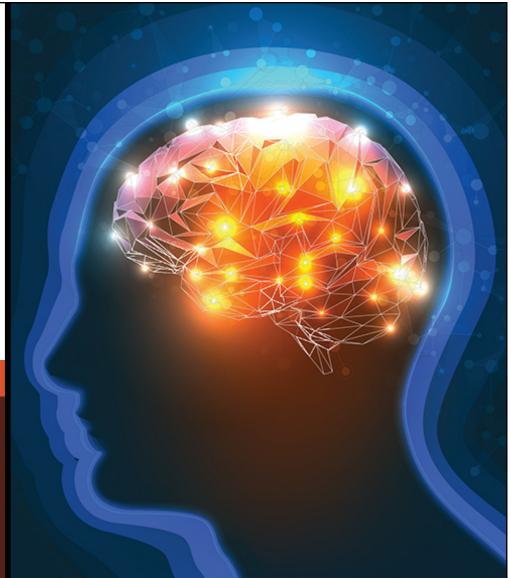
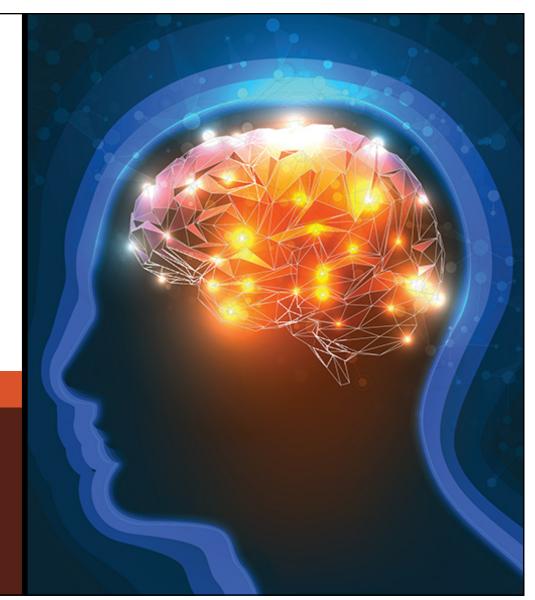


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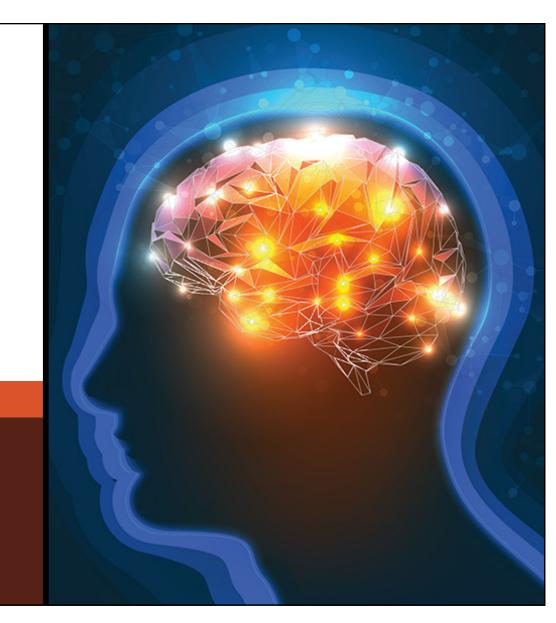
Why Are So Many Clinical Trials in AD Failing?

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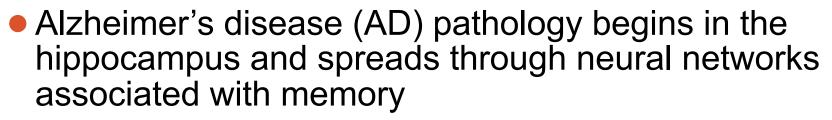


Learning Objective

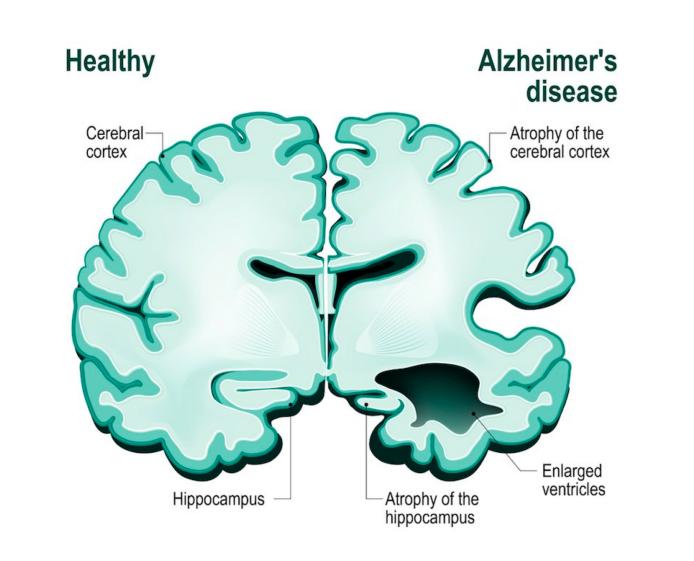
Integrate a thorough family history in assessment of all patients at risk for Alzheimer's disease.



Background



- Over 400 clinical trials were run between 2002 and 2012 with only one drug approval
- The pathophysiological process of AD is thought to begin decades before the diagnosis
- Clinical trial patients with advanced AD or early AD are often not adequately selected with biological markers such as amyloid deposition detectable by positron-emission tomography (PET)



The Role of APOE

- Apolipoprotein E (APOE) is the most well-known risk factor gene
- APOE is involved in cholesterol transport in CSF and in binding and clearance of beta-amyloid (Aβ) in the brain
- APOE ε4 allele confers the greatest risk for developing late-onset familial and sporadic AD
 LOAD = Late-onset Alzheimer's disease

Raskin J, et al. Curr Alzheimer Res. 2015;12(8):712-22.

LOAD: Familial Risk

- There is evidence of early limbic alterations in middle-aged, cognitively asymptomatic individuals with a family history of LOAD
- Offspring of late onset AD patients may already display cognitive deficits

Sanchez SM, Nemeroff CB, et al. J Alzheimers Dis. 2017;60(3):1183-1193.

Why Are Clinical Trials Failing?

- Is the treatment of symptomatic dementia too late?
- Are the therapeutic targets incorrect?
- Are the clinical methodologies imprecise, misleading, or inaccurate?

SMART Goals Specific, Measurable, Attainable, Relevant, Timely

- Recognize that previous clinical trials in Alzheimer's disease may have had wrong targets and patient characteristics leading to failed outcomes
- Family history or genetics may play a role in early recognition
- It remains critical that we screen for Alzheimer's disease early

Call to Action

 Integrate a thorough family history in assessment of all patients at risk for Alzheimer's disease



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