil

Ioan Lucas Oliveira Silva

Student of medicine course - Universidade Federal de Mato Grosso do Sul, Campo Grande, MS, Brazil

Thiago Magela Gomes Da Silva

Student of medicine course - Faculdade Atenas, Sete Lagoas, MG, Brazil

Franco Sebastian Garcia Cervera

Psychiatrist at: ``Instituto Universitario del Hospital Italiano de Buenos Aires``, Buenos Aires, Argentina



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Rebecca Mascarenhas Santos

Doctor at: ``Centro Universitário de Maringá``, Maringá, PR, Brazil

Emerson Pellin

Student of medicine course - Universidade do Oeste de Santa Catarina, Joaçaba, SC, Brazil

Leonardo Fernandes de Andrade

Student of medicine course Instituto Master de Ensino Presidente Antônio Carlos, Araguari, MG, Brazil

Iúlia Resende de Sousa

Student of medicine course - Instituto Master de Ensino Presidente Antônio Carlos, Araguari, MG, Brazil

Luana Beatriz Piai Martins

Student of medicine course - Universidade de Franca, Franca, SP, Brazil

Aliana Lunardi Zvicker

Doctor at: ``Pontifícia Universidade Católica``, Curitiba, PR, Brazil

Institution: ``Universidade Federal do Catalão``, Catalão, Goiás, Brazil

Abstract: Introduction: The AIDS epidemic reached its peak in the 1990s, causing the deaths of millions before treatments emerged. Objective: Review the relationship between AIDS and dementia complex. Result: More than 50% of people with AIDS may develop AIDS-linked neurocognitive decline, resulting in subcortical dementia. This manifests as loss of attention, depressive symptoms and changes in motor skills and task accuracy (BERNARDES L, et al., 2023). Conclusion: Although AIDS is known to affect the immune system through the reduction of CD4 T lymphocytes, it is also linked to impacts on the nervous system, including the brain, spinal cord and peripheral nerves.

Keywords: Pseudodementia; Cognitive impairment; AIDS.

INTRODUCTION

There are a series of dementias caused by lack or excess of bodily substances, be they hormones, vitamins, infections, tumors and pathological conditions (LEIVAS EFL, 2021).

Examples of treatable dementias include hypothyroidism, vitamin B12 deficiency, neurosyphilis, AIDS, brain tumors, normobaric communicating hydrocephalus, etc. (LEIVAS EFL, 2021).

Every patient with dementia must undergo investigation of all these causes; An exception is made for anti-AIDS, which requires the patient's consent. Therefore, we have to request, at the first consultation, free T4, TSH, serum B12 measurement, VDRL and head CT with and without contrast. Other causes of reversible dementia are alcoholism and excessive use of Central Nervous System medications, such as benzodiazepines (LEIVAS EFL, 2021).

Dementia is a syndrome with multiple causes, characterized by the acquired deterioration of cognitive abilities that impair daily activities. In addition to memory, other mental functions are affected, such as language, visio-spatial skills, calculations and problem solving. Neuropsychiatric and social problems also arise, leading to symptoms such as depression, withdrawal, hallucinations, delusions, agitation, insomnia and disinhibition (CARONI, et al., 2023).

The most common causes of dementia in individuals over 65 years of age are: Alzheimer's disease (AD) (which accounts for approximately 60 percent), vascular dementia (15 percent), and mixed vascular and Alzheimer's dementia (15 percent). Other diseases accounting for approximately 10% include dementia with Lewy bodies; Picks disease; fronto-temporal dementias; normal pressure hydrocephalus (NPH); alcoholic dementia; infectious dementia, such as human immunodeficiency virus (AIDS) or syphilis; and Parkinson's disease (BATES et al., 2004).

The AIDS epidemic reached its peak in the 1990s, causing the deaths of millions before treatments emerged. Cases among people aged 60 and over increased from 855 in 2007 to 1649 in 2020. Although 60 years is the usual age for elderly people, for AIDS studies, it is considered from 50 years of age due to the impact of the disease (Martinelli A, et al., 2021).

The high prevalence of AIDS in the elderly is due to unprotected sexual relations at an advanced age and the greater longevity of those who contracted the virus before the age of 60 (Martinelli A, et al., 2021).

More than 50% of people with AIDS may develop neurocognitive decline linked to AIDS, resulting in subcortical dementia. This manifests as loss of attention, depressive

symptoms and changes in motor skills and task accuracy (BERNARDES L, et al., 2023).

This syndrome is linked to pathological changes in the brain, including generalized atrophy, changes in the white matter (leukoencephalopathy), the presence of microglial nodules (indicative of viral encephalitis) and multinucleated giant cells, possibly infected by AIDS (BERNARDES L, et al., 2023).

MATERIAL AND METHODS

The search was carried out in the PubMed database and was limited to articles between 2004 and 2023 that met the criteria of being literature reviews and case reports.

Next, the keywords in the article titles were analyzed and those whose themes best fit our objective were selected.

Five articles were selected for full reading.

DISCUSSION

A very controversial issue, but at the same time of great clinical significance, is the possibility of recovery from disorders. From a clinical point of view, the key question is to determine whether the therapeutic intervention, based on treatment, results in the resolution of already evident cognitive disorders (CARONI, et al., 2023).

CONCLUSION

Although AIDS is known to affect the immune system through the reduction of CD4 T lymphocytes, it is also linked to impacts on the nervous system, including the brain, spinal cord and peripheral nerves.

REFERENCES

- 1. BATES, J., J. Boote e C. Beverley. Intervenções psicossociais para pessoas com doença demencial mais branda: uma revisão sistemática. Revista de Enfermagem Avançada. 2004.
- 2. BERNARDES, L. B. R.; FIGUEIREDO, B. Q. de .; AMORIM, D. L. F.; SARTÓRIO, G. I.; SOUSA, L. G. V.; ALMEIDA, M. G. de . Cognitive changes in AIDS-positive patients: an integrative literature review. Research, Society and Development, [S. l.], v. 10, n. 15, p., 2023.
- 3. CARONI, Danielly; RODRIGUES, Júlia Stuchi; SANTOS, Aliny Lima. Influência da alimentação na prevenção e tratamento do Alzheimer: uma revisão integrativa. **Research, Society and Development**, v. 12, n. 5, p. e14812541677-e14812541677, 2023.
- 4. LEIVAS, Elizabete De Figueiredo. A Deficiência Da Vitamina B12 No Surgimento De Demência Em Idosos: Uma Revisão Da Literatura.
- 5. Martinelli, A., Lima Luzzi, A., Faria Guedes, E. M., Cabral de Melo Abrahão, I., Martins Ponce, J. E., Calheiros Santos Diniz, M. J., de Souza Rosa, V., & Gonzalez Manso, M. E. (2021). A realidade de idosos que vivem com AIDS no Brasil: uma revisão integrativa. VITTALLE Revista De Ciências Da Saúde, 33(2), 109–121.