



# Quick-Reference ATT Landscape

## **Purpose**

Amyloid-targeting therapies (ATTs) are reshaping the care of early Alzheimer's disease (AD). This quick guide equips pharmacists with essential, at-a-glance information on how these therapies work, who they're for, how to monitor them safely, and what operational steps are needed for successful implementation.

*This resource is intended as a quick, at-a-glance reference to support learning during the activity and practical application afterward.*

# Leading the Conversation

## Pharmacy-Supported Strategies for Shared Decision-Making in Amyloid-Targeting Therapy Care

### PURPOSE

Support pharmacists in facilitating and reinforcing clear, balanced, and patient-centered conversations with individuals living with early symptomatic Alzheimer's disease and their caregivers regarding amyloid-targeting therapies (ATTs). This guide focuses on shared decision-making, expectation setting, and alignment across the multidisciplinary care team.

### Who This Guide Is For

- Patients with mild cognitive impairment due to Alzheimer's disease (AD) or mild Alzheimer's dementia
- Caregivers and family members involved in care decisions
- Pharmacists supporting patient education, therapy initiation, monitoring, and ongoing care coordination

### Conversation Goals

- Establish realistic expectations about ATT benefits and limitations
- Explain treatment logistics and monitoring requirements in clear, patient-appropriate terms
- Address safety concerns, including amyloid-related imaging abnormalities (ARIA), in understandable language
- Support informed, values-based decision-making
- Align messaging across pharmacists, prescribers, and other health care providers (HCPs)

# 1

## SET THE FOUNDATION

### PURPOSE

Establish trust, empathy, and a supportive tone before discussing treatment options

#### Conversation framing may include acknowledging that:

- Alzheimer's disease is progressive and can be emotionally challenging
- Patients and caregivers may feel overwhelmed, anxious, or uncertain
- Questions, hesitation, and the need for time to process information are expected and appropriate

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### **Pharmacist tips:**

- Use plain, non-technical language and avoid unnecessary jargon
- Speak directly to the patient whenever possible, even when caregivers are present
- Pause frequently to check understanding and invite questions

## 2

### EXPLAIN WHAT ATTS CAN AND CANNOT DO

#### **PURPOSE**

Help patients and caregivers develop realistic expectations about the potential benefits and limitations of amyloid-targeting therapies

#### **Core messages to convey:**

- ATTs are disease-modifying treatments, not symptom-relief medications
- These therapies are intended to slow disease progression, not reverse existing symptoms or cure Alzheimer's disease
- When started early, benefits may be modest but meaningful for some individuals

#### **Optional language examples:**

- "This treatment may help slow how quickly symptoms change, but it will not restore memory to what it was before."
- "The goal is to preserve day-to-day function for as long as possible."

## 3

### DESCRIBE WHAT TREATMENT INVOLVES

#### **PURPOSE**

Help patients and caregivers understand the practical commitments involved in amyloid-targeting therapy

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### Key elements to review:

- Regular intravenous (IV) infusion appointments
- Ongoing magnetic resonance imaging (MRI) scans to monitor brain safety
- Follow-up visits and symptom check-ins over time
- Coordination among multiple healthcare teams

### *Pharmacist support may include:*

- Reinforcing the importance of keeping scheduled appointments
- Helping patients anticipate time, transportation, and caregiver needs
- Normalizing the complexity of the process and encouraging questions

### EU PRACTICE CONSIDERATIONS: ACCESS AND SYSTEM DIFFERENCES

In some European settings, how and where treatment is delivered may differ from U.S. workflows.

#### Key points to reinforce with patients and caregivers:

- Infusions and MRI monitoring may take place at regional or tertiary centers
- Scheduling may depend on national or regional health system capacity
- Authorization is often guided by hospital formulary decisions or national health technology assessment (HTA) processes, rather than individual payer approval
- Wait times for imaging or infusion appointments may vary by location

#### Pharmacist support in EU settings may include:

- Helping patients understand referral pathways and expected timelines
- Coordinate communication when care occurs across different sites
- Reinforcing that system-related delays do not reflect lack of eligibility or appropriateness

## 4

### DISCUSS SAFETY AND ARIA IN PLAIN LANGUAGE

#### PURPOSE

Help patients and caregivers understand safety considerations while maintaining reassurance and perspective

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### Key safety points:

- The most important safety consideration is a brain imaging finding called ARIA (amyloid-related imaging abnormalities)
- Many ARIA findings cause no symptoms and often resolve with monitoring or temporary treatment pauses
- MRI scans are used to detect changes early, sometimes before a person feels any symptoms

### Common symptoms to review:

- Headache
- Confusion or changes in thinking
- Dizziness
- Vision changes
- Balance problems

### *Pharmacist tips:*

- Encourage prompt reporting of new or unusual symptoms
- Reinforce that monitoring is proactive and protective, not a sign that something has gone wrong

## Discuss Safety and ARIA in Plain Language

### SUPPORTIVE LANGUAGE EXAMPLES

*The following examples illustrate supportive, patient-centered language that may be helpful in emotionally charged or safety-related conversations.*

#### When patients or caregivers feel overwhelmed

- “This is a lot of information, and it’s completely normal to feel overwhelmed.”
- “We don’t need to decide everything today. We can take this one step at a time.”
- “Your questions and concerns are important, and we can keep talking as things come up.”

#### When discussing symptoms that should be reported

- “Most people do not have serious symptoms, but we want to know right away if anything feels off.”
- “Headaches, confusion, vision changes, or balance problems are things we want you to tell us about.”

# Leading the Conversation

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### When urgent evaluation may be needed

- “If there is sudden confusion, a severe headache, trouble speaking, weakness, or a rapid change in behavior, that’s a reason to seek urgent medical care right away, such as contacting the care team or going to the emergency department.”
- “If you’re ever unsure whether a symptom is urgent, it’s better to be cautious and get checked.”

### When a patient or caregiver expresses hesitation

- “Choosing not to start treatment right now is also a valid option.”
- “This decision can be revisited later as circumstances or comfort levels change.”



## ADDRESS COMMON PATIENT AND CAREGIVER QUESTIONS

### PURPOSE

Prepare pharmacists to respond to frequent patient and caregiver concerns with clarity, consistency, and appropriate escalation

### Common question themes may include:

- “Is this treatment likely to be worthwhile for me or my loved one?”
- “What happens if side effects occur, and what should we be watching for?”
- “How long might treatment continue, and how is that reassessed over time?”
- “What if we decide to pause or stop treatment?”
- “How does coverage or access typically work in our setting?”

### *Pharmacist role:*

- Provide clear, evidence-based information aligned with the broader care team
- Clarify which questions are best addressed by the prescribing clinician
- Help patients and caregivers navigate financial, access, or logistical concerns without making coverage guarantees



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### EXPLORE VALUES, PREFERENCES, AND DECISION READINESS

#### PURPOSE

Support shared decision-making by aligning treatment considerations with patient values, goals, and readiness

#### Conversation focus may include:

- What matters most to the patient right now (e.g., independence, daily functioning, minimizing medical visits)
- How the potential benefits and monitoring requirements of therapy fit with personal priorities
- Caregiver capacity and support over time
- Comfort with uncertainty and ongoing reassessment

#### *Pharmacist tips:*

- Use open-ended questions to invite reflection rather than push toward a decision
- Validate that different choices are reasonable for different individuals
- Reinforce that deciding to wait or defer treatment is an acceptable option

# Leading the Conversation

## Pharmacy-Supported Strategies for Shared Decision-Making in Amyloid-Targeting Therapy Care



### ALIGN THE CARE TEAM

#### PURPOSE

Ensure patients and caregivers receive clear, consistent messaging across all members of the care team

#### *Pharmacist support may include:*

- Reinforcing information shared by neurology and other HCPs
- Clarifying discrepancies or confusion when messages differ across settings
- Documenting key counseling points, patient questions, and expressed concerns
- Serving as a communication bridge among pharmacists, prescribers, and other care team members

### Conversation Close-Out Checklist

*This checklist can help confirm shared understanding before concluding the conversation.*

**Before ending the discussion, confirm that the patient and caregiver understand:**

- ☐ What ATT is and why it is being considered
- ☐ Expected benefits and limitations of treatment
- ☐ Treatment logistics and monitoring requirements
- ☐ Key safety symptoms that should be reported promptly
- ☐ Next steps and who to contact with questions or concerns



# Leading the Conversation

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### When to Seek Urgent Medical Care

If any of the following symptoms occur suddenly or worsen quickly, seek urgent medical care right away (such as contacting the care team or going to the emergency department):

- New or sudden confusion
- Severe or unusual headache
- Trouble speaking or understanding speech
- Weakness on one side of the body
- Vision changes
- Major or rapid changes in behavior

*These symptoms are uncommon but important to evaluate promptly.*

### References

1. Mejia AM, Smith GE, Wicklund M, Armstrong MJ. Shared decision making in mild cognitive impairment. *Neurol Clin Pract.* 2019;9(2):160164.
2. Bunn F, Burn AM, Goodman C, et al. Comorbidity and dementia: a scoping review of the literature. *BMC Med.* 2014;12:192.
3. Carlqvist C, Ekstedt M, Lehnborn EC. Exploring the impact of pharmacist-supported medication reviews in dementia care: experiences of general practitioners and nurses. *BMC Geriatr.* 2024;24(1):520.



# KEY TAKEAWAYS

- 1** Effective use of ATTs depends on informed, shared decision-making  
.....
- 2** Pharmacists play an important role in supporting patient and caregiver education  
.....
- 3** Clear, consistent communication strengthens trust, adherence, and care coordination  
.....
- 4** Ongoing dialogue is essential as treatment goals, tolerance, and circumstances evolve