

Online CME-certified Survey Identifies Sources for Clinical Practice Gaps Among Neurologists and PCPs Regarding the Early Recognition of Alzheimer's Disease

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BACKGROUND

Alzheimer's disease (AD) affects more than 6.0 million persons in the United States, 7.9 million in Europe, and at least 50 million people worldwide.¹⁻³ The risk of AD increases with age, and by 2050, the number of affected persons age 65 and older is expected to reach 12.7 million in the United States and over 152 million worldwide.⁴ Early diagnosis is key in AD, but many physicians are not confident in detecting signs of mild cognitive impairment (MCI), and may often confound MCI as part of normal aging instead of interpreting it as an early sign of AD.⁵ The goal of this study was to gain more detailed insight into the gaps in confidence, knowledge, and competence regarding the recognition of early forms of AD among both primary care physicians (PCPs) and neurologists.

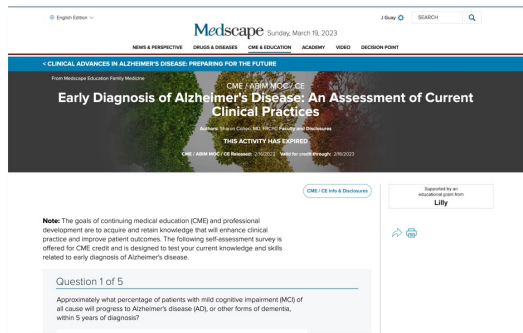


METHODS



Neurologists
(n = 382)

Primary Care
Physicians (PCPs)
(n = 387)



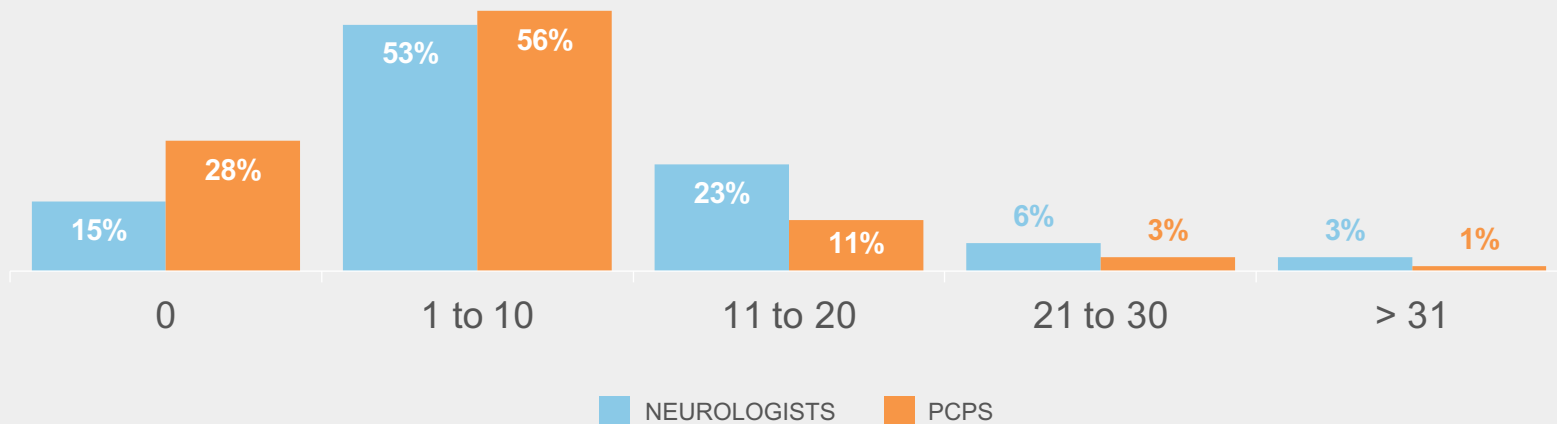
A 25-question multiple-choice survey was administered to determine baseline approaches to clinical practice relating to the recognition of early stages of AD, outcomes from clinical studies, and awareness of Alzheimer's disease practice guidelines:

- The survey questions measured knowledge, skills, attitudes, and competence of neurologists and PCPs
- The survey, housed on Medscape Education, was made available to healthcare providers without monetary compensation or charge⁶
- The survey launched as a continuing medical education (CME)-certified activity February 16, 2022 with data collected through May 2, 2022
- Confidentiality was maintained and responses were de-identified and aggregated prior to analyses

RESULTS

DEMOGRAPHICS

How many patients do you see in your practice in a month with a diagnosis of MCI?



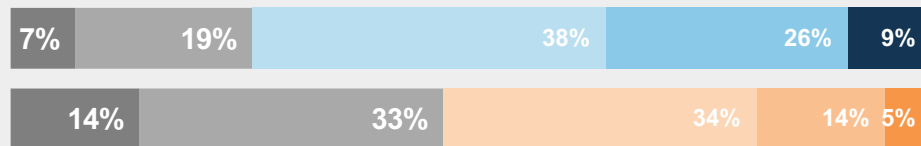
RESULTS

CONFIDENCE

How confident are you right now in your ability to recognize early signs of MCI in your patients? (Select ranking from 1 [Not confident] to 5 [Very confident])

NOT CONFIDENT

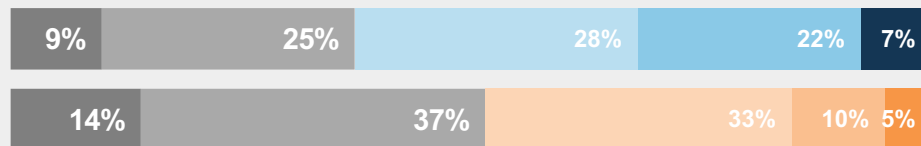
VERY CONFIDENT



How confident are you right now in your ability to differentiate MCI from mild AD? (Select ranking from 1 [Not confident] to 5 [Very confident])

NOT CONFIDENT

VERY CONFIDENT

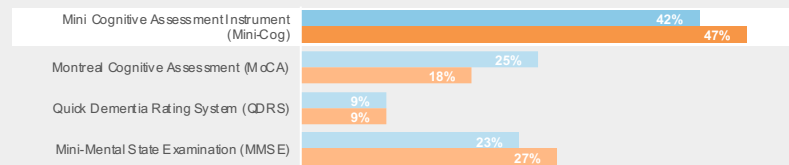


■ NEUROLOGISTS ■ PCPS

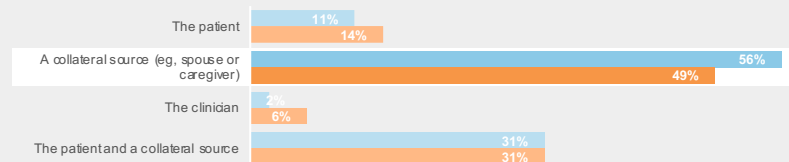
RESULTS

COGNITIVE SCREENING TOOLS IN AD

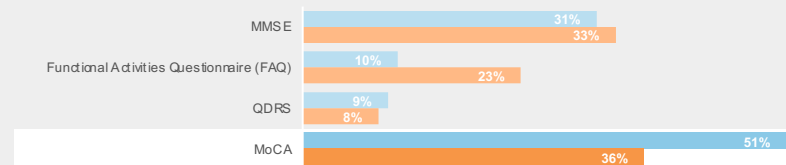
Which of the following cognitive assessment tools involves 2 components consisting of a 3-item recall test and a clock drawing test?



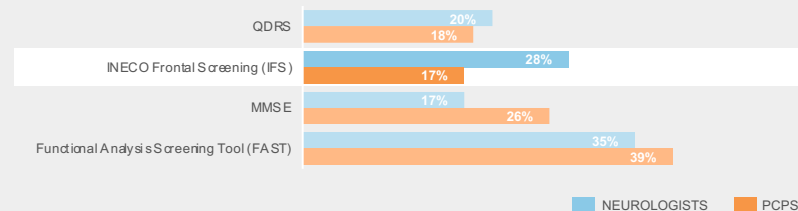
The Alzheimer's Informant Questionnaire is an assessment tool designed to quickly screen for cognitive impairment due to AD. To whom are the questions in this questionnaire addressed?



Which of the cognitive tests below contains 12 items that can assess memory, visuospatial, executive, and language function in patients with early AD?



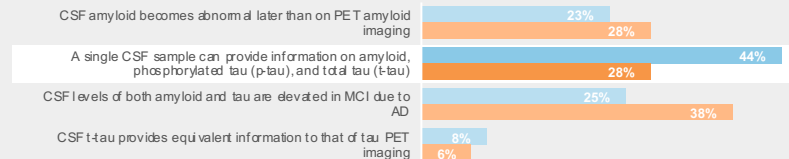
Which of the following assessments, designed to evaluate executive function, has been shown to be able to differentiate between MCI, AD, and normal aging?



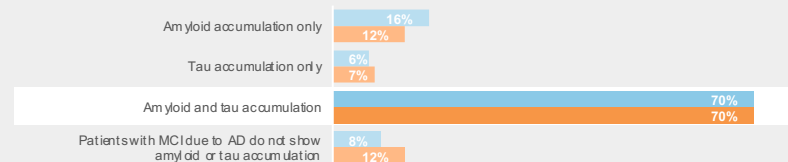
RESULTS

DIAGNOSTIC BIOMARKERS IN AD

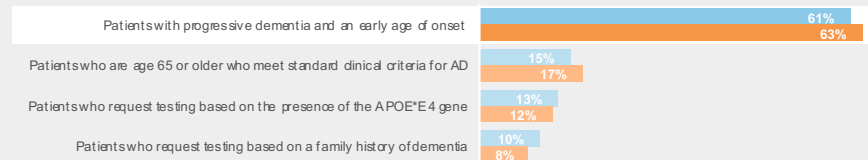
How do measures of amyloid and tau differ when detected by cerebrospinal fluid (CSF) and positron emission tomography (PET) in the investigation of individuals suspected of having MCI due to AD or AD dementia?



Which of the following represents the biomarker characteristics shown by patients with MCI due to AD?



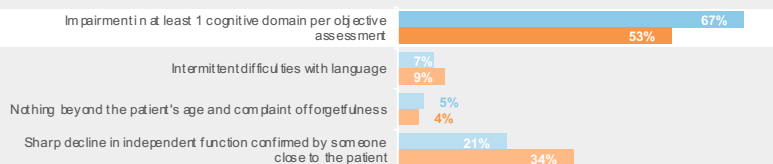
Which of the following patient types best represents an appropriate candidate for brain amyloid imaging?



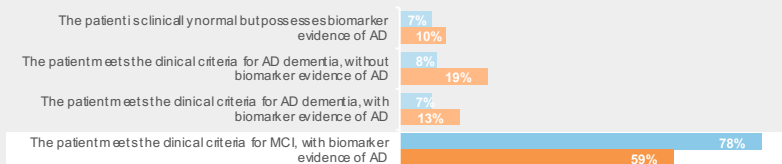
RESULTS

RECOGNITION OF EARLY AD

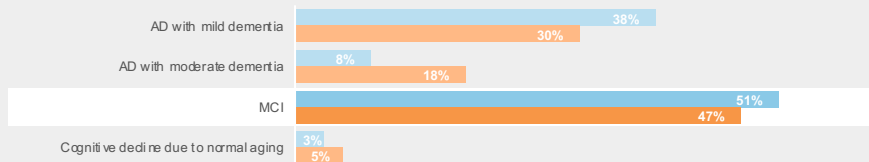
In addition to an elderly patient's complaint of recent forgetfulness, what is necessary to establish a diagnosis of MCI due to AD?



Which of the following best describes the current criteria of MCI due to AD, as defined by the National Institute on Aging (NIA) and the Alzheimer's Association?



John is a White male who is 63 years old. He is visiting the memory clinic because he is experiencing difficulties with short-term memory. On a daily basis, John searches for the right words while speaking, forgets recent conversations, and has difficulty completing familiar tasks. However, John is able to remain relatively independent in carrying out his daily activities. His MoCA score is 22 out of 30. Based on this information, how would you classify John's cognitive impairment?

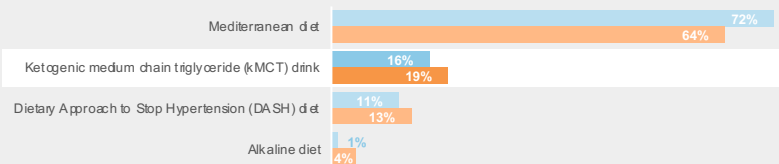


NEUROLOGISTS PCPS

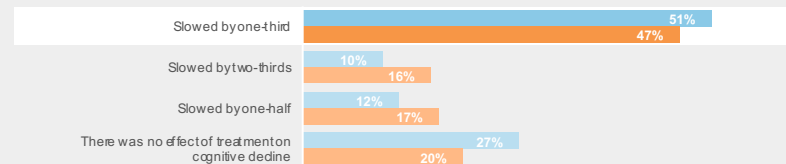
RESULTS

CLINICAL TRIAL OUTCOMES

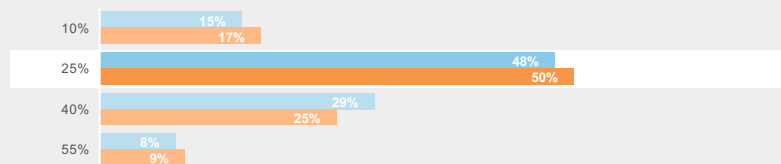
In a 6-month, placebo-controlled parallel group study that included 83 subjects with MCI, which of the following dietary interventions had a significant impact on episodic memory, language, executive function, and processing speed?



In a phase 2 clinical trial with donanemab, a humanized immunoglobulin G1 monoclonal antibody, what impact did donanemab treatment have on cognitive decline at week 76 of treatment?



According to recent study findings, by what percentage might 2 or 3 lifestyle interventions in midlife, such as diet and exercise, reduce the risk of developing AD?



CONCLUSIONS

- **This educational research provided insights into the extent of neurologists' and PCPs' knowledge and competence as it relates to the assessment of early forms of AD as well as knowledge of recent clinical trial data**
- **Low levels of confidence were reported by both clinician groups regarding the recognition of early forms of AD**
- **Both neurologists' and PCPs' demonstrated low knowledge regarding the features of cognitive screening tools**
- **There was moderate awareness of biomarkers associated with AD among both clinician groups**
- **A substantial proportion of both neurologists' and PCPs' were unable to differentiate between MCI and mild AD**
- **There was limited evidence of awareness among either clinician group regarding clinical trial outcomes in AD**
- **Future education should continue to take a comprehensive approach to the recognition of AD, including different assessment tools can be used to arrive at a timely and accurate diagnosis of early form of AD. In particular, both clinician groups may benefit educational content focused on differentiating MCI from mild AD. Additionally, clinicians need to be kept current on new data in AD as many lack awareness of the most recent findings.**

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