PATIENT ENGAGEMENT IN THE EARLY STAGES OF ALZHEIMER'S DISEASE (AD)

ID AD IDENTIFY ALZHEIMER'S DISEASE
Provided by Biogen

Conversations with patients about neurodegenerative diseases like AD require gradual information and guidance adapted to the recipient's personal characteristics.[1,2]

Empowering healthcare professional (HCP)-patient dialogue

When engaging with patients about their brain health:[3,4]

- An **open dialogue** together with improved **patient-centred support** can potentially help tackle any stigma or fears associated with AD
- It is important to discuss any subjective cognitive complaints with the **patient** and, if possible, an **informant**

Tools such as the Eight-item Interview to Differentiate Ageing and Dementia (AD8), the Quick Dementia Rating System (QDRS) or the Subjective Cognitive Decline (SCD) questionnaire provide a good starting point for an open dialogue and/or to monitor cognitive status over time. These tools are useful to detect and assess:[5–7]

- Signs of memory disorders, word-finding pauses or problems with spatial allocation
- Any changes in coping with everyday activities, by asking the patient what a typical day looks like
- Mood swings or a change in personality

Assessing cognitive function

The key elements of a comprehensive AD evaluation include assessment of cognitive domains, patient functionality and behaviour:[8]

- Validated assessment tools for screening and monitoring cognitive health can help in clinical practice to assess patient concerns around cognitive decline[9]
- Combining data from performance-, informant- and self-reports is an efficient approach to greatly enhance HCPs' ability to capture early cognitive change, and inform further assessment of the main cognitive domains[10–12]

The question of exactly which screening test to use is less important than whether the HCP has a strategy for verifying complaints and other risk situations, examining objective cognitive performance, and responding appropriately to results.[13]

Diagnosing AD

Close collaboration between primary and specialised care is important when confirming a diagnosis in early-stage AD.

The following steps are considered within the diagnostic process for early diagnosis of AD:

- Differentiating early signs and symptoms of AD from normal ageing and from other potentially reversible causes of cognitive decline[14,15]
- Confirmation of clinical criteria for mild cognitive impairment[16,17]
- Biomarker confirmation of underlying AD pathology[17,18]

Disclosing AD diagnosis

Stigma, fears and negative stereotypes associated with AD may result in patients finding it difficult to accept their diagnosis.[19]

Open dialogue with patients is important to help overcome prejudices and fears around AD:

- Adapting AD diagnosis disclosure to the patient's and relative's mood and their level of understanding about AD stages[9]
- Talking to patients about strategies which may help to maintain cognitive functions for longer[9]
- Directing patients and their relatives to useful information suited to their needs may help with planning for the future[9]

Post-diagnosis support

Supporting patients in a holistic way includes disease education and a close collaboration with the patient and their care partner, and also between primary and specialised care. Ensuring patients are well supported may empower open conversations and increase adherence to any medical strategy.[9,20]

Considerations for supporting patients and their relatives after a diagnosis of AD:

- Offering education around the stages of AD[3]
- Discussing associated benefits of early detection, such as earlier access to cognitive stimulation and brain health interventions (visit **www.identifyalz.eu** to learn more)[21]
- Providing multidisciplinary support for the individual's psychological, social, legal or supportive care needs[3]
- Paying attention to the relative's needs as they provide critical psychological support, helping the patient accept the diagnosis and plan for the future[22]
- Scheduling regular follow-ups to monitor patient progression which may inform further interventions like medical management of symptoms[3]

Early detection matters. A combination of lifestyle changes, mentally stimulating activities, the management of AD risk factors and reversible causes of impairment may preserve patients' cognitive health and independence for longer.[21]

To learn more about the benefits of early AD diagnosis,
visit the Identify AD (ID/AD) website: www.identifyalz.eu

References:

1. Monaghan C, Begley A. J Clin Nurs 2004;13(3a):22–9.
2. Detsky AS. JAMA 2011;306(22):2500–1.
3. Galvin JE, et al. Front Neurol 2021;11:592302.
4. Jessen F, et al. Lancet Neurol 2020;19(3):271–8.
5. Galvin JE, et al. Neurology 2005;65:559–64.
6. Galvin JE. Alzheimers Dement (Amst) 2015;1(2):249–59.
7. Rami L, et al. J Alzheimers Dis 2014;41:453–66.
8. Porsteinsson AP, et al. J Prev Alzheimers Dis 2021;8(3):371–86.
9. Hort J, et al. Eur J Neurol 2010;17(10):1236–48.
10. Brodaty H, et al. J Am Geriatr Soc 2002;50(3):530–4.
11. Ehrensperger MM, et al. Alzheimers Res Ther 2014;6(9):69.
12. Jørgensen K, et al. Int J Geriatr Psychiatry 2019;34(11):1724–33.
13. Krolak-Salmon P, et al. J Alzheimers Dis 2019;72(2):363–72.
14. Galvin JE, et al. J Am Board Fam Med 2012;25(3):367–82.
15. Sabbagh MN, et al. Neurol Ther 2017;6(Suppl 1):83–95.
16. Winblad B, et al. J Intern Med 2004;256(3):240–6.
17. Morris JC, et al. J Intern Med 2014;275(3):204–13.
18. Dubois B, et al. Lancet Neurol 2021;20(6):484–96.
19. Riley RJ, et al. Nurs Clin North Am 2014;49(2):213–31.
20. Yates L, et al. Clin Interv Aging 2019;14:1615–30.
21. Dubois B, et al. J Alzheimers Dis 2016;49(3):617–31.
22. World Health Organization (WHO). 2021. https://www.who.int/publications/i/item/9789241515863. Accessed October 2021.

Biogen

Job code: Biogen-128155. Date of preparation: October 2021. This material has been developed by Biogen.