

Diagnosing AD Early with SDM and Culturally Sensitive Care

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Anna D. Burke, MD

Karsten Solheim Chair for Dementia

Director of Alzheimer's and Memory Disorders Division

Director of Neuropsychiatry

Professor of Neurology

Department of Neurology

Barrow Neurological Institute

Phoenix, AZ



Nathaniel Chin, MD

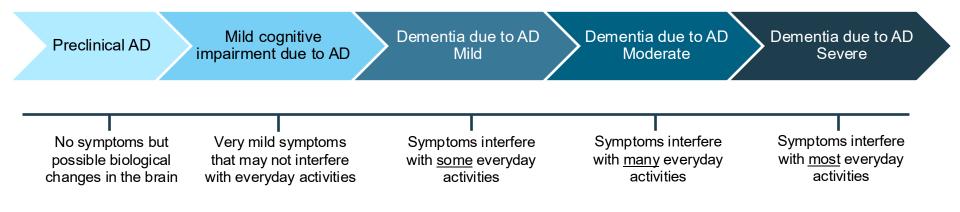
Associate Professor, University of Wisconsin Department of Medicine, Geriatric Division
Medical Director & Clinical Core Co-Leader, Wisconsin Alzheimer's
Disease Research Center (ADRC)
Medical Director,
Wisconsin Registry for Alzheimer's Prevention (WRAP) Study
Associate Director, Geriatric Memory Program, University of Wisconsin
Hospitals and Clinics
Madison, WI

Learning Objectives

- Utilize current and emerging diagnostic tools in diverse populations for detection of Alzheimer's disease (AD) early in the disease course
- Integrate culturally sensitive patient and caregiver education strategies to improve shared decision-making (SDM) on brain health and/or AD management with patients
- 3. Implement multidisciplinary team (MDT) care when managing patients with AD



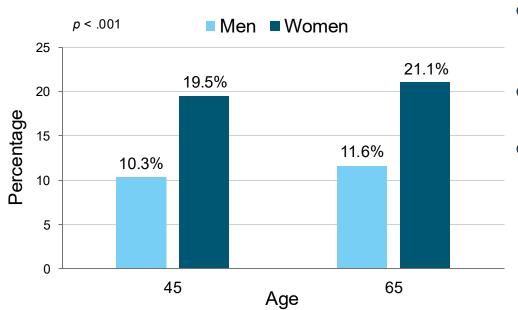
Continuum of Alzheimer's Disease





Impact of AD on Different Communities

Estimated Lifetime Risk for AD, by Sex, at Age 45 and 65 Gender-Specific Risk of Dementia and AD

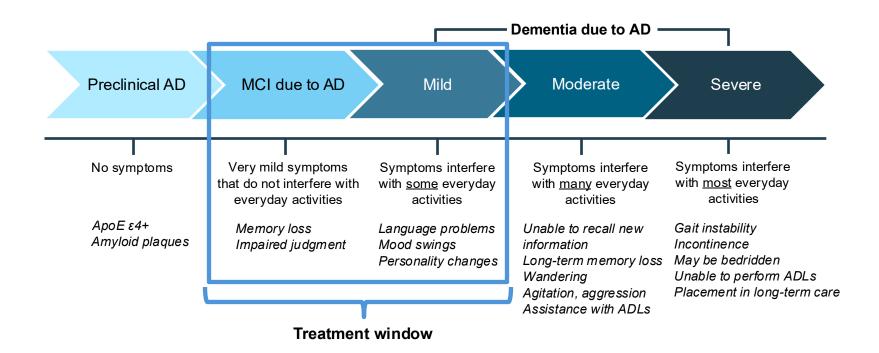


- Incidence of AD is almost 2x higher in older African American individuals
- Risk of AD in Hispanic/Latino individuals is 1.5x greater
- AIAN individuals are at higher risk of AD compared with White or Asian American populations
 - Approximately one third of AIAN elders will develop AD and related dementias





Symptoms and Stages of AD





Cognitive Screening Instruments: Not a Substitute for Complete Diagnostic Workup Evaluation

Screening Tool	Approximate Time to Administer and Details
Mini-Mental State Examination (MMSE)	10 minutes Widely used and reliable tool for detecting dementia
Mini-Cog	3–5 minutes Widely used and reports have been positive
Montreal Cognitive Assessment (MoCA)	10 minutes Relatively simple Brief test that helps health professionals quickly determine if a person has declining cognitive function
Saint Louis University Mental Status (SLUMS) Exam	7 minutes 1-item Alzheimer's screening test that is especially good at identifying people with milder cognitive problems that don't yet rise to the level of dementia
General Practitioner Assessment of Cognition (GPCOG)	4 minutes to administer the patient assessment 2 minutes to interview the caregiver
AD8 Informant Interview (not a test)	3 minutes to complete

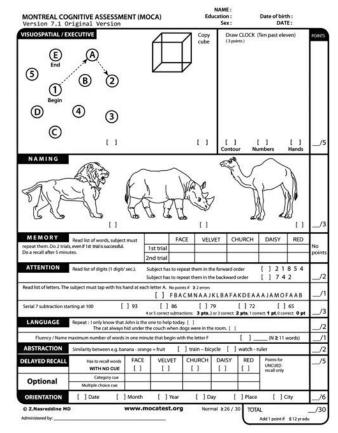
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Cross-Cultural Applicability

- Montreal Cognitive Assessment (MoCA)
 - Widely used to screen for mild cognitive impairment (MCI)
- While there are many available versions, the cross-cultural validity of the assessment has not been explored sufficiently

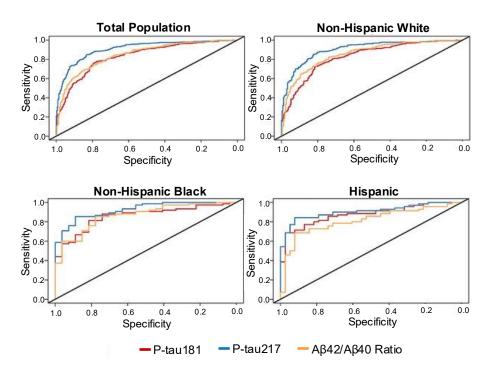
Clinical Discussion

- Highlights the necessity for cross-cultural considerations
- Recognize it as a screening tool and not a diagnostic tool
- Suggest making appropriate cutoffs and point adjustments for education





Bio-Hermes Study: Predictive Power of Biomarkers in Diverse Populations



Results

- Blood-based biomarkers (BBBs) predict brain amyloid positivity in a community-based population in all groups
- Demographic and biomarker differences associated with ethnicity and race may influence screen failure rates

Clinical Discussion

- BBBs are very good for identifying persons with amyloid plaques in the brain with or without symptoms of disease and for persons of all racial and ethnic backgrounds
- May help identify patients who may benefit from treatment
- Room to develop other technologies based on differences

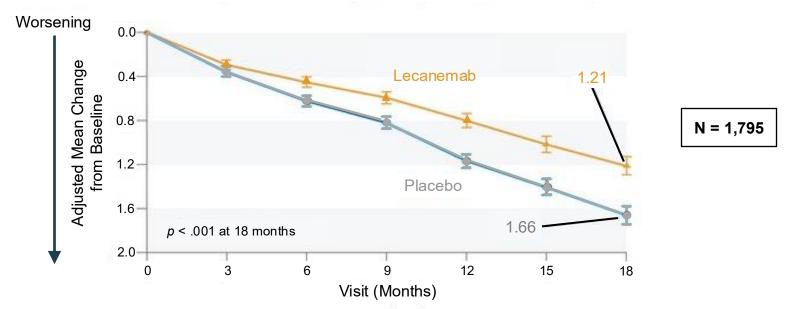
Receiver operating characteristic curve used for prediction of brain positron emission tomography or cerebrospinal fluid amyloid positivity adjusted for age and ApoE ϵ 4 status with imputed values A β = amyloid beta; p-tau = phosphorylated tau Mohs RC, et al. *Alzheimers Dement*. 2024;20(4):2752-2765.



CLARITY AD: Impact of Lecanemab

Change in CDR-SB Score (Range, 0-18)

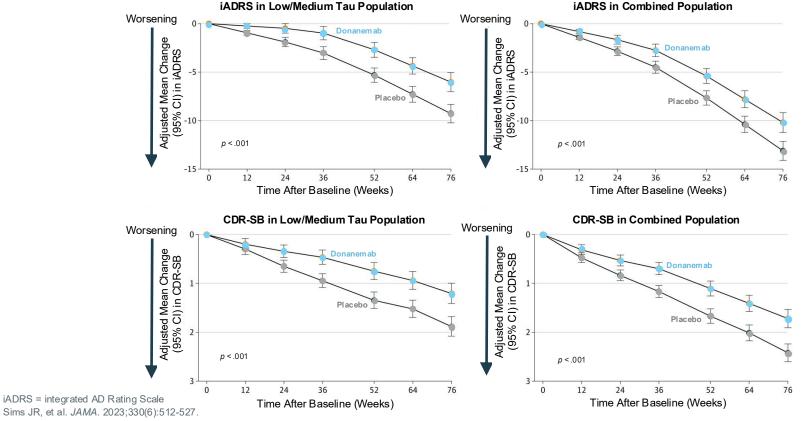
Difference in least-squares mean change, -0.45 (95% CI, -0.67 to -0.23)



Change in score on the Clinical Dementia Rating–Sum of Boxes (CDR-SB) from baseline CI = confidence interval van Dyck CH. *N Engl J Med*. 2023;388(1):9-21.



TRAILBLAZER-ALZ 2: Impact of Donanemab



N = 1.736*

*Participants were randomized in a 1:1 ratio to receive donanemab (n = 860) or placebo (n = 876) intravenously every 4 weeks for 72 weeks



Monitoring for ARIA-H and ARIA-E

ARIA-H

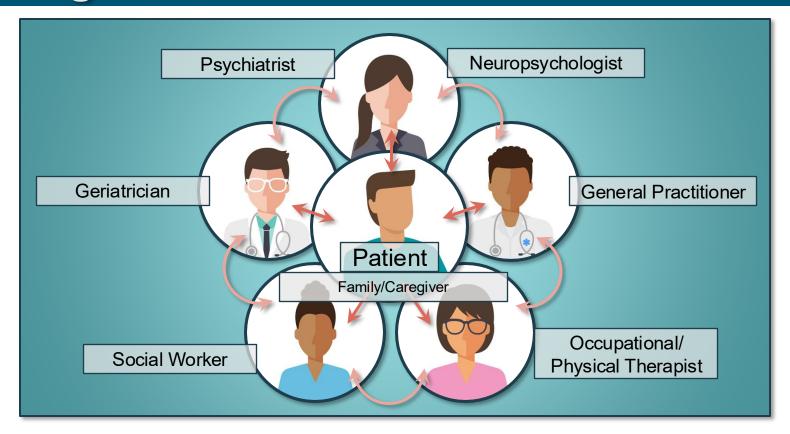
 Characterized by microhemorrhages and superficial siderosis

ARIA-E

- Characterized by edema and effusion
- Dose dependent: higher incidence in those receiving higher doses of anti-Aβ immunotherapies



Team-Based Approach for the Management of Alzheimer's Disease





SMART Goals Specific, Measurable, Attainable, Relevant, Timely

- Utilize simple cognitive screening tools (e.g., MoCA) while keeping in mind time constraints and advantages and limitations in diverse populations
- Talk to your colleagues about identifying and characterizing cognitive and functional symptoms leading to a syndromic diagnosis
- Provide culturally sensitive education for patients and caregivers to improve health literacy, communication, and shared decisionmaking about treatments that are most effective in early stages of illness
- Consistently initiate conversations with patients and their families to destigmatize "thinking change" and normalize "normal aging"
- Collaborate with the multidisciplinary team to provide care for patients with AD and support for their caregivers



Other Activities in This Series Include...



Discussions on Brain Health and Cognitive Concerns



Diagnosis of AD and Treatment with SDM

https://www.cmeoutfitters.com/practice/alzheimers-disease-hub/



Visit the Alzheimer's Disease Education Hub

Free resources and education for health care professionals and patients

https://www.cmeoutfitters.com/practice/alzheimers-disease-hub/

Suggested Reading

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Suggested Reading

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