

Transcript Details

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Keys to Early Intervention in Alzheimer's Disease

Announcer:

You're listening to *Alzheimer's Disease: Towards Early Detection* on ReachMD, an editorial series produced and controlled by ReachMD. This episode is sponsored by Lilly. Here's your host, Dr. Charles Turck.

Dr. Turck:

This is *Alzheimer's Disease: Towards Early Detection* on ReachMD. I'm Dr. Charles Turck, and joining me to share strategies that can help reduce diagnostic delays in Alzheimer's disease are Drs. Sharon Sha and Anton Porsteinsson. Dr. Sha is a Clinical Associate Professor of Neurology and Neurological Sciences at Stanford University, where she serves as the Associate Vice-Chair of Clinical Research in the Department of Neurology and Director of the Behavioral Neurology Fellowship Program. Dr. Sha, thanks for being here today.

Dr. Sha:

Happy to be here.

Dr. Turck:

And Dr. Porsteinsson is the William B. and Sheila Konar Professor of Psychiatry and Neurology at the University of Rochester, where he serves as the Director of the AD-CARE program. Dr. Porsteinsson, welcome to the program.

Dr. Porsteinsson:

Thank you.

Dr. Turck:

To start us off, Dr. Porsteinsson, would you give us a brief overview of the pathophysiological changes that can occur years before the symptoms of Alzheimer's disease appear?

Dr. Porsteinsson:

Absolutely. So I think it is important to understand that Alzheimer's disease now is considered to have a long preclinical course. That is actually a course during which you have changes in the brain, but you have no clinical symptoms. There's no impairment in short-term memory; there's no impairment in language or visuospatial function. And this then changes into the prodromal phase, or the mild cognitive phase of Alzheimer's disease, that is usually typified by impairment in short-term memory, and that is then followed by what is called the Clinical Phase of Alzheimer's disease, or the dementia stage. Now, what is important to understand is that the subtle changes in the brain can actually be identified 15-20 years before you have any clinical symptoms. The first changes are quite subtle and are basically measured in cerebrospinal fluid, where you can see dysregulation in the amounts of A-beta 42, the toxic beta amyloid that ultimately forms the plaques in Alzheimer's disease, as well as A-beta 40.

And you can also see changes in certain tau isoforms very early. The most sensitive measure is either cerebrospinal fluid or an amyloid or tau PET scan, but those are quite intrusive. They're also quite expensive, and so we're looking forward to better biomarkers in the future that will allow us to identify people in the very early stages.

Dr. Turck:

With that background in mind, let's turn to you now, Dr. Sha. What are some of the factors that can lead to diagnostic delays in Alzheimer's disease?

Dr. Sha:

Yeah, there are a number of factors that really can delay that diagnosis. I think both patients and families may recognize that there are possibly memory difficulties or other cognitive deficits that are associated with Alzheimer's disease, but yet they don't seek care. And one could be that they think this is part of normal aging. So they're not evaluated, or they don't seek out evaluation. Another aspect is that they might recognize that there's a problem and recognize that this may be related to a neurodegenerative disease, such as Alzheimer's disease, but they know that there isn't a cure or treatment that can change the course of the disease, so they don't feel like it's valuable to seek out care.

On the other aspect of that, it might be difficult to get access to care. So as there are a number of people who are aging, and thus a higher percentage and incidence of Alzheimer's disease developing in the population, it might be difficult to see or get an appointment with specialists who recognize this disorder. And then finally, once seen in the clinic, the clinicians may not have the ability to recognize or do the appropriate test to evaluate someone who has Alzheimer's disease. So there are a number of factors, both on the patient and the access end, as well as the evaluator. So the clinicians need to have an appropriate evaluation that's inclusive of cognitive screening, seeking out for other possible comorbidities and appropriate treatment and care.

Dr. Turck:

Well as a quick follow-up to that, Dr. Sha, what assessments or diagnostic tools can we use to detect Alzheimer's disease early?

Dr. Sha:

Yeah, so the standard of care for someone being evaluated with a cognitive concern is to do a cognitive evaluation, right? We need to do a screening. In my clinical practice, I often use the Montreal Cognitive Assessment, but there are a lot of other tools that can be used in the clinical setting that can take 10 minutes, 15 minutes or less to evaluate someone. This is a screening test, and this might help decide whether or not further evaluation with formal neuropsychological testing would be appropriate. But in addition to that, we may want to think about imaging to look for other abnormalities or rule out other abnormalities, but also imaging, such as an MRI, might help us give us clues if there's an atrophy pattern that may be suggestive of Alzheimer's disease, like hippocampal and parietal atrophy. In addition, if they're in the right clinical setting, we might use other biomarkers to help indicate underlying Alzheimer's disease pathology. That might be cerebrospinal fluid assessment, plasma assessment, PET scans, and other lab tests to rule out potential comorbidities, such as thyroid abnormalities, B-12 deficiency, sleep disorders, and mood disorder as well. So all of these can play into the assessment and have an early diagnosis of Alzheimer's disease.

Dr. Turck:

For those just tuning in, you're listening to *Alzheimer's Disease: Towards Early Detection* on ReachMD. I'm Dr. Charles Turck, and speaking with me today are Drs. Sharon Sha and Anton Porsteinsson about how we can reduce diagnostic delays in Alzheimer's disease.

Now coming back to you, Dr. Porsteinsson, can you tell us what kind of impact early detection might have on our patients with Alzheimer's disease?

Dr. Porsteinsson:

So people that are not very familiar with this but fear Alzheimer's disease often say to me, "Well why would anyone want to know? Why wouldn't you want to just be blissfully unaware?" Because if you're blissfully unaware, this will still hit you, and it will catch you and your family off guard. So early diagnosis and early detection is going to matter more and more because if we look at the next few years in Alzheimer's disease, not only is our diagnostic accuracy going to improve significantly, but we hold the promise that there may be disease-modifying treatments that will be available in a couple of years' time and actually covered by insurance. So what can you do if you find this out early? Well, you can prepare. You can make clear that your choices and your wishes are known to your family and your providers.

How do you want to handle this stage of your life? You can make changes in your lifestyle, in your diet, and in your activity. It's never too late, and it's beneficial until quite late in the disease. You can make the decisions about your living situation, whether you want to possibly move and live closer to family, like your adult children. And most of all, you can seek treatment. There are a number of treatments available by prescription, the cholinesterase inhibitors and memantine. There is the potential for physical activity and diet changes. There's the potential for cognitive engagement and social engagement. And all of these things can make a difference in the course of your disease.

Dr. Turck:

Now we're almost out of time for today, so before we close, Dr. Sha, what would you like our audience to take away from our discussion?

Dr. Sha:

Yeah, I think it's really key to have early diagnosis, not only because there are treatments available and potentially disease-modifying treatments on the horizon, but the planning that can be associated with an early diagnosis and the lifestyle interventions can really impact the quality of life and potentially slow the disease course. So early diagnosis is really important for patients and family alike.

Dr. Turck:

Thanks, Dr. Sha. And turning to you now, Dr. Porsteinsson, what key takeaways would you like to share with our audience?

Dr. Porsteinsson:

The field of Alzheimer's disease is advancing rapidly, and it's been a long time coming, but I expect to see significant changes in what we can do for people, both in terms of the timing of diagnosis, the accuracy of diagnosis, and what we can guide them towards doing that may make a difference in their outcomes. And particularly, I think that some of the disease-modifying treatments that we are seeing on the horizon will be a game-changer in terms of how we consider this disease, and particularly the importance of early diagnosis.

Dr. Turck:

Well with those key takeaways in mind, I want to thank my guests, Drs. Sharon Sha and Anton Porsteinsson, for joining me to discuss the importance of detecting Alzheimer's disease early. Dr. Sha, Dr. Porsteinsson, it was great having you both on the program.

Dr. Sha:

Thank you.

Dr. Porsteinsson:

Thank you.

Dr. Turck:

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Well with those key takeaways in mind, I want to thank my guests, Drs. Sharon Sha and Anton Porsteinsson, for joining me to discuss the importance of detecting Alzheimer's disease early. Dr. Sha, Dr. Porsteinsson, it was great having you both on the program.

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