**Objective:** Alcohol affects functions of prefrontal and temporal cortices, and alcohol use disorder and binge drinking share structural/functional abnormalities and cognitive deficits. This study investigated the neuropsychological profile of college students with binge drinking.

**Participants and Methods:** Participants: Based on the scores of Alcohol Use Disorder Identification Test (AUDIT) and Alcohol Use Questionnaire (AUQ), binge-drinking (n=32, male: 8, female: 24) and control (n=32, male: 8, female: 24) groups were determined. Neuropsychological tests: The Rey-Osterrieth Complex Test (RCFT), California Verbal Learning Test (CVLT), Wisconsin Card Sorting Test and Stroop Test were administered to evaluate nonverbal memory, verbal memory, executive function and attention, respectively.

**Statistical analysis:** Scores of the AUDIT and AUQ were analyzed by one-way ANOVA, and the performances on the neuropsychological tests were analyzed by multivariate ANOVA.

**Results:** The binge-drinking and control groups differed on AUDIT (F(1,63) = 538.29, p < .001) and AUQ (F(1,63) = 97.34, p < .001), with binge-drinking group obtaining significantly higher scores compared to the control group. The two groups differed on the copy (F(1,62) = 6.05, p < .05), immediate recall (F(1,62) = 11.68, p < .01) and delayed recall (F(1,62) = 11.87, p < .01) of the RCFT, and the long-term free recall of the CVLT (F(1,62) = 13.37, p < .01). The binge-drinking group exhibited significantly lower scores than did control group.

**Conclusions:** College students with binge drinking showed difficulties with verbal and nonverbal memory, and the present results indicate that excessive drinking could affect memory even when drinking history is relatively short.

**Correspondence:** Myung-Sun Kim, Sungshin Women’s University, kimms@sungshin.ac.kr

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**Objective:** The aim of this work was to examine if some cognitive functions in HIV-infected patients were related to some inflammation and cardiovascular biomarkers.

**Participants and Methods:** 12 volunteers, who were part of a larger longitudinal study, were recruited from the Hospital Clinic of Barcelona (Spain). Selected patients were on CART (EFV/FTC/TDF), viral load <37 copies, CD4+ >250 cell/mm3 and without any significant coinfection.

Data examined here are cross-sectional and obtained in the baseline measurement. Participants underwent comprehensive neurocognitive and medical evaluations. The neuropsychological assessment comprised executive functions, speed of cognitive processing, motor speed, and learning and memory. Inflammation was evaluated by determination of plasma IL-6 and TNF-α. D-dimer was used as a marker of cardiovascular disease. A correlational analysis was performed. Bonferroni’s correction was applied to comparisons.

**Results:** IL6 was positively related with cognitive slowing. D-dimer was positively associated with cognitive and psychomotor slowing, and inversely with verbal learning. A trend was found between IL6 and mistakes in cognitive flexibility, and also between d-dimer and mistakes in cognitive inhibition. However, statistical significance disappeared when Bonferroni’s correction was applied.

**Conclusions:** Data suggest that some inflammation and cardiovascular markers could adversely affect cognitive performance in HIV patients, even in patients receiving treatment in the setting of a chronic and stable disease and without a HAND diagnosis. Results should be interpreted with caution due to limitations of the study.

**Correspondence:** Silvia Cañizares, Hospital Clinic of Barcelona, silvia.canizares@clinic.ub.es

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**Objective:** The aim of this study is to assess the effect of switching Atripla (a regimen containing Efavirenz which is known for its adverse neurological of psychiatric events), to Eviplera (same as Atripla, without Efavirenz) on cognition, hypothesizing participants’ cognition will improve on Eviplera.

**Participants and Methods:** Participants N=48[32:16] were virologically suppressed male HIV-infected patients aged 25-50 on Atripla, without neurocognitive complaints. They were randomized (2:1) to receive Eviplera (intervention group) or continue on Atripla (control group) both for 12 weeks. At baseline and week 12, patients underwent neuropsychological testing, assessing the following domains: conceptual organization, executive functioning, speed of information processing, learning, memory, attention and working memory.

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**Inflammation and cardiovascular biomarkers are associated with cognitive performance in HIV patients. Combination antiretroviral therapy restores CD4+ cell counts and suppresses viral replication. However, immune activation and inflammation may persist**

Berta Torres, Silvia Cañizares, Agathe León, Montserrat Plana, Lucía Alós, Matía Squarcia, Miguel Caballero, Xavier Filella, Carlos Reverter, Naira Rico, Esteban Martínez, Jordi Blanch, Arcadi Riba, Carolina Alcubilla, Felippe Garca-Alcalde

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**Objective:** How do the immunological state and years of evolution affect cognitive performance in HIV patients co-infected with HCV?

**Participants:**

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<th>Number</th>
<th>Name</th>
<th>Poster Title</th>
<th>Regimen</th>
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<tr>
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<td>Naledi</td>
<td>Judgment/problem-solving and neuropsychological test performance in non-demented older adults with HIV</td>
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<td>43</td>
<td>Garau Maria</td>
<td>How do the immunological state and years of evolution affect cognitive performance in HIV patients co-infected with HCV?</td>
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**HIV/AIDS/infectious disease • Poster Session 2 • 13.40 - 17.00**

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<td>Silvia Cañizares</td>
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<td>41</td>
<td>M.H.M.</td>
<td>Switching to a non-Efavirenz containing</td>
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**Ensilng regime improves cognition in HIV-infected patients**

M.H.M. Ensing, C.S. Hakkers, J.Y. Arends, M.A.C. Emrons, M.J.E. Van Zandvoort, A.I.M. Hoepelman

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**Objective:** HAND is a frequent comorbidity in HIV-infected patients. Prevention of HAND can improve the quality of life of HIV-infected patients. The aim of this study is to assess the effect of switching Atripla (a regimen containing Efavirenz which is known for its adverse neurological of psychiatric events), to Eviplera (same as Atripla, without Efavirenz) on cognition, hypothesizing participants’ cognition will improve on Eviplera.

**Participants and Methods:** Participants N=48[32:16] were virologically suppressed male HIV-infected patients aged 25-50 on Atripla, without neurocognitive complaints. They were randomized (2:1) to receive Eviplera (intervention group) or continue on Atripla (control group) both for 12 weeks. At baseline and week 12, patients underwent neuropsychological testing, assessing the following domains: conceptual organization, executive functioning, speed of information processing, learning, memory, attention and working memory.