VP168 Assessment Of Plasmapheresis For Alzheimer’s Disease Systematic Review

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INTRODUCTION:
Alzheimer’s disease (AD) is the most common type of dementia. Plasmapheresis is a procedure consisting of removing the plasma, or specific elements which are considered to be involved in pathological processes. Plasmapheresis could reduce the A beta peptides load in the brain. The objective is to study the safety and efficacy of plasmapheresis for AD.

METHODS:
Systematic review, with all studies published before April 2016 reviewed. Selected studies included patients with AD treated with plasmapheresis. GRADE was used to assess quality. Efficacy outcomes include: (i) Cognitive, functional and behavior status, through Mini Mental State Examination, and Alzheimer Disease Assessment Scale-Cognitive test; (ii) Plasma and cerebrospinal fluid A beta levels; (iii) Brain-imaging and functional neuroimaging studies. Safety outcomes included side effects related to the treatment.

RESULTS:
Two papers reporting results from three studies were selected: (i) pilot study (n = 10), (ii) its extended study (12 months more of follow-up) (n = 7), and (iii) clinical trial (n = 39). The quality of evidence was very low. About efficacy, the studies didn’t report quantitative results and were inconclusive. The pilot study and its extended study reported (1): a tendency towards stabilization in cognitive status; the plasma levels of A beta peptides didn’t show a clear pattern; and the brain-imaging assessment suggested a progressive volume increase in the hippocampus. The clinical trial reported in the experimental group vs control (2): a better score for the cognitive status; an increase of plasma A beta peptides; and did not find significant differences between groups for cerebrospinal fluid A beta peptides. The brain-imaging assessment showed a progressive loss of hippocampus volume in both groups. Regarding safety, the studies didn’t report quantitative data. We didn’t find economic evaluation studies.

CONCLUSIONS:
The included studies had very high risk of bias and very low quality. We found no evidence on efficacy and safety of plasmapheresis treating AD. Plasmapheresis isn’t a priority line in research of AD treatment.

REFERENCES:

VP169 Grouping Treat-to-Target Studies In Systematic Reviews

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INTRODUCTION:
A Health Technology Assessment (HTA) systematic review was undertaken in rheumatoid arthritis (RA) of treat-to-target (TTT) studies (n = 16) in which studies were grouped according to: TTT versus usual care, trials comparing different targets, or trials comparing different treatment protocols. To our knowledge, this.