

Young adults with neurocognitive impairment. Cases post transition – what happens next? Liz Foote Liverpool Jill Williams Liverpool Jill Delany Manchester

Liz Foote Jill Williams and Jill Delaney presented 3 case studies of managing HIV infected young adults with neurocognitive impairment in an adult healthcare setting.

Liz Foote described the challenges of providing care and support to a young woman living with HIV who had social and emotional problems in an adult community healthcare setting. The challenges faced by this young person included

- In care as a child
- ADHD
- Impulsive behaviour
- High risk behaviour
- Living in deprivation
- Poor adherence
- Multiple sexual partners
- Family bereavement
- Sex worker
- Accusations of transmission of HIV

Liz went on to describe the case management took a multi-professional approach and discussions on how best to support this vulnerable young woman resulted in several interventions being introduced

- Safeguarding team for vulnerable adults input
- Social services input
- Psychiatry referral
- Application for injectable anti-retroviral treatment administered by a health professional to improve poor adherence approved at second application.

The overriding learning point from this complex case study was the multi-professional team worked tirelessly to manage the care of this vulnerable young woman and the therapeutic relationship she had with her clinical nurse specialist was a key aspect of her management

Jill Williams described the complexity of managing an HIV infected young person aged 21 who was referred directly to adult services. They had a diagnosis of

- Severe Autism
- Needle phobia
- Non communicative

Jill described how it took six months for this young person to have eye contact with the health care team and 12 months to be verbal this resulted in

- Improved engagement
- Improved adherence

Jill pointed out that progress with the young person remains slow and there are aspects of the management of an HIV infected young person that require to be addressed such a sexual health.

The learning points from this challenging complex case is that investing time in young people with cognitive impairment can result in improved engagement. Continuity of care is essential for success.

Jill Delaney presented a case of an HIV infected young person who was diagnosed with HIV in Africa at age 13. When in adult services it was noted he had.

- Struggled at school
- Worried about memory
- Anxious and low mood
- Drink alcohol
- Smokes cigarettes and cannabis

He underwent neurocognitive assessment in adult services

The learning points from this case study centre around timings and could the neurocognitive impairment have been diagnosed earlier given this young person had struggled at school. The complexity of managing young people in busy adult HIV services is apparent and a consistent approach is required, and the role of the Clinical Nurse Specialist is key to providing continuity of care.