

**Recognizing and treating Alzheimer's  
disease: The importance of a  
multidisciplinary approach for early  
diagnosis and continuum of care**

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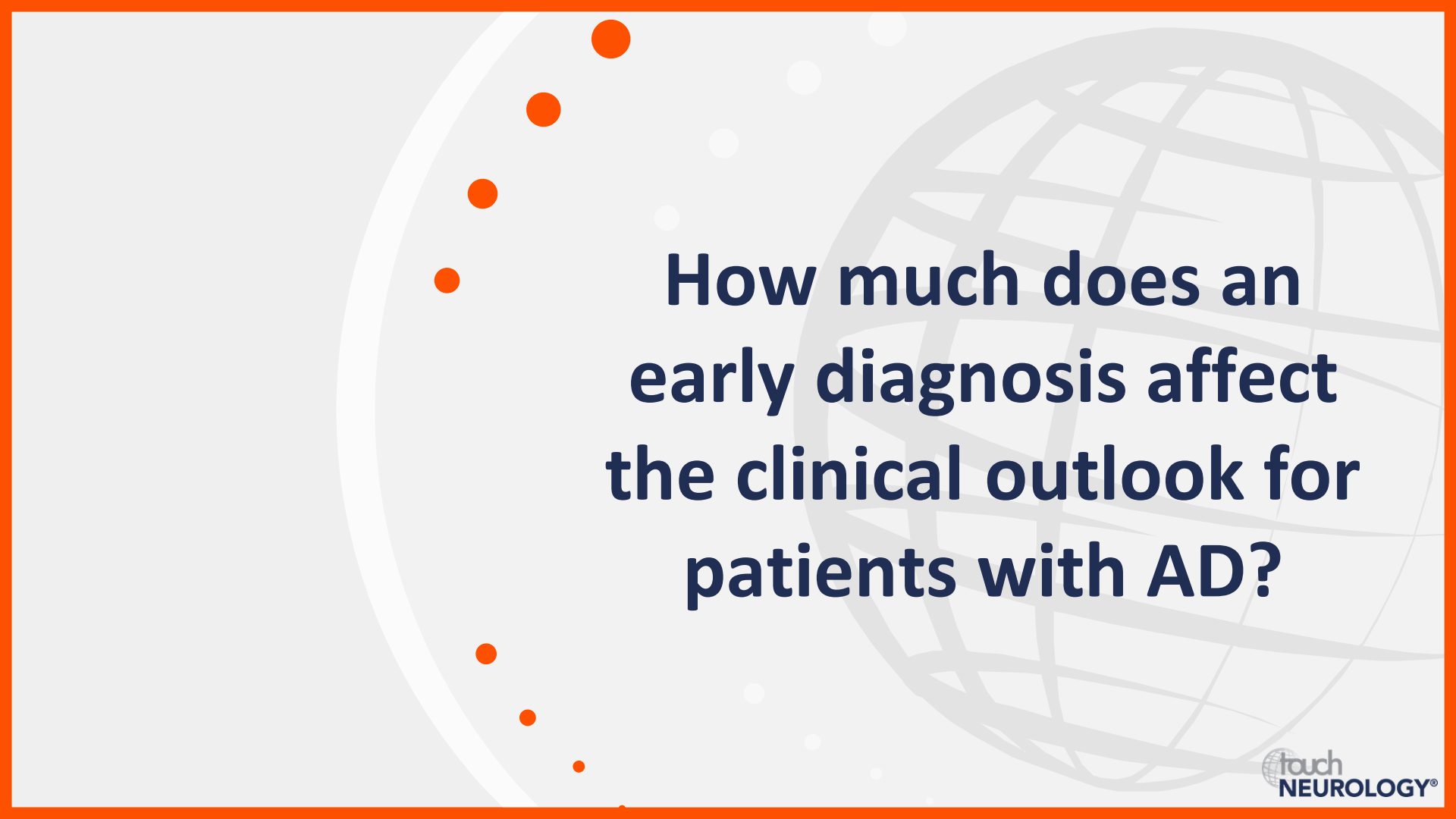
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# Why is an early diagnosis of Alzheimer's disease so important for patient outcomes?

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**How much does an  
early diagnosis affect  
the clinical outlook for  
patients with AD?**

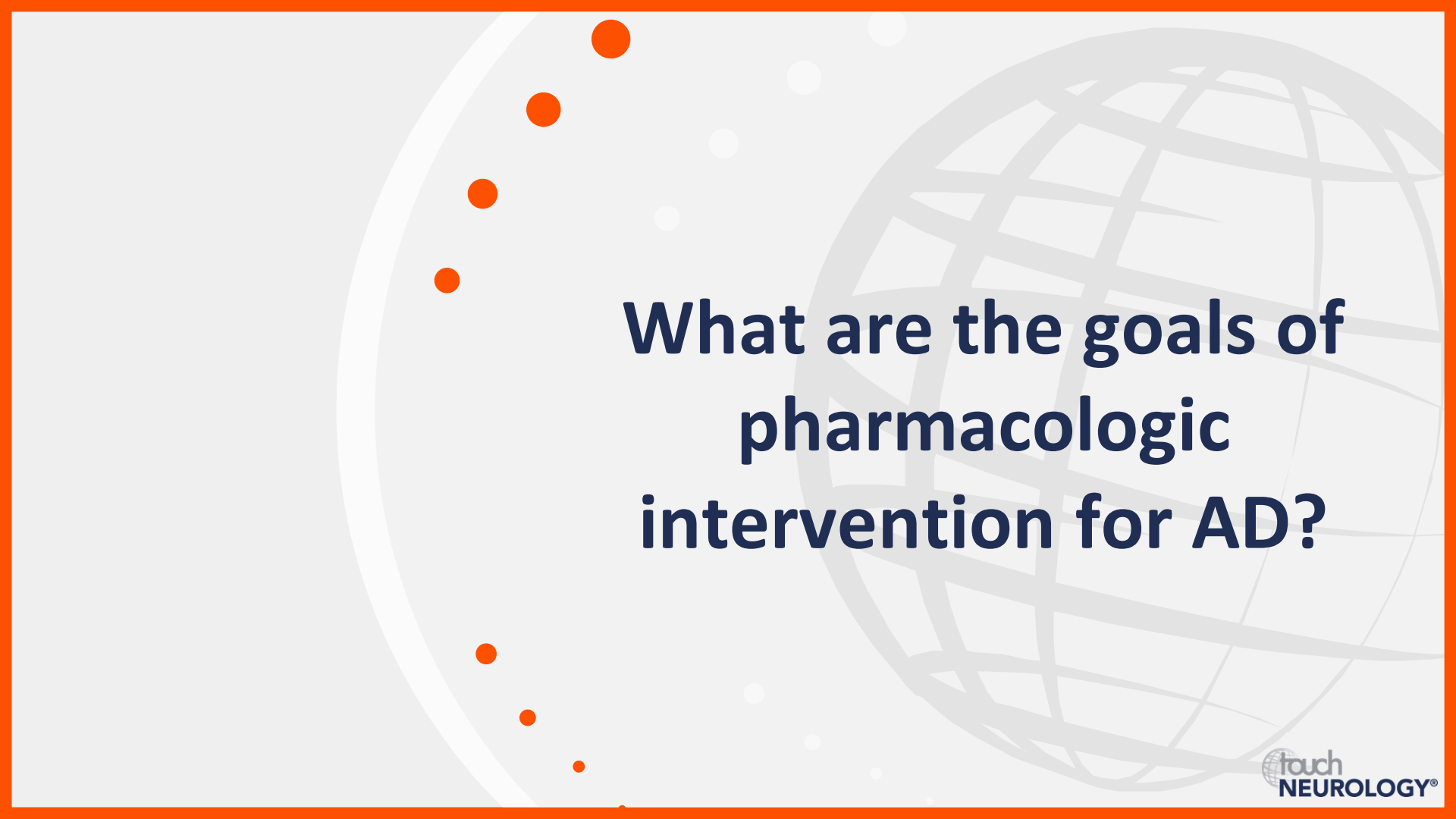
# Benefits of early AD diagnosis



AD; Alzheimer's disease.

1. Rasmussen J, Langerman H. *Degener Neurol Neuromuscul Dis*. 2019;9:123–30;

2. Social Care Institute for Excellence. 2020. Available at: [www.scie.org.uk/dementia/symptoms/diagnosis/early-diagnosis.asp](http://www.scie.org.uk/dementia/symptoms/diagnosis/early-diagnosis.asp) (accessed 1 February 2022).



**What are the goals of  
pharmacologic  
intervention for AD?**

# Goals of pharmacologic treatment in AD

## Disease-modifying agents<sup>1</sup>

Aducanumab  
(FDA accelerated approval) Mild cognitive  
impairment/dementia

Reduce amyloid- $\beta$  plaque  
formation and slow disease  
progression

## Symptomatic agents<sup>1,2</sup>

• Donepezil  
• Galantamine  
• Rivastigmine  
+ Memantine

Mild–moderate  
cognitive impairment

Severe disease

Temporary improvement of:

- Cognitive function
- Global clinical status
- Performance of activities  
of daily living

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# How is AD diagnosed and which assessments are important?



# Diagnosis of Alzheimer's disease

## Clinical diagnosis<sup>1</sup>



**History taking** from the patient or close individual

### Objective assessment

indicating at least two of:

- Impaired acquisition/recall of new information
- Impaired reasoning/handling complex tasks, poor judgement
- Impaired visuospatial abilities
- Impaired language functions
- Changes in personality, behaviour, or comportment

### Identification of dementia

- Cognitive and behavioural symptoms that interfere with work/usual activities, represent declining function, and are not caused by delirium or major psychiatric disorder

### Probable Alzheimer's disease

- Insidious onset
- Worsening history of cognition
- Amnestic or non-amnestic cognitive deficits
- No concomitant cerebrovascular disease, Lewy body dementia, frontotemporal dementia, primary progressive aphasia, neurological disease or drug toxicity

### Imaging



- Flortaucipir PET<sup>2</sup>
- Amyloid PET<sup>3</sup>
- Structural and functional MRI<sup>3</sup>

### Biomarkers<sup>3,4</sup>



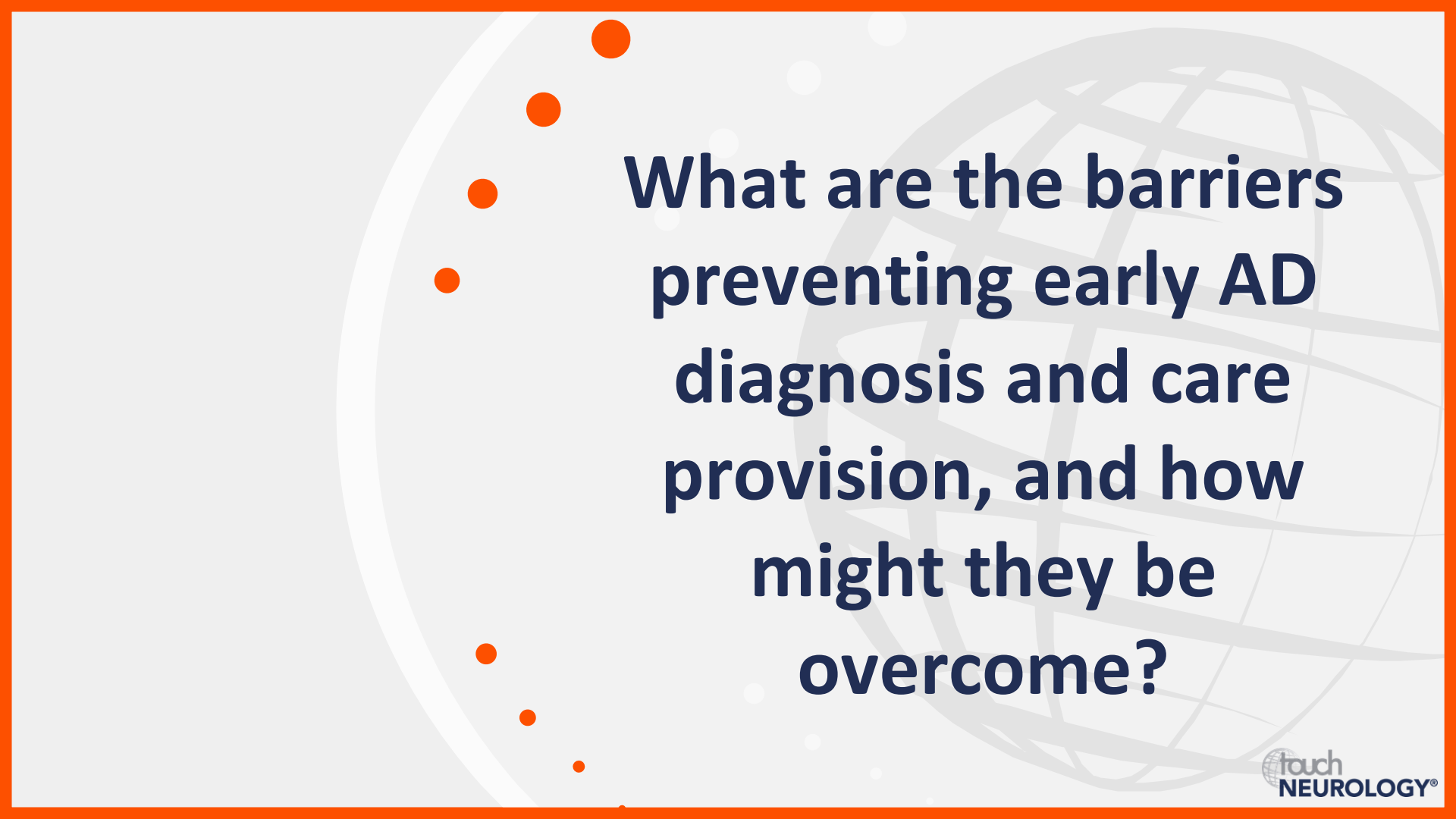
#### Plasma

- P-tau-127
- P-tau-181
- P-tau-231
- Total tau
- NfL
- A $\beta$  42/40

#### CSF

- A $\beta$ 42
- P-tau
- Total tau
- NfL

A $\beta$ , amyloid- $\beta$ ; CSF, cerebrospinal fluid; MRI, magnetic resonance imaging; NfL, neurofilament light chain; PET, positron emission tomography; P-tau, phosphorylated tau.  
1. Cummings JL, et al. *Ann Clin Transl Neurol.* 2015;2:307–23; 2. Tian M, et al. *Eur J Nucl Med Mol Imaging.* 2022;49:895–904;  
3. García-Morales V, et al. *Biomedicines.* 2021;9:1910; 4. Doecke JD, et al. *Neurology.* 2020;94:e1580–91.

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**What are the barriers preventing early AD diagnosis and care provision, and how might they be overcome?**

# Barriers and solutions to the early diagnosis of AD



Complex aetiology<sup>1</sup>  
Complex diagnostic process<sup>1</sup>  
PCP skills and confidence<sup>2</sup>



Improved training for PCPs<sup>2,3</sup>  
Increased funding and access to diagnostic tools<sup>1,4</sup>  
Development of better cognitive and biomarker tests<sup>4</sup>  
Use of specialist multidisciplinary teams<sup>2</sup>



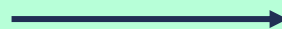
Limited PCP time<sup>4,5</sup>



Additional training for nurses, NPs and PAs<sup>5</sup>



Cognitive decline or  
normal ageing?<sup>1,4,5</sup>



Gather historical information  
from a carer or relative<sup>5</sup>



Patients' reluctance  
to be diagnosed<sup>4,5</sup>

AD, Alzheimer's disease; NP, nurse practitioner; PA, physician assistant; PCP, primary care physician.

1. Swallow J. *Soc Sci Med.* 2017;184:57–64; 2. Aminzadeh F, et al. *Can Geriatr J.* 2012;15:85–94; 3. Small GW. Available at:

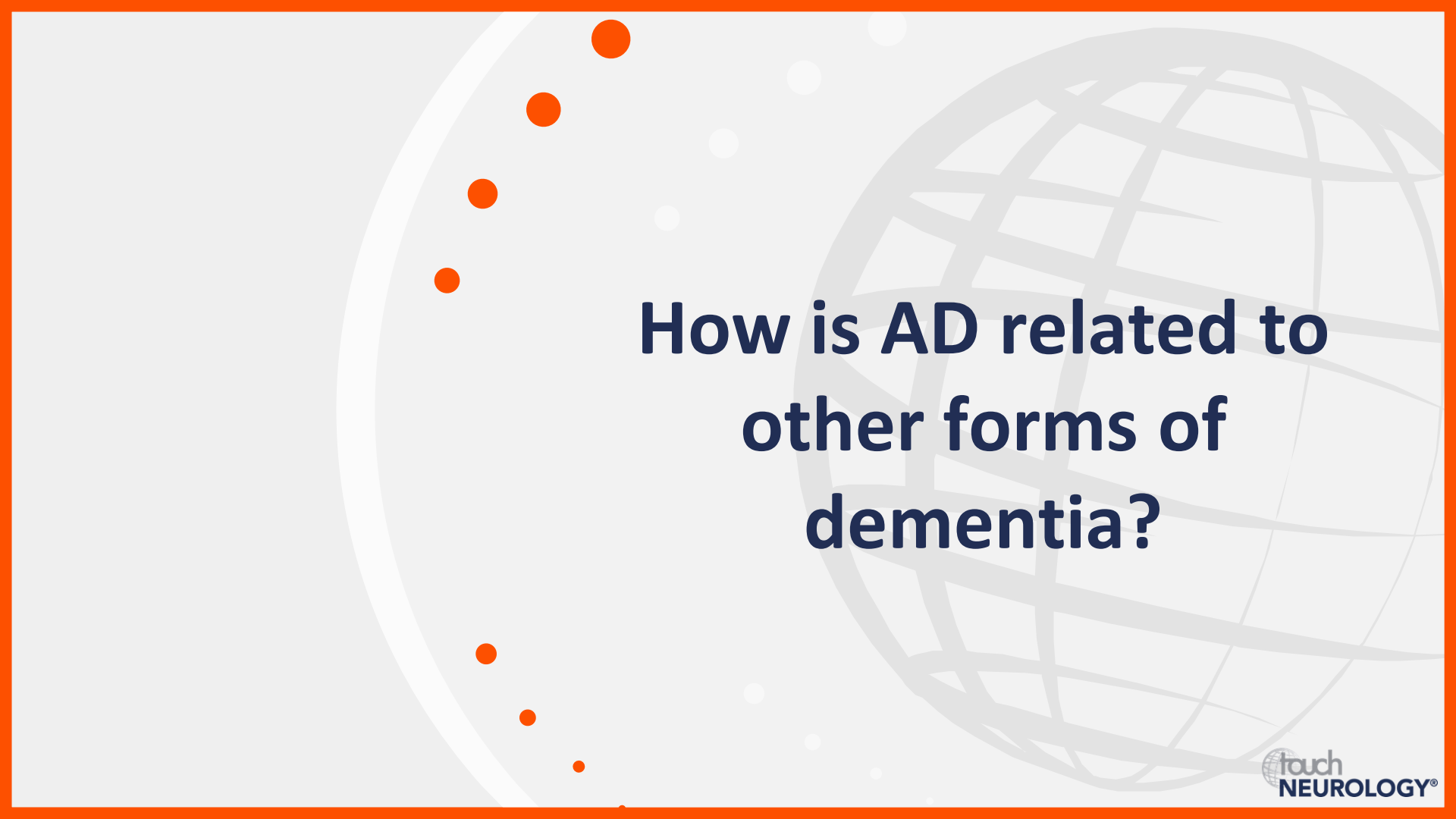
[www.todaysgeriatricmedicine.com/archive/ND17p28.shtml](http://www.todaysgeriatricmedicine.com/archive/ND17p28.shtml) (accessed 1 February 2022); 4. Judge D, et al. *Int J Alzheimers Dis.* 2019;2019:3637954; 5. Porsteinsson AP, et al. *J Prev Alz Dis.* 2021;3:371–86.

# How can the MDT help improve patient outcomes in Alzheimer's disease?

**Dr Jennifer Bute**

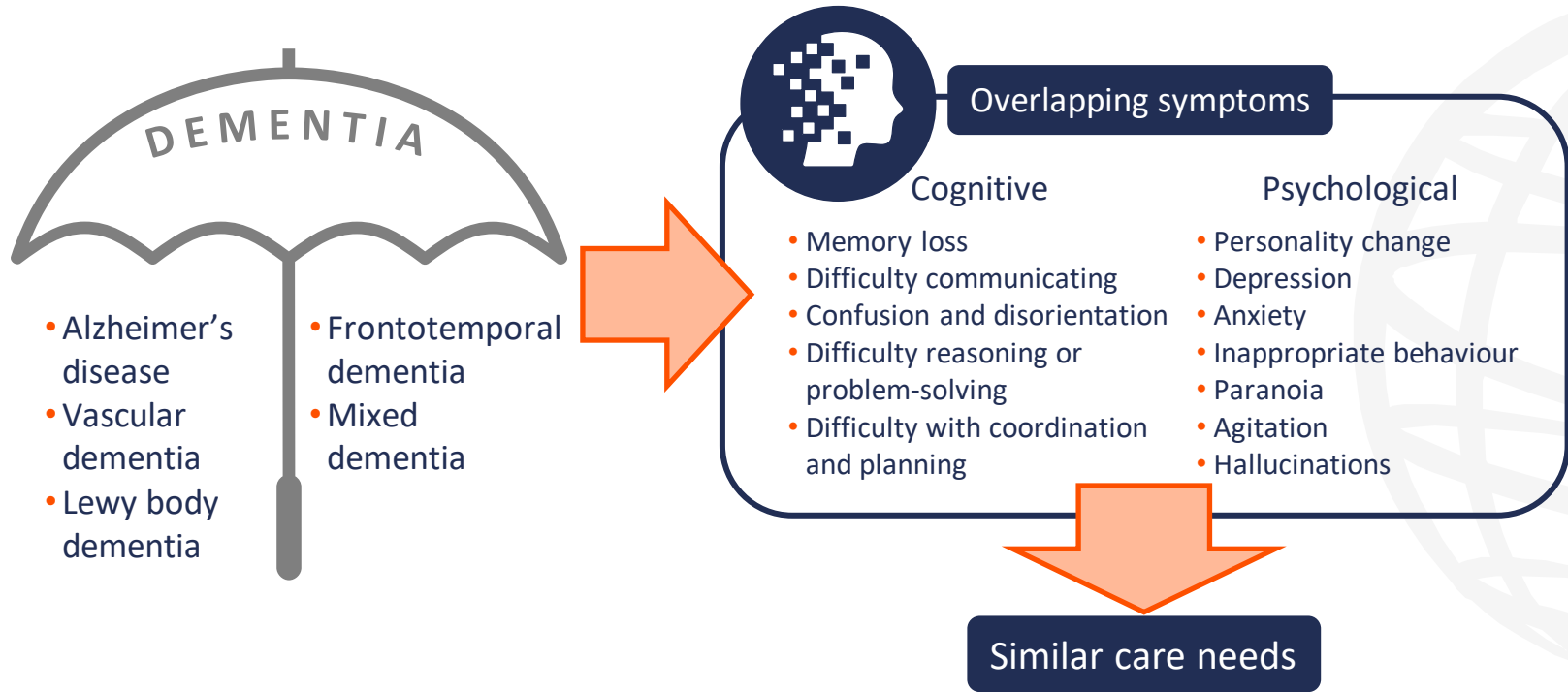
Dementia patient,  
advocate and former GP, UK






# How is AD related to other forms of dementia?

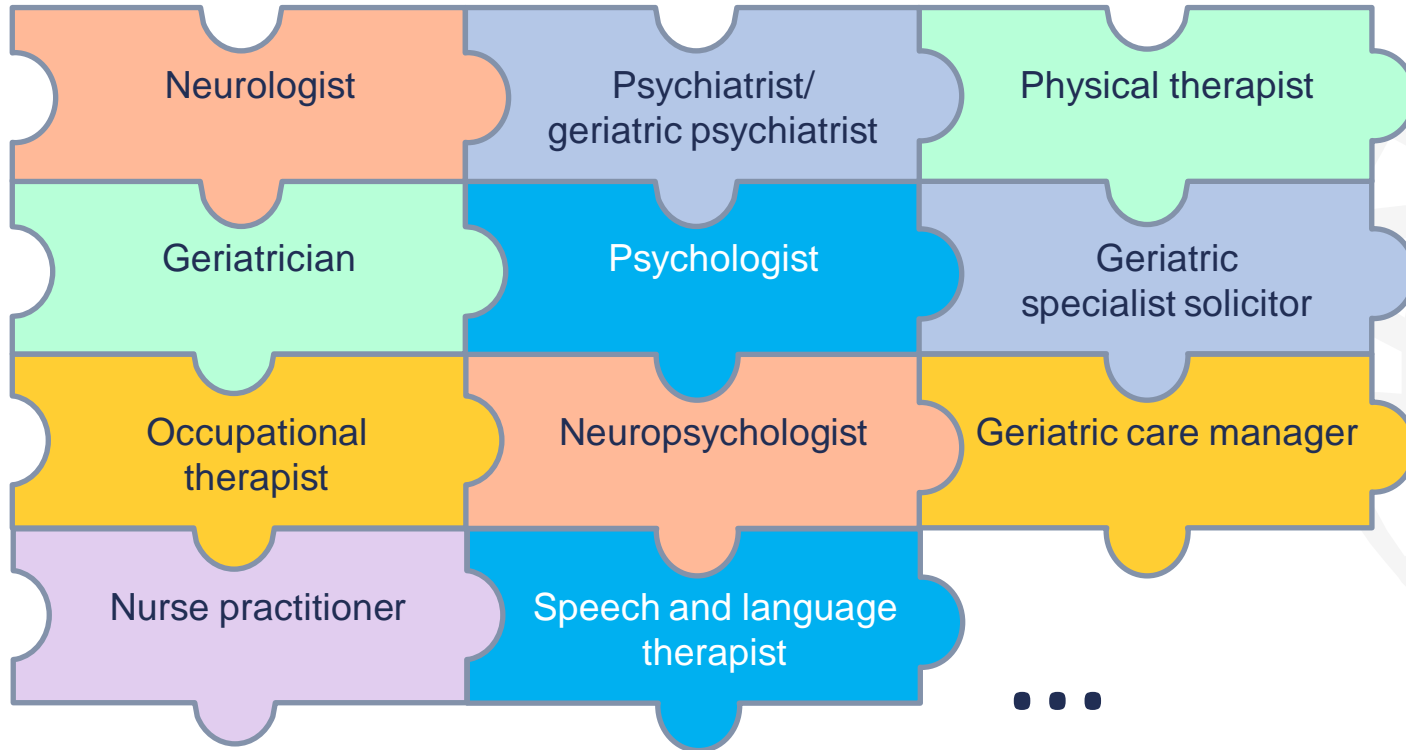
# Types of dementia and symptoms



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**Who are the key members of an MDT for patients with AD, especially during the early stages of diagnosis and treatment?**


# Key members of the multidisciplinary team for AD<sup>1,2</sup>



AD, Alzheimer's disease.

1. Ellison JM. 2021. Available at: [www.brightfocus.org/alzheimers/article/understanding-health-care-team-alzheimers-disease](http://www.brightfocus.org/alzheimers/article/understanding-health-care-team-alzheimers-disease) (accessed 1 February 2022); 2. Galvin JE, et al. *Neurodegener Dis Manag.* 2014;4:455–69.






**How might an early AD  
diagnosis affect a  
patient's treatment  
plan?**

# Impact of early AD diagnosis on treatment and care plans



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**What are the important principles of care for people with dementia and how can these improve disease management?**


# Principles of dementia care provision

## S L E D G E

Social Engagement  
Laughter  
Enjoyment and exercise  
Diet  
CoGnitive stimulation

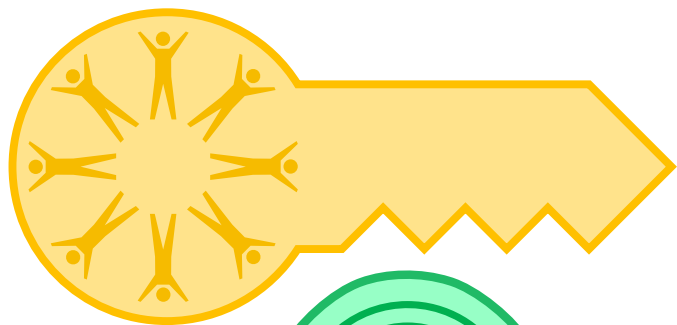
## Principles of care

1. There is always a reason for a behaviour
2. Feelings remain when facts are forgotten
3. Behaviour patterns continue

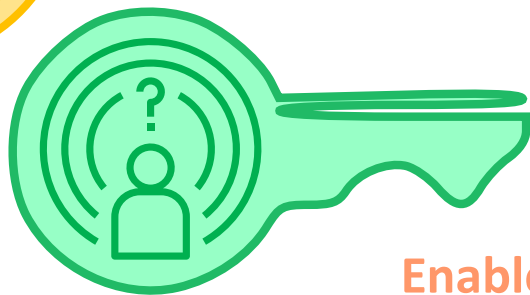
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**What non-  
pharmacological  
aspects of AD care  
should primary care  
physicians consider?**

# Non-pharmacological approaches to AD care



Integrate family, caregivers  
and community support



Encourage carers to  
'find' the person

Enable patients  
e.g. speech and  
language skills

