Assessing Current Practice in Alzheimer’s Disease

By Jacobo E. Mintzer, MD

Alzheimer’s disease (AD) is a debilitating condition currently affecting 4.5 million elderly citizens in the United States alone. It is the most common form of dementia and is associated with significant disability. For many years the prognosis of the disease has remained largely unchanged. Those patients who develop AD face progressive cognitive and functional decline that ultimately shortens their life expectancy and destroys their quality of life. At the same time, the disease has a significant adverse impact on the lives of those family members who serve as caregivers. With the aging of the baby-boomer generation and the expected associated increase in the number of patients with AD, clinicians who treat the elderly will clearly be in need of some new answers. Recent advances in assessment, diagnosis, and treatment offer some hope for relief from this bleak prognosis.

Advances in AD include the establishment of clear diagnostic criteria, the validation of disease-specific assessment instruments, and pharmacologic and behavioral therapies for management of symptoms. A handful of medications that enhance cognition have obtained the approval of the Food and Drug Administration, and more are currently in development. Trials of existing medications have demonstrated benefit in the management of the psychiatric symptoms (eg, psychosis and agitation) typically associated with the disease. But much still remains to be done.

In the first article in this supplement, Michael A. Rogawski, MD, PhD, explains what is known about the pathogenesis and the behavioral and psychological symptoms of AD. He discusses the scientific basis for empirical therapies currently being used to relieve the symptoms of this disease, focusing on drug therapies approved by the FDA, including the newest AD medication to market, memantine.

Also in this supplement, Jacobo E. Mintzer, MD, addresses the barriers that primary care physicians (PCPs) and geriatric psychiatrists confront in trying to diagnose and adequately manage patients with AD. PCPs, who are overwhelmingly responsible for managing AD patients, are often limited by time constraints and lack of expertise in the diagnosis of AD. Geriatric psychiatrists have expertise in AD but are few in number, and this may necessitate the development of new strategies of working with other professionals to deliver care to patients with AD in order to optimize this knowledge.

Mary Sano, PhD, provides an overview of the trends and notable developments in the diagnosis of AD. She provides a comprehensive discussion of the evaluation process clinicians should use to reach a diagnosis of AD. This includes an overview of patient history and neurological examination guided by AD criteria and practice parameters, plus clinically-oriented and research-appropriate instruments for assessment. The use of these instruments enables early detection of AD, offering patients and their caregivers the best chance for sustained functioning. Assessments described include cognitive function tests, clinical global rating scales, and assessment of activities of daily living.

Next, Gary W. Small, MD, explains how newer advanced imaging techniques may improve the overall management of AD by helping clinicians accurately diagnose the disease in its earliest stages, even before symptoms develop. He differentiates between structural and functional imaging and the information they provide to aid in AD diagnosis. In addition, Dr. Small highlights tools in development that may help to identify presymptomatic states that may lead to AD and to identify patients who are likely to progress rapidly. Cognitive stress tests and innovative tests that may enable clinicians to visualize neuritic plaques and neurofibrillary tangles in living patients are discussed. Additionally, new issues that may arise with the use of such technologies are presented.

In the final article of this supplement, Christopher H. van Dyck, MD, describes the clinical trials for FDA-approved agents as well as strategies for dealing with changes in cognitive, functional, and behavioral domains. The clinical efficacy and tolerability of the newest AD agent, memantine, is described in the context of monotherapy, combination therapy, and how to integrate it into clinical practice. Dr. van Dyck also details the current state of information about antioxidant therapy.

The articles in this academic supplement are based on material presented at the 17th Annual Meeting of the American Association for Geriatric Psychiatry, held February 21-24, 2004, in Baltimore, Maryland.