



CONFIRMING EARLY-STAGE AD

A guide for healthcare providers when talking to patients with mild cognitive impairment (MCI) about amyloid beta (Aβ) testing

1 Patient Question: I already know I have MCI, so why should I have another test?

AD is the most common cause of MCI.
An estimated **34%-75%** of MCI patients
have MCI due to AD.^{1,2*}



STUDIES SHOW THAT **56%-82%** OF PATIENTS WITH
MCI DUE TO AD WILL PROGRESS TO **AD DEMENTIA**
WITHIN AN AVERAGE OF 2 TO 3 YEARS.^{3,4}

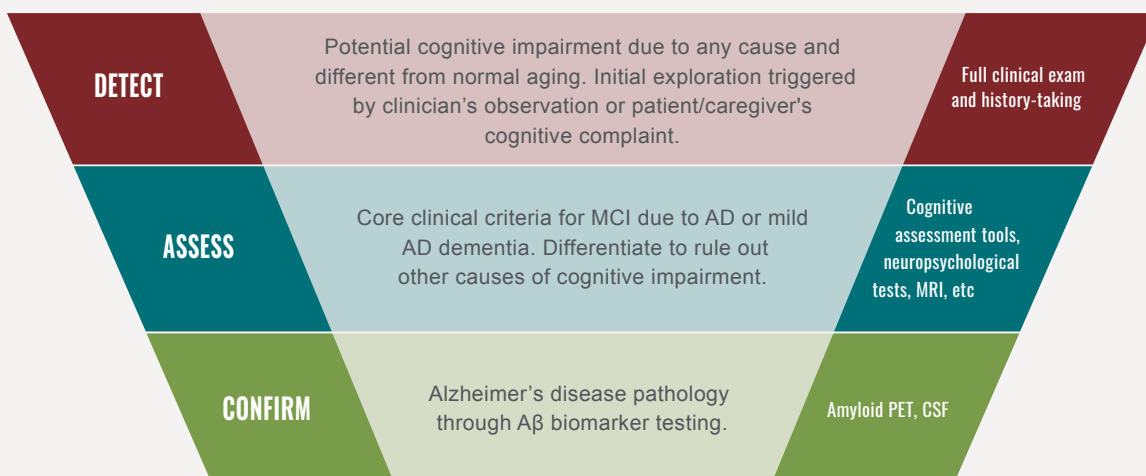
*In the Aging, Demographics, and Memory Study (ADAMS), individuals were classified as having cognitive impairment without dementia.

2 Patient Question: Will this test help you find out what is causing my MCI?

While biomarker testing is not currently recommended for routine clinical practice, it may be a useful tool when deemed appropriate by the clinician.⁵⁻⁸

The following steps may be helpful on the path to detection and diagnosis:

Detect, Assess, Confirm: A 3-Step Approach to Diagnosing MCI due to AD^{6,7,9,10}



3

Patient Question: What if the test shows that my MCI is due to Alzheimer's disease?



The earlier MCI due to AD is confirmed, the earlier it can be managed—allowing the healthcare provider to address the condition before it progresses to more serious symptoms, including dementia¹¹⁻¹⁴

- If the A β test is positive, it is important to help patients and families understand that MCI due to AD is early-stage AD
- The average time between diagnosis of MCI due to AD and AD dementia is estimated to be **2-6 years**
- In a study of patients with MCI or dementia of uncertain etiology, A β confirmation triggered changes in clinical management within **90 days**
 - The changes included the use of symptomatic AD therapies, therapies that affect cognition or address dementia risk factors, and counseling



Expert* recommendations for discussing PET imaging with adults participating in AD studies may be informative. They advise clinicians to¹⁵:

- **Assess** the patient and caregiver's mood and level of understanding about AD
- **Educate** the patient and family members about biomarker tests for AD
- **Discuss** ramifications of a positive or negative result of an A β test

*An expert panel presented a consensus on best practices for amyloid results disclosure in AD prevention trials. The panel included researchers from each of 2 relevant fields: informed consent for genetic testing and AD biomarkers with a focus on amyloid imaging in humans.

4

Patient Question: How is the A β test performed?



Educate patients and caregivers about the 2 available modes of testing for A β : Cerebrospinal fluid (CSF) analysis and positron emission tomography (PET) scan

Information for Patients: CSF Analysis and PET Imaging for Presence of A β Accumulation¹⁶⁻²²

	CSF	PET
Location	Procedure done in an outpatient setting (either at a hospital, surgery center, or doctor's office)	Performed at a diagnostic imaging center, either in a hospital, clinic, or office
Clinician	Physician (neurologist or interventional radiologist), nurse practitioner, physician assistant	Nuclear medicine specialist or radiologist
Method	Lumbar puncture—a needle is used to gather a sample of the fluid that surrounds the brain and spinal cord; samples gathered from the lower part of the back	Brain imaging done with an injected radioactive substance that highlights parts of the brain that may be affected by Alzheimer's disease
Analysis	<ul style="list-style-type: none"> • Tau analysis can be done in the same test • May show signs of AD earlier than PET imaging 	Separate imaging tests need to be done for each analysis
Most Common Side Effects	Low risk of side effects like headache or back pain. Local numbing can help with potential discomfort	Noninvasive, meaning there is no open procedure, but injection site reactions consisting of erythema, irritation, and pain are possible



Explore more about A β testing options in our [A \$\beta\$ Test Overview](#)

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