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### **Nerological Soft Signs in HIV-associated Neurocognitive Disorder: a Clinical Marker?**

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**Introduction:** With the introduction of antiretroviral treatment, the survival rates of Human Immunodeficiency virus (HIV) patients have improved significantly. However, the incidence of HIV-associated neurocognitive disorders (HAND) gained importance and represents actually a significant public health problem.

Neurological soft signs (NSS) refers to subtle neurological abnormalities in motor and sensory performance. The presence of these symptoms has been widely described in patients with mental diseases like Schizophrenia or Alzheimer's Disease, but have not been studied in HAND despite its known subcortical physiopathology.

**Objectives:** To study the prevalence HAND in a Chilean cohort of HIV patients and describe its association to NSS.

**Methods:** HIV patients without history of head injury trauma or opportunistic infections of the CNS were recruited from the HIV clinic, underwent a thorough clinical interview and neuropsychological testing. Healthy controls were recruited from the community. All participants were assessed with the Heidelberg NSS scale. HAND was diagnosed using NIMH and NINDS criteria.

**Results:** Until now, 35 HIV+ patients and 18 controls completed the described assessment. 11 patients were cognitive healthy, 11 with Asymptomatic Neurocognitive Impairment (ANI) and 13 with Mild Neurocognitive Disorder (MND). NSS total score differed significantly between groups ( $F= 2,92$  (DF=3),  $p<0.05$ ), with MND and ANI patients showing the highest score. Duncan post hoc test showed group differences in NSS total scores with Controls <ANI, MND and Cognitive healthy HIV <MND.

**Discussion:** Our data supports the use of NSS as a marker of HAND. It should be considered in the clinical examination of HIV patients.