ID AD IDENTIFY ALZHEIMER'S DISEASE EARLIER
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Patient Profiles – Alzheimer's disease (AD) at the mild dementia stage

FROM DETECTION TO DIALOGUE

Practical examples of early-stage Alzheimer's disease diagnosis

COGNITIVE ASSESSMENT:
Elevated subjective memory complaints;
MMSE*=24/30

STAGES OF AD PROGRESSION:

- Preclinical
- MCI due to AD
- **DIAGNOSIS: Mild AD Dementia**
- Moderate AD Dementia
- Severe AD Dementia

BIOMARKER CONFIRMATION:
Amyloid-positive

"I used to be the mother hen. I knew where everything was. I knew what everyone was doing. Now, I feel more lost every day."

Linda, 75 years old | Declining functionality

Not an actual patient. Patient profile provided for illustrative purposes only.

The path to care starts by recognizing symptoms of Alzheimer's disease

Symptoms of mild AD dementia interfere with daily functioning.[1]

Examples of Cognitive Concerns[2,3]

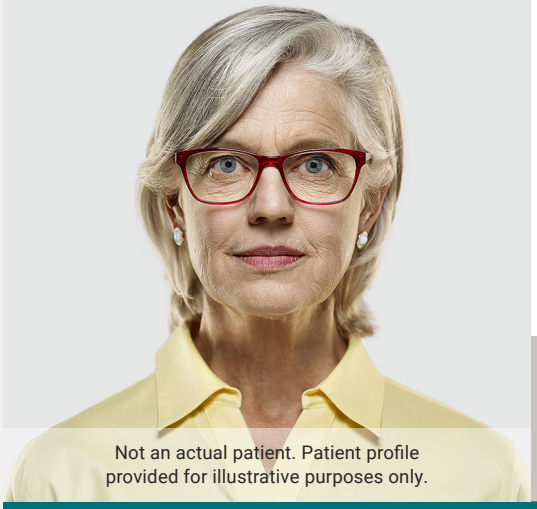
- PROBLEMS PLANNING
- DECREASED JUDGMENT
- CONFUSION WITH TIME OR PLACE
- DIFFICULTY WITH VISUAL AND SPATIAL RELATIONSHIPS
- MEMORY LOSS
- MOOD CHANGES
- SOCIAL WITHDRAWAL
- DIFFICULTY WITH FAMILIAR TASKS
- LANGUAGE PROBLEMS

This is not an exhaustive list of all symptoms.
MCI=mild cognitive impairment; MMSE=Mini-Mental State Examination.
*MMSE is a registered trademark of Psychological Assessment Resources.

Diagnostic process in practice: Assessment of a patient with declining function

Linda–75-year-old female

Widow, former educator, with history of cognitive impairment and recent decline in functional independence



Not an actual patient. Patient profile provided for illustrative purposes only.

HISTORY:

Family history of AD/dementia: No

Patient reports: Increased memory loss, visuospatial issues

Informant reports: Loss of balance, needs to be accompanied

Psychiatric symptoms: Mild anxiety

LAB TESTS:

Blood cell count, electrolytes, glucose, calcium, thyroid function, vitamin B_{12}, folate: Within Normal Range

COMORBIDITIES:

Coronary artery disease and diabetes (controlled)

COGNITIVE ASSESSMENT:

Elevated subjective memory complaints; MMSE*=25/30

DIAGNOSIS: Mild dementia. AD suspected.

Referred to specialist

National Institute on Aging/ Alzheimer's Association (NIA-AA) Guidelines recommend:
Clinicians should assess for Alzheimer's disease and not assume the concerns are related to normal aging.[4,5]

Evidence of progressive cognitive decline is essential for accurate diagnosis in order to initiate a wide range of patient care.[6]

There are many cognitive assessment tools available with varying sensitivity and specificity for different stages of AD.[7]

Brief cognitive assessment tools can aid the early identification of mild dementia. Examples of neurocognitive tools sensitive to dementia include: MoCA, SLUMS, MMSE,* Mini-Cog.[6,7†]

MMSE=Mini-Mental State Examination; MoCA=Montreal Cognitive Assessment; SLUMS=Saint Louis University Mental Status.
*MMSE is a registered trademark of Psychological Assessment Resources.
†This is not a comprehensive list of tools for assessing cognitive function and is not intended to recommend any particular tool.
Biogen and Cambridge Cognition have entered into a development and commercialization agreement.

Mild Dementia. Alzheimer's disease suspected. Referred to specialist

Specialist examination 1 year after referral

NEUROLOGIC EXAM:

Difficulty with ideomotor praxis testing, like combing her hair, and some diminished balance

COGNITIVE ASSESSMENT:

MMSE*=24/30

FUNCTIONAL DEPENDENCE:

Informant report: Increased dependence (13/30 on FAQ). Dependent for financial matters; traveling out of neighborhood

MAGNETIC RESONANCE IMAGING (MRI):

Ventricular dilation, mild frontal and anterior temporal atrophy

BIOMARKER CONFIRMATION (CSF):

Amyloid- and tau-positive

The specialist role in AD assessment[8]

- Perform comprehensive cognitive and functional testing
- Perform structural imaging to rule out non-AD causes
- Help support an AD diagnosis with biomarker tests, such as PET or CSF
- Develop a personalized management and follow-up plan
- Direct the patient to additional support resources

DIAGNOSIS: Alzheimer's disease at the mild dementia stage

According to International Working Group (IWG) recommendations, a diagnosis of AD requires a clinical evaluation and confirmation of AD pathology via biomarkers.[9]

The diagnostic value of AD as the cause of mild dementia provides the clinician an opportunity to initiate patient care.[10]

Biomarker tests for amyloid beta and tau include[9]:

- Positron emission tomography (PET)
- Cerebrospinal fluid (CSF) analysis

FAQ=Functional Activities Questionnaire.
*MMSE is a registered trademark of Psychological Assessment Resources.

Identifying the earliest signs of Alzheimer's disease presents your earliest opportunity to take action.

The mild dementia stage still presents an opportunity to diagnose and manage the disease.[3,6,11]

DETECT

Listen for cognitive complaints, build a history, and look for the core clinical criteria of the mild dementia stage of AD[2,11]

ASSESS

Use appropriate tools to confirm cognitive impairment. Rule out non-AD causes with a full workup including lab tests and an MRI[4,6]

CONFIRM

If AD is the suspected cause of clinically diagnosed mild dementia, consider referring to a specialist to confirm AD pathology via biomarker testing[12,13]

Complete the Alzheimer's disease diagnosis with biomarkers.[2,6]

Start a dialogue with your patient about Alzheimer's disease at the mild dementia stage

Early diagnosis allows for individual management plans, including multi-domain non-pharmaceutical interventions that may temporarily potentially improve cognition.[14,15]

Discussing the diagnosis of Alzheimer's disease in the mild AD dementia stage with your patient or a caregiver may provide many benefits, including the potential to address questions and provide an opportunity for them to make informed decisions and plan for the future.[15]

Detect early. Diagnose early.

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