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Early detection. Better care.

New Disease Modifying Drugs for Alzheimer's Disease: Will We Worsen Disparities in Care?

Presenter: Charles Windon MD

Moderator: Anna Chodos, MD, MPH

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Introduction

Chales Windon, MD
Assistant Professor of Clinical Neurology
UCSF Memory and Aging Center

Anna Chodos, MD, MPH
Associate Professor, UCSF Department of Medicine
Executive Director, Dementia Care Aware

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Housekeeping

We will leave 10-15 minutes at the end of this session for Q&A. Throughout the webinar, you can put your questions into the Q&A/chat functions and some may be answered in real time.

We will share instructions for claiming Continuing Education (CE) credit at the end of this webinar and via email within 48 hours.

You will receive the recording of this webinar via email within 48 hours

You can also access the webinar slides and recording from the Dementia Care Aware website and YouTube channel.

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Dementia Care Aware Program Offerings

Warmline:

1-800-933-1789

A provider support and consultation service that connects primary care teams with Dementia Care Aware experts

Trainings:

- Online Training, e.g., Cognitive Health Assessment training
- Monthly Webinars
- Podcasts

Interactive Case Conferences:

- UCLA and UCI ECHO conferences - *Sign up now!*

Practice change support:

- UCLA Alzheimer's and Dementia Care Program
- Alzheimer's Association Health Systems

Our Training

Welcome!

Welcome to the Dementia Care Aware (DCA) learning management system. This site provides access to the training modules for the DCA program. When you registered, you were automatically enrolled in the "*The Cognitive Health Assessment: The Basics*" course. Select Start in the "The Cognitive Health Assessment: The Basics" block below to begin.

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Screening for Dementia: The Cognitive Health Assessment (CHA)

Goal: Screen Patients Over Age 65 Annually (Who Don't Have a Pre-existing Diagnosis of Dementia)

Part 1

Take a Brief Patient History

Part 2

Use Screening Tools

Part 3

Document Care Partner Information

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Learning Objectives

- Learn about new disease modifying therapies that are available for the treatment of Alzheimer's disease
- Briefly review key disparities in the dementia care landscape and how they are relevant to these new therapies
- Discuss three strategies for addressing disparities

Disclosures

Dr. Windon:

- I have received grant funding from the Alzheimer's Association and the National Institutes of Health
- I have received an honorarium and a consulting fee from the American Academy of Neurology and LCN, respectively

Dr. Chodos: None

Novel Therapies for Alzheimer's Disease

U.S.News 90TH HEALTH » Hospitals Doctors Senior Livin

Home / Conditions / New Treatments for Alzheime...

New Treatments for A

These are the promising new therapies and research findin

By Elaine K. Howley and Annika Urban | Medically reviewed by

Save

REUTERS® World Business

Future of Health

Lilly drug slows A bolstering treatr

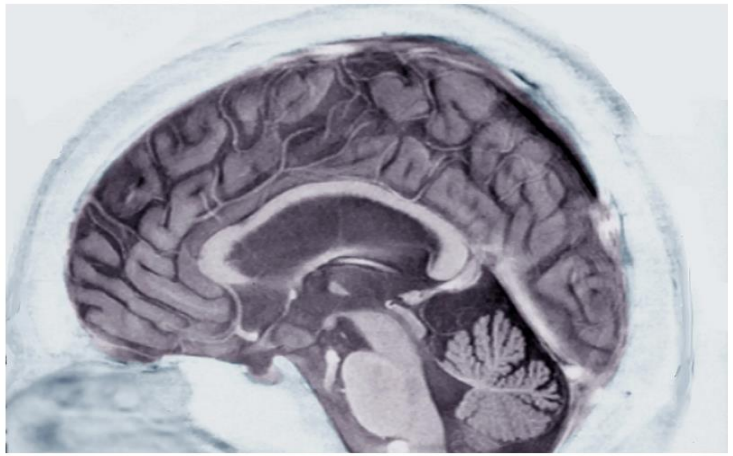
By **Julie Steenhuysen** and **Deena Beasley**

May 7, 2023 11:39 PM PDT · Updated 6 months a

Alzheimer's Drug May Benefit Some Patients, New Data Shows

The drug, lecanemab, made by Eisai and Biogen, also carried risks of brain swelling and bleeding and should be studied further, a report of the findings said.

Share full article



A brain scan of an Alzheimer's patient. Zephyr/Science Source

By Pam Belluck

Nov. 29, 2022

u | Weekly edition | The world in brief | Search

Science and technology | Then there were three

A new treatment for Alzheimer's offers hope—but raises questions, too

Two new drugs have now been proved effective against the disease

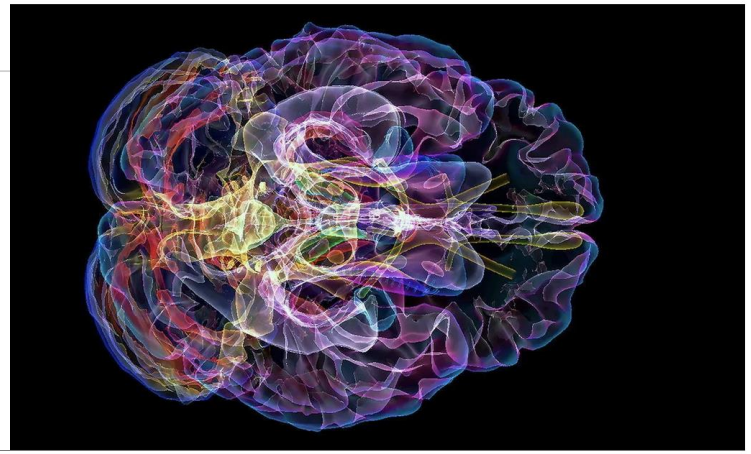


IMAGE: SCIENCE PHOTO LIBRARY

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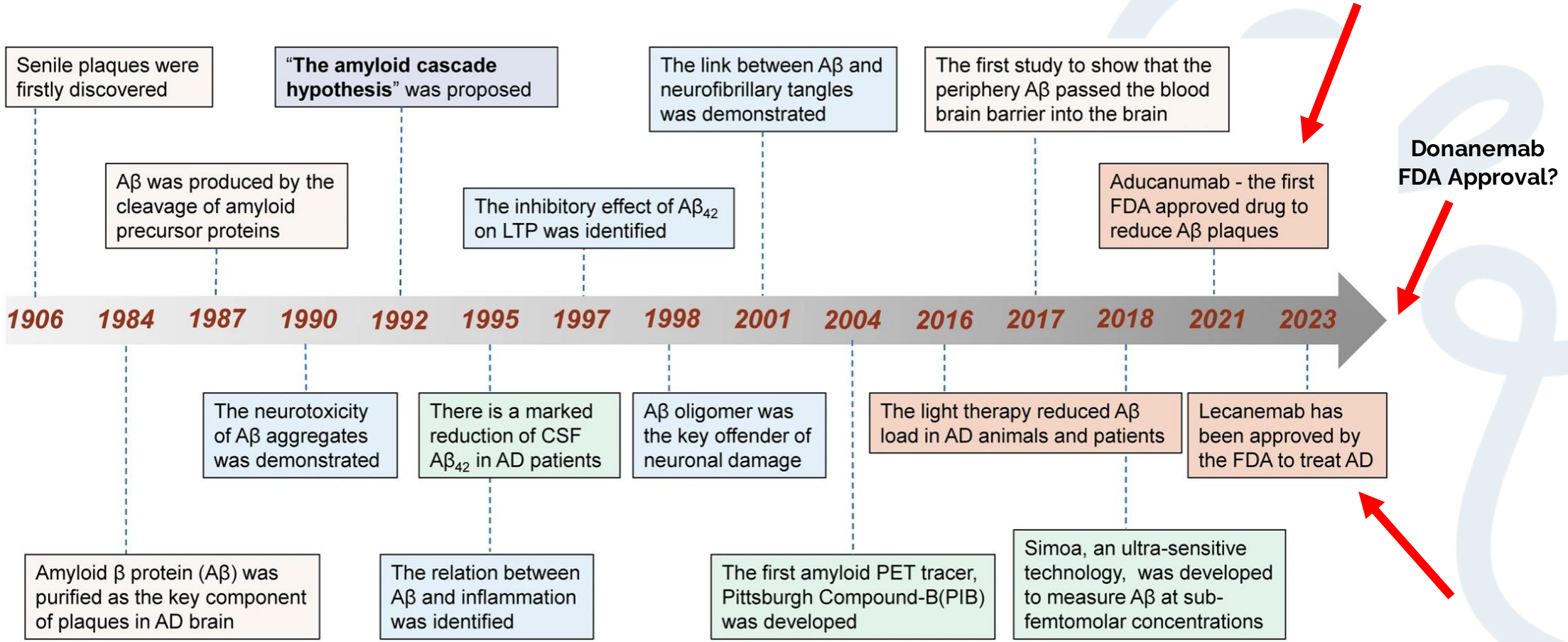
Timeline of Novel Therapies



Zhang, Nature, 2023

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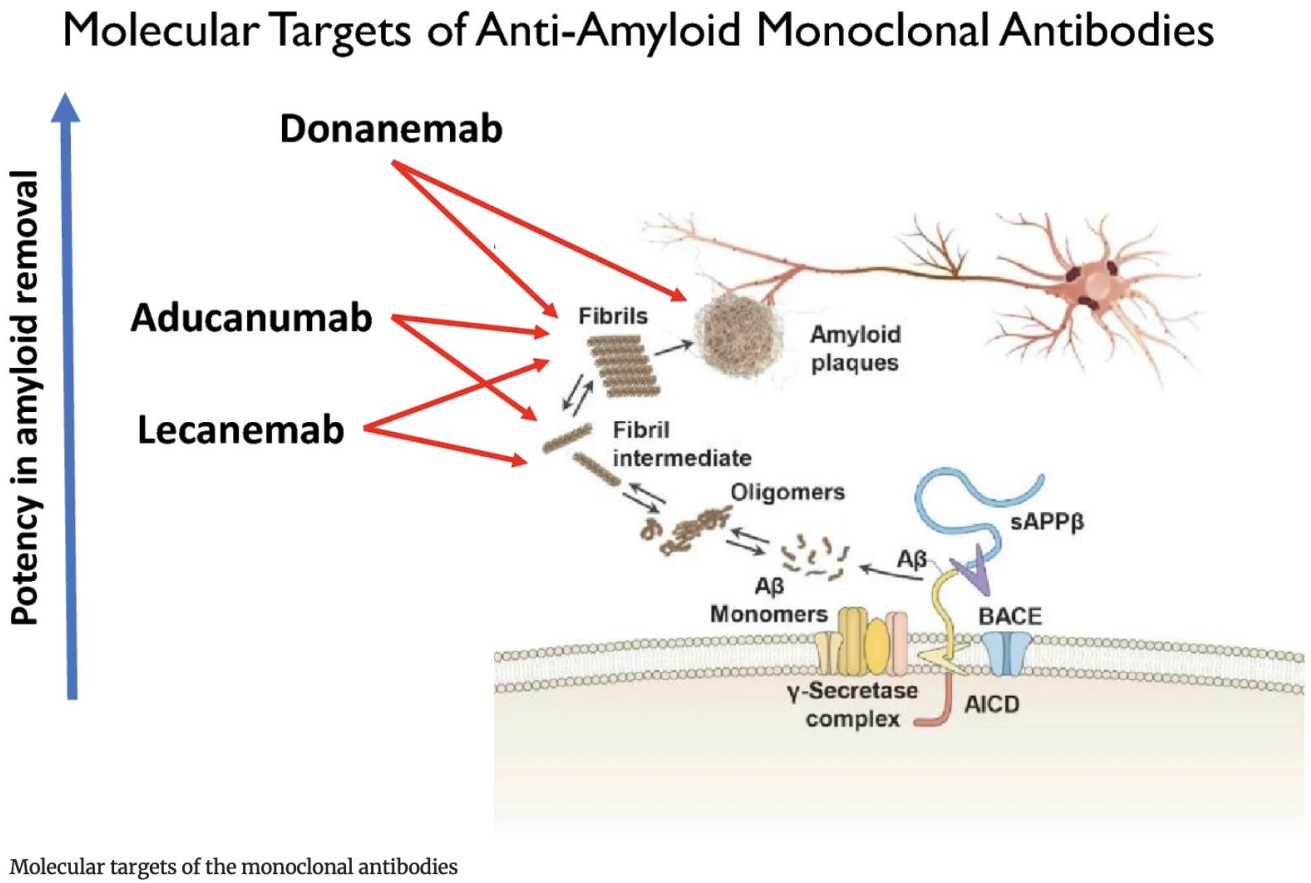
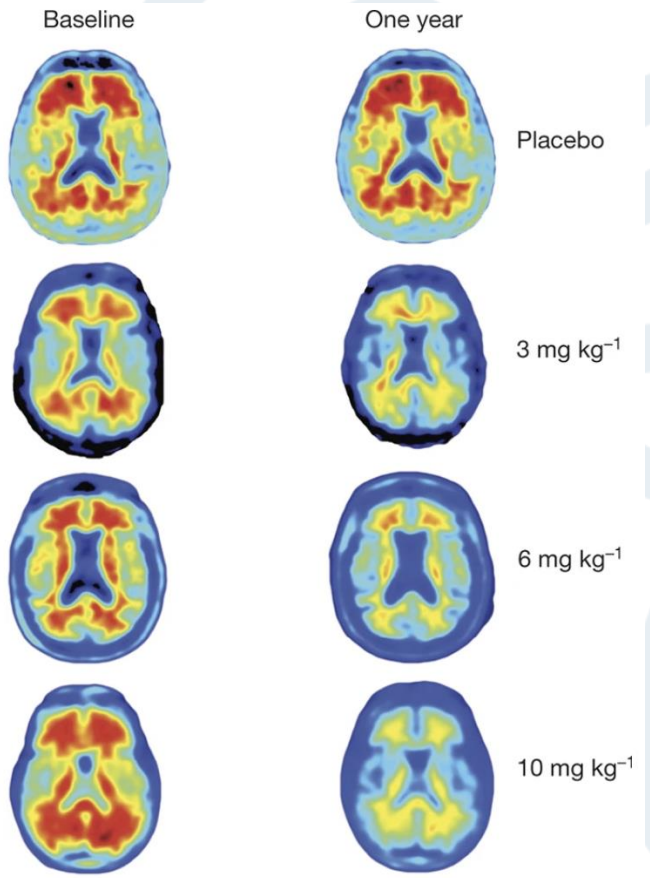
How do Novel Therapies Work?



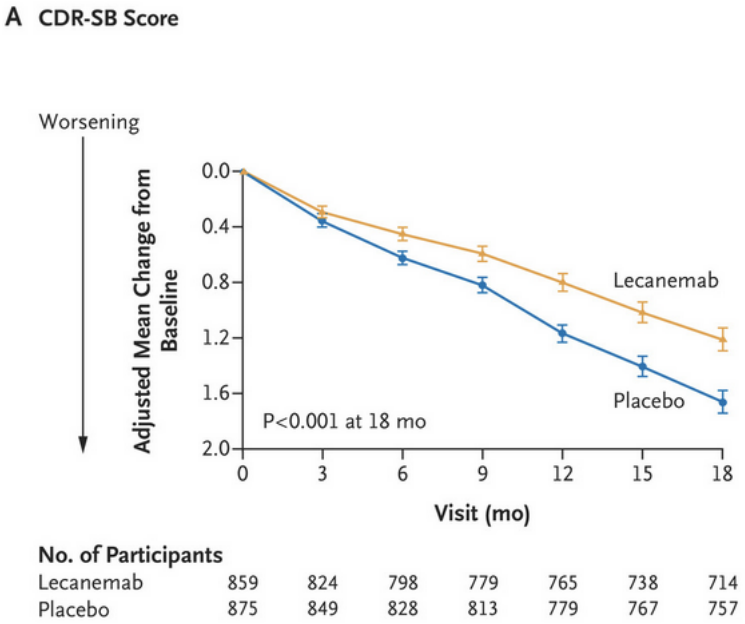
Molecular targets of the monoclonal antibodies

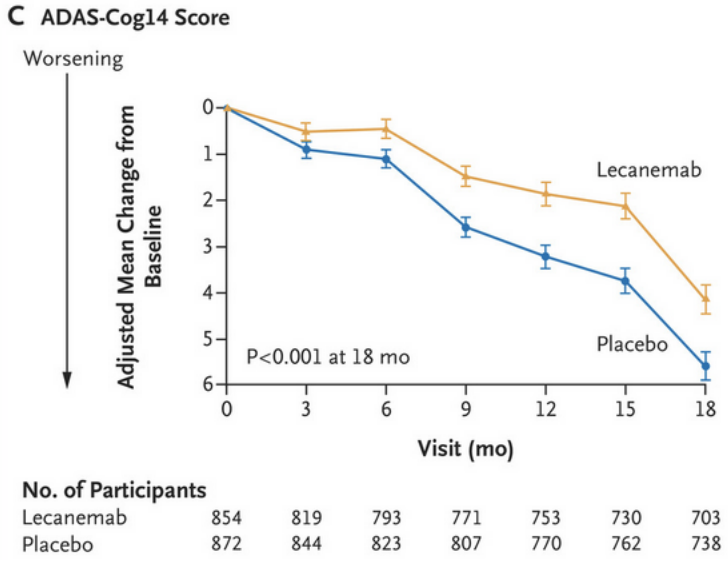
Leisher, CNS Drugs, 2023

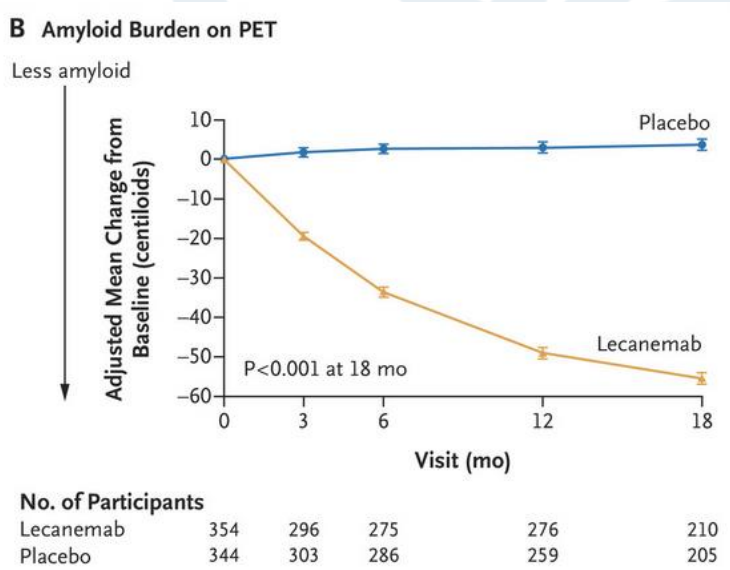


Sevigny, Nature, 2016

How Effective are Novel Therapies?







Van Dyck, Nature, 2023

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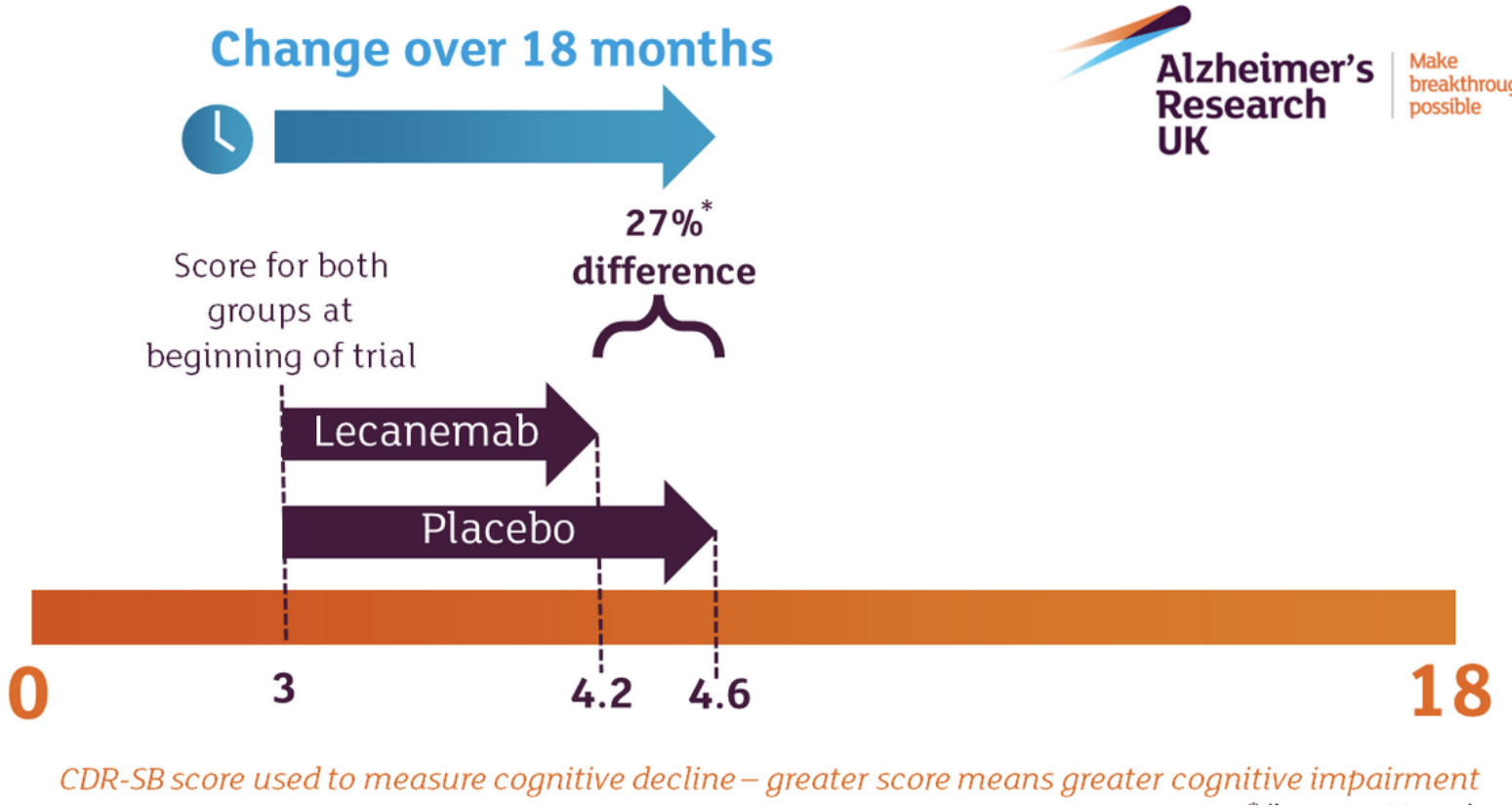

Alzheimer's Research UK
Make breakthroughs possible

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Who can Receive Novel Therapies?

Inclusion and Exclusion Criteria Applied in the Clarity AD Trial of Lecanemab	Appropriate Use Recommendations for Patients Considered for Treatment with Lecanemab
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If receiving an acetylcholinesterase inhibitor (donepezil, rivastigmine, galantamine) or memantine or both must be on a stable dose for at least 12 weeks prior to Baseline	Patients may be on cognitive enhancing agents (donepezil, rivastigmine, galantamine, or memantine) for AD; patients may not be on aducanumab
Unless otherwise stated, participants must have been on stable doses of all other (that is, non-AD-related) permitted concomitant medications for at least 4 weeks prior to Baseline	Patients may be on standard of care for other medical illnesses (see below for specifics regarding anticoagulation)
Have an identified study partner	Have a care partner or family member(s) who can ensure that the patient has the support needed to be treated with lecanemab
Provide written informed consent	Patients, care partners, and appropriate family members should understand the requirements for lecanemab therapy and the potential benefit and potential harm of treatment

Cummings, JPAD, 2023

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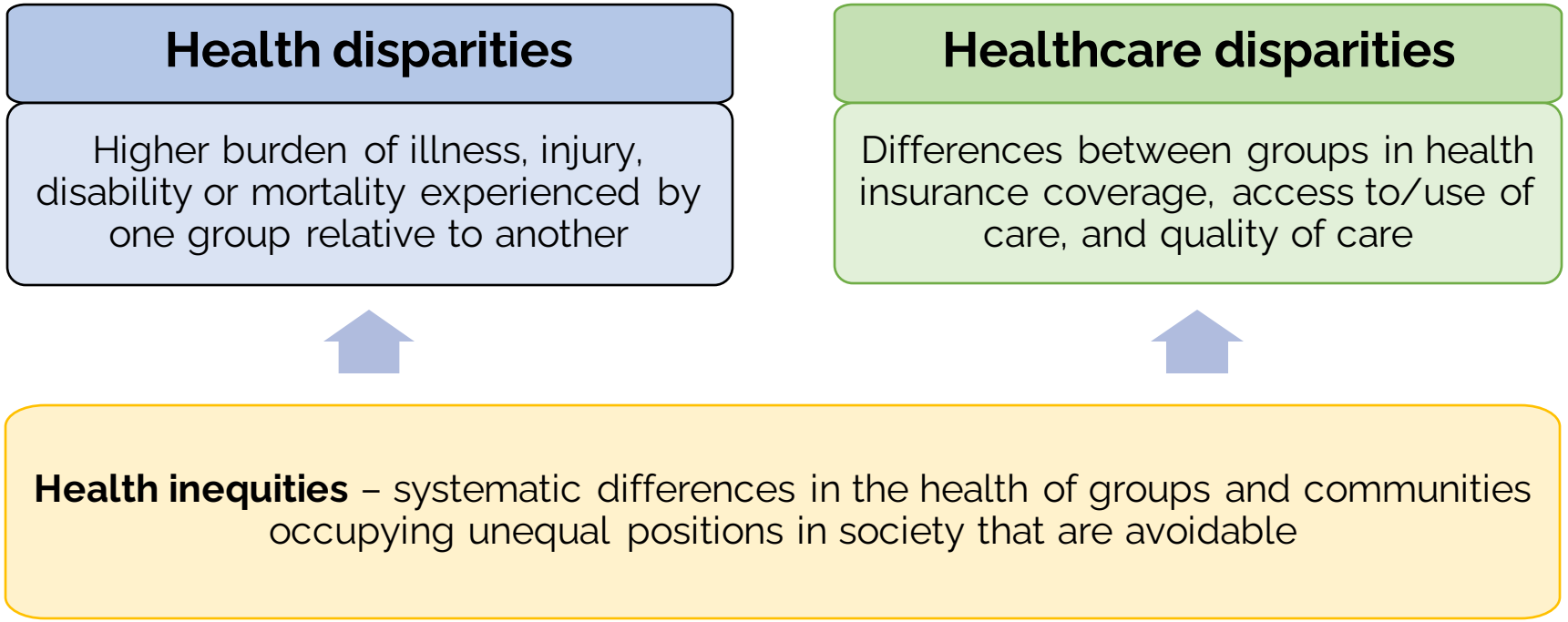
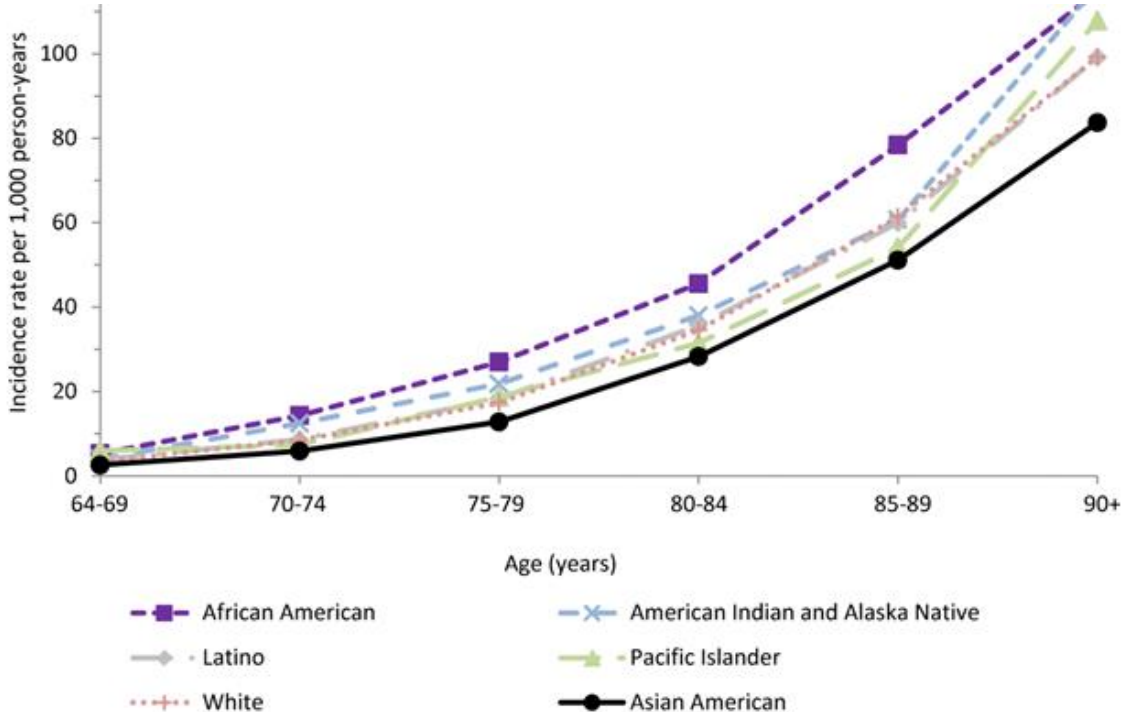
A Definition of Health Disparities



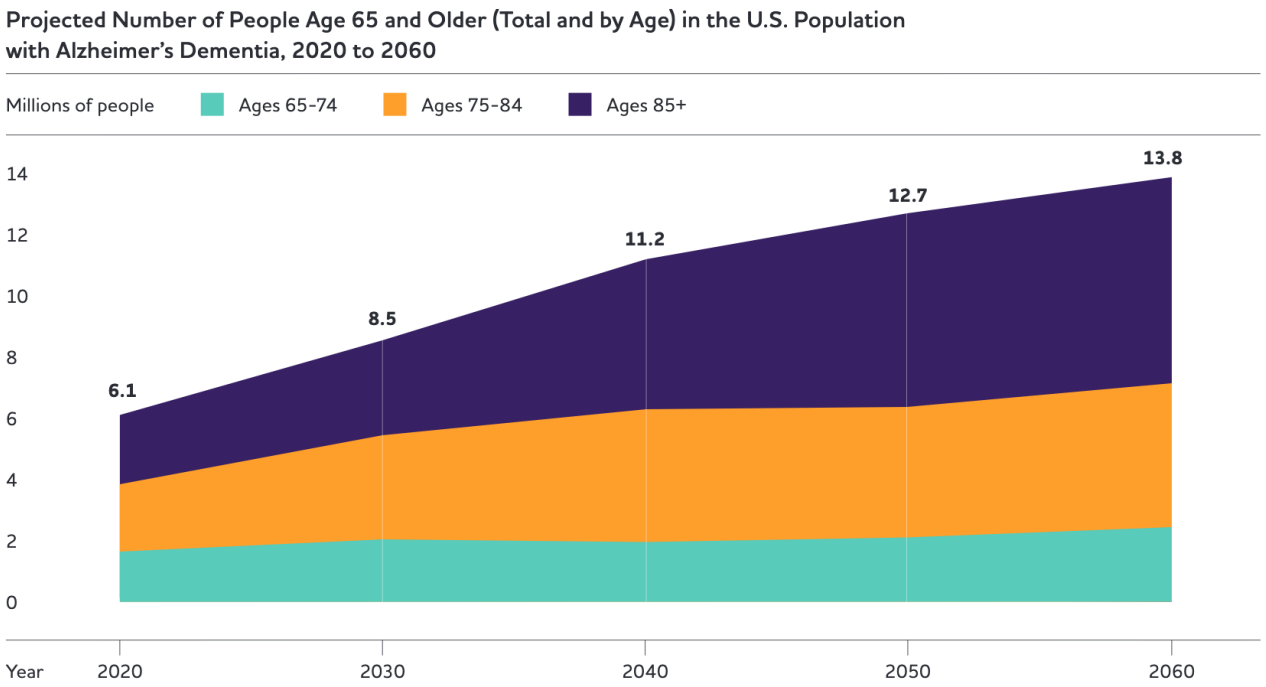
Disparities in Prevalence of Alzheimer's Disease and Dementia

- Clinical Alzheimer's Dementia is more than 2x as common among African American and 1.5x as common among Latino individuals
- Black and Latino individuals have the highest incidence of clinical Alzheimer's Disease
- There are no signs of progress in reduction of these disparities
    - The magnitude of these disparities in dementia risk persisted across 2000-2016

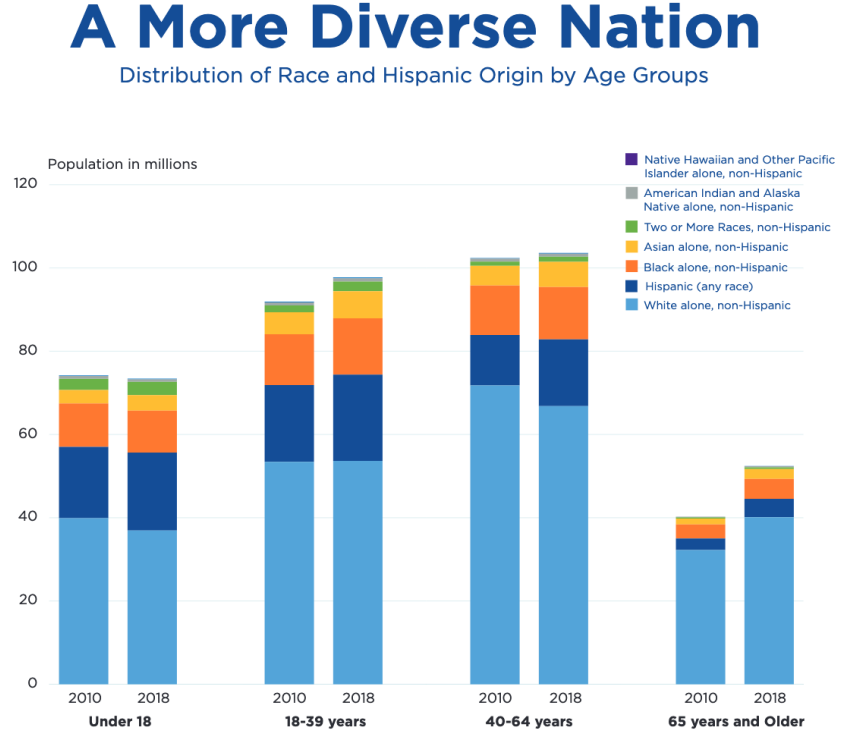


Mayeda, Alz & Dementia, 2016

Disparities in the Future of Alzheimer's Dementia



Rajan, Alz & Dementia, 2016



Credit: US Census Bureau

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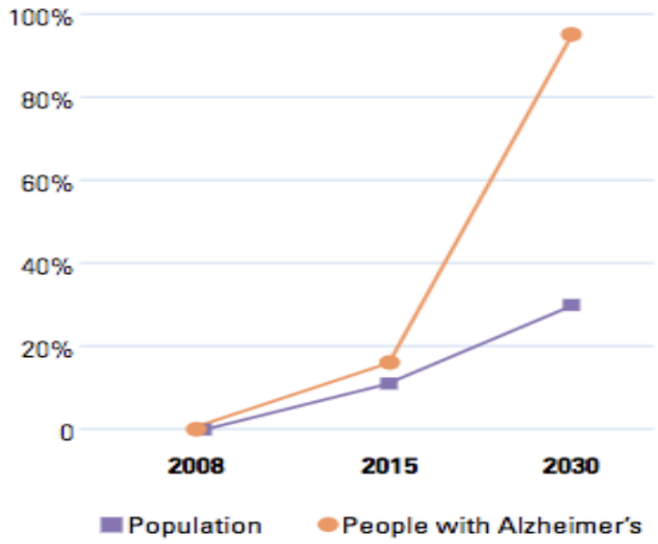
Disparities in the Future of Alzheimer's Dementia

Figure 1. Percent Increase in the Population of California and in Californians with Alzheimer's



Source: State of California, Department of Finance Race/Ethnic, Population with Age Sex Detail, 2000–2050. Sacramento, CA, July 2007, accessible at http://www.dof.ca.gov/html/DEMOGRAP/Data/RaceEthnic/Population-00-50/RaceData_2000-2050.php. See Appendix F for methodology used to estimate California Alzheimer's disease prevalence.

Credit: UCSF Health Workforce Research Center

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Disparities in Diagnosis of Clinical Alzheimer's Disease

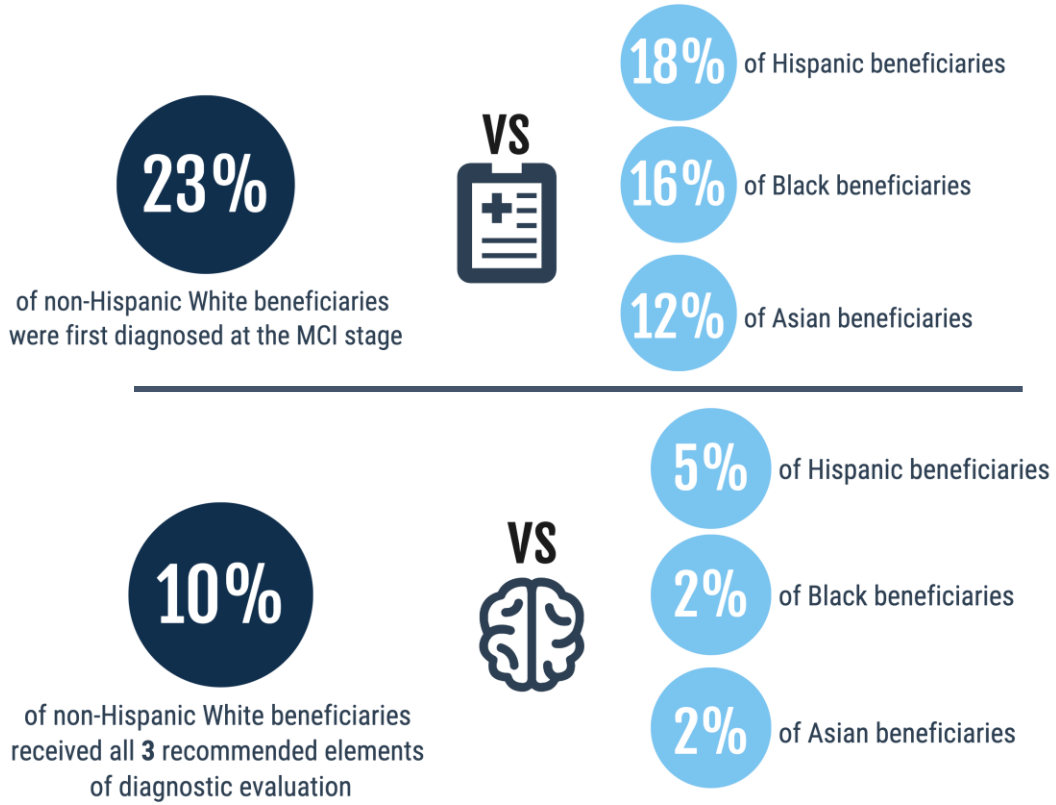
Underdiagnosis is highly prevalent (up to 60% in high-income countries)

Under diagnosis differs by group

- Underrepresented populations are less likely to receive a diagnosis

Diagnostic evaluation comprehensiveness and timeliness of diagnosis differs by group

- Underrepresented populations are less likely to receive all recommended workup components
- Underrepresented populations are less likely to receive a diagnosis at earlier levels of impairment



Credit: Elena Tsoy

Disparities in Dementia Specialist Care Delivery

Table 2 Neighborhood Indicator Summary Measures of Locations in Which Washington University Memory Diagnostic Center Patients Reside Compared With the Surrounding 100-Mile Catchment Area (N = 4,824)

Measure	Locations in which memory clinic patients live, mean (SD)	Catchment area, mean (SD)	*t* Value	*p* Value
Area Deprivation Index	44.75 (26.0)	64.6 (24.1)	−63.05	<0.001
Social Vulnerability Index	0.35 (0.26)	0.47 (0.28)	−30.98	<0.001
Household median income, $	66,700 (29,000)	50,900 (22,000)	37.89	<0.001
Education level, %				
High school or higher	91 (7)	86 (8)	43.49	<0.001
Bachelor's or higher	38 (21)	24 (17)	45.18	<0.001
Racial composition, %				
Black	14 (25)	16 (28)	−6.82	<0.001
White	82 (24)	81 (28)	2.96	0.003
Percentage of population 65 y or older	16 (5)	14 (5)	16.44	<0.001
Health insurance, %				
All insurance types	99 (1)	99 (2)	−0.09	0.93
Private insurance	71 (11)	68 (14)	138	<0.001
Public insurance	97 (3)	98 (3)	−6.60	<0.001

Lewis, Neurology, 2023

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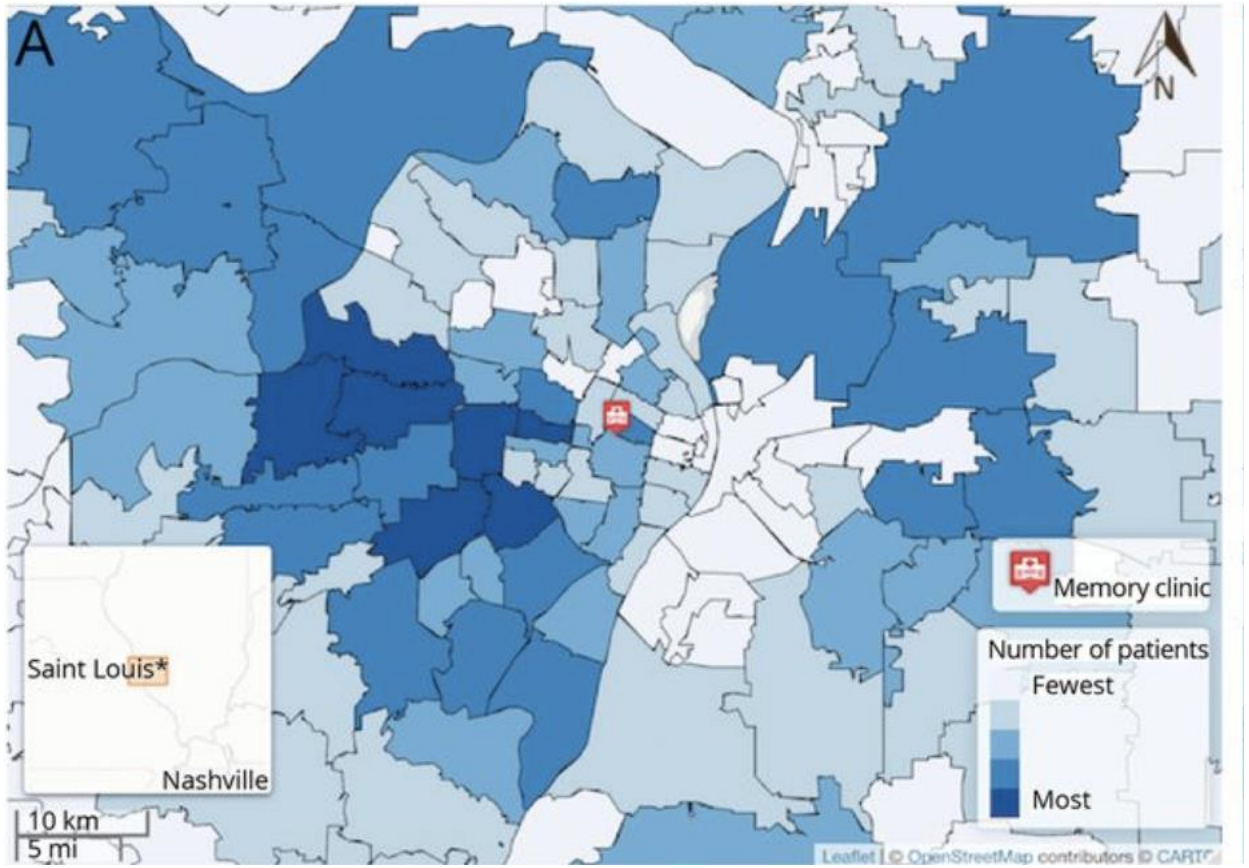
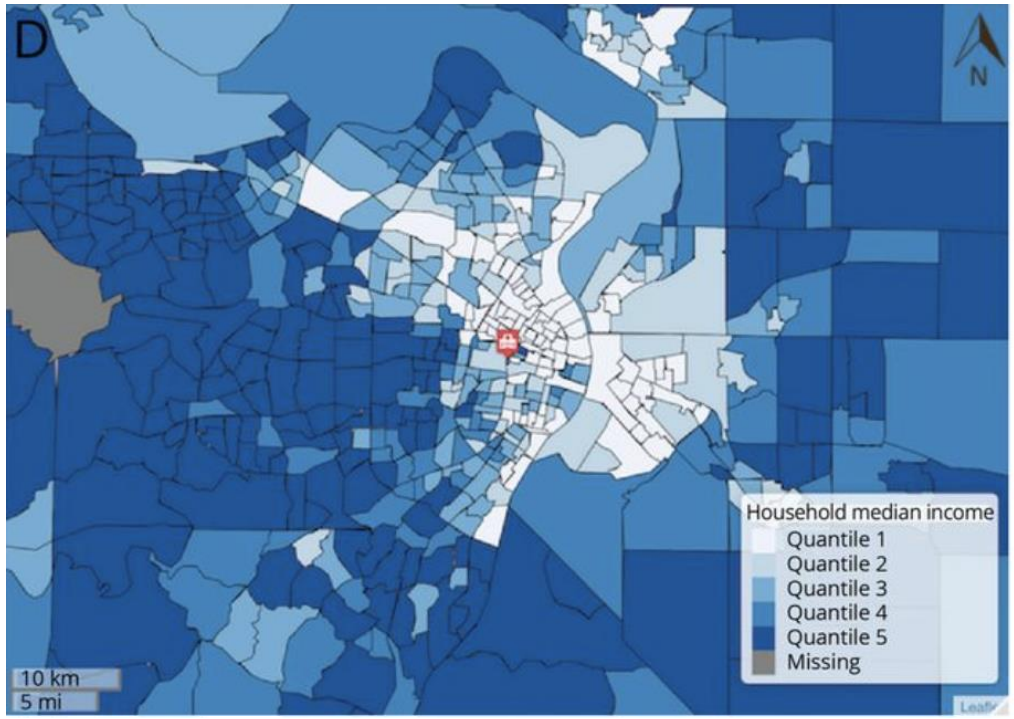
Disparities in Dementia Specialist Care Delivery

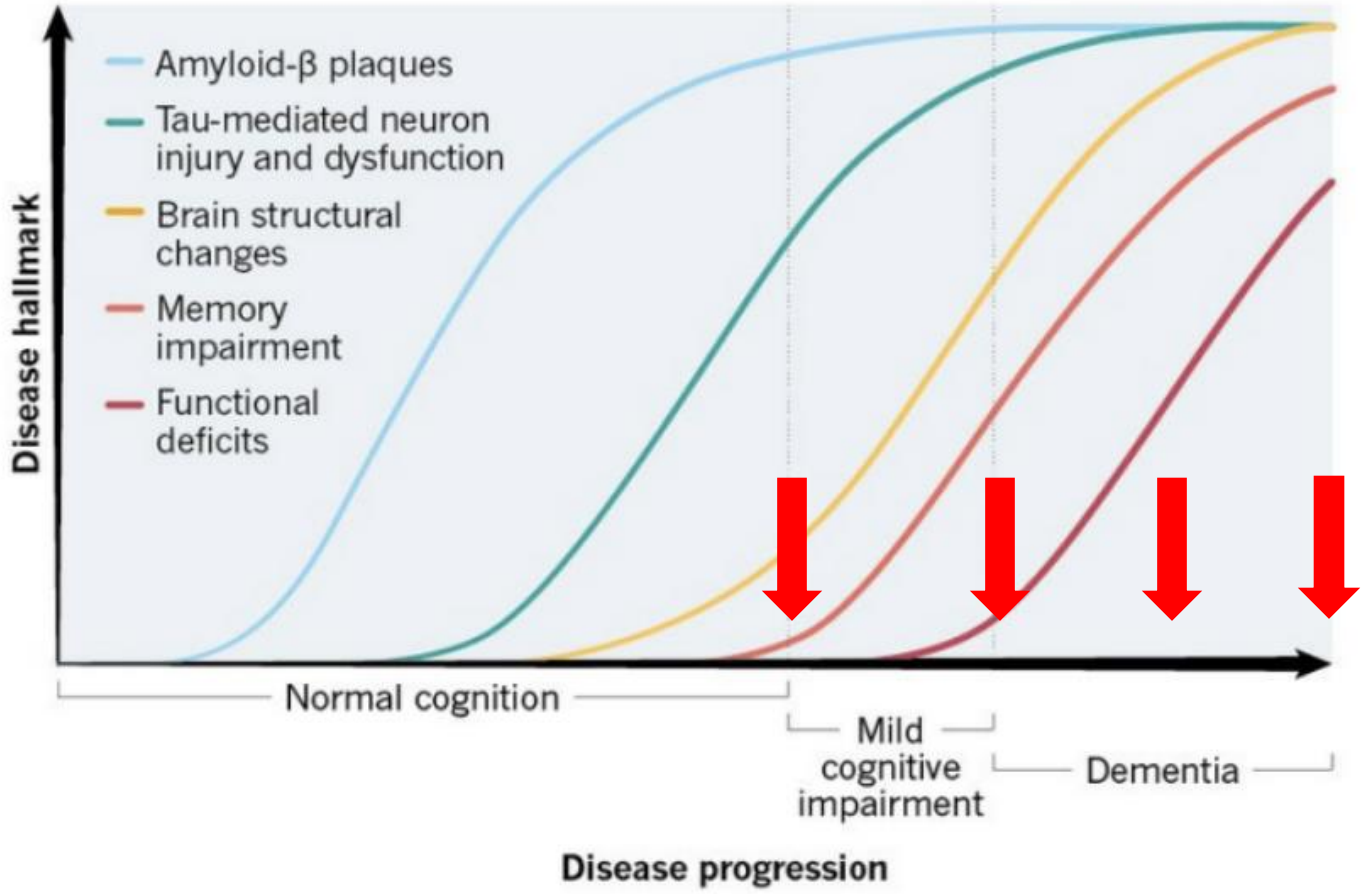




Lewis, Neurology, 2023

Credit: USC Schaeffer Center

Diagnosis Timeliness and Disease Progression



Drew, Nature, 2018

Who can Receive Novel Therapies

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Cummings, JPAD, 2023

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DCA Cognitive Health Assessment: 3 Keys

Appropriate Use Recommendations for Patients Considered for Treatment with Lecanemab
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Patients, care partners, and appropriate family members should understand the requirements for lecanemab therapy and the potential benefit and potential harm of treatment

Cummings, JPAD, 2023

Part 1

Take a Brief Patient History

Take a very brief cognitive health history of the patient. This history can be:

- The response to an annual screening question (e.g., Have you or friends/family noted changes in your mental abilities?) OR
- The observation of a sign of cognitive decline by someone (e.g., a care partner reports that the patient has difficulty remembering medication changes)

Part 2

Use Screening Tools

Assess the patient directly for both cognitive and functional decline using screening tools. If the patient screens negative, use cognitive and functional screening tools with the patient's care partner, if available. Refer to the next table for a list of recommended tools.

Part 3

Document Care Partner Information

Identify a care partner and document the partner's contact information in the patient's record. Ideally, this is a health care agent who has legal authority to make decisions on behalf of the patient. Even if a patient's cognitive and functional screenings are negative, ask about the patient's support system. If the patient can't identify someone, then document this instead.

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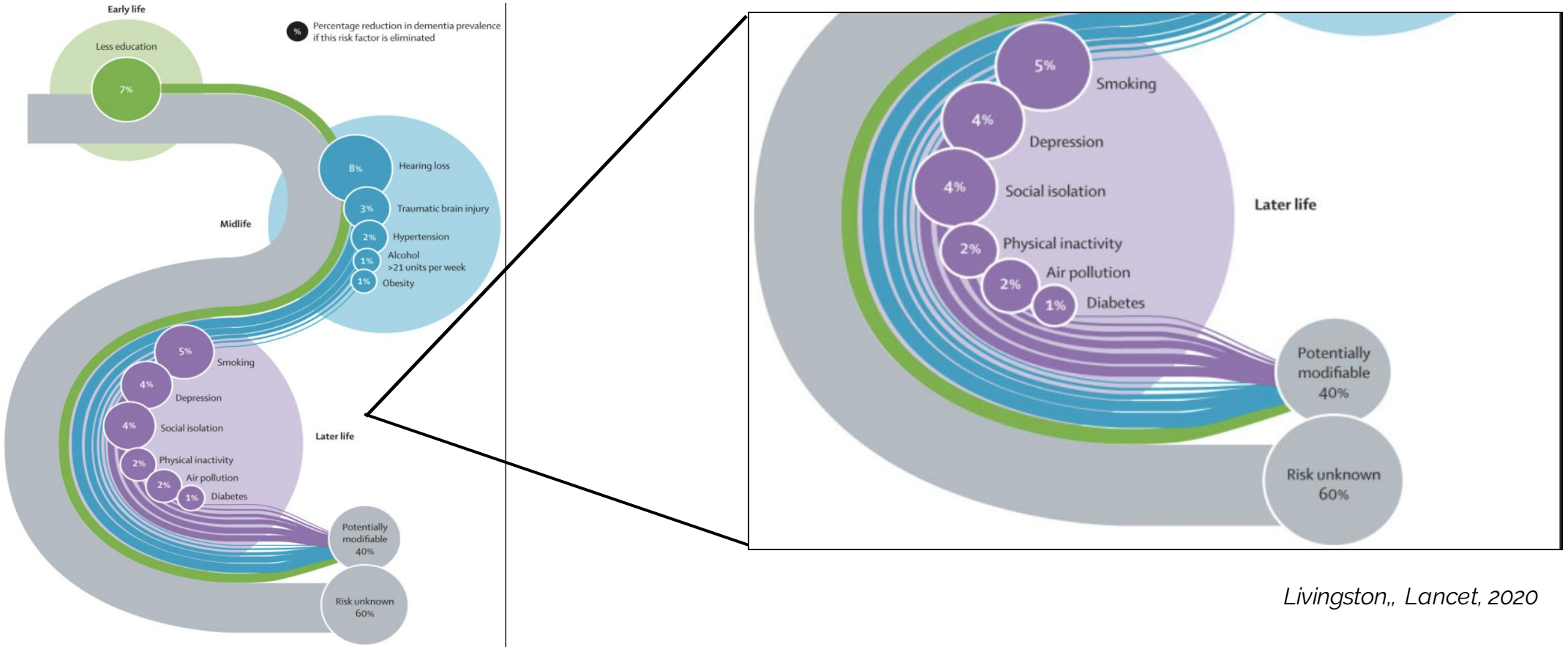
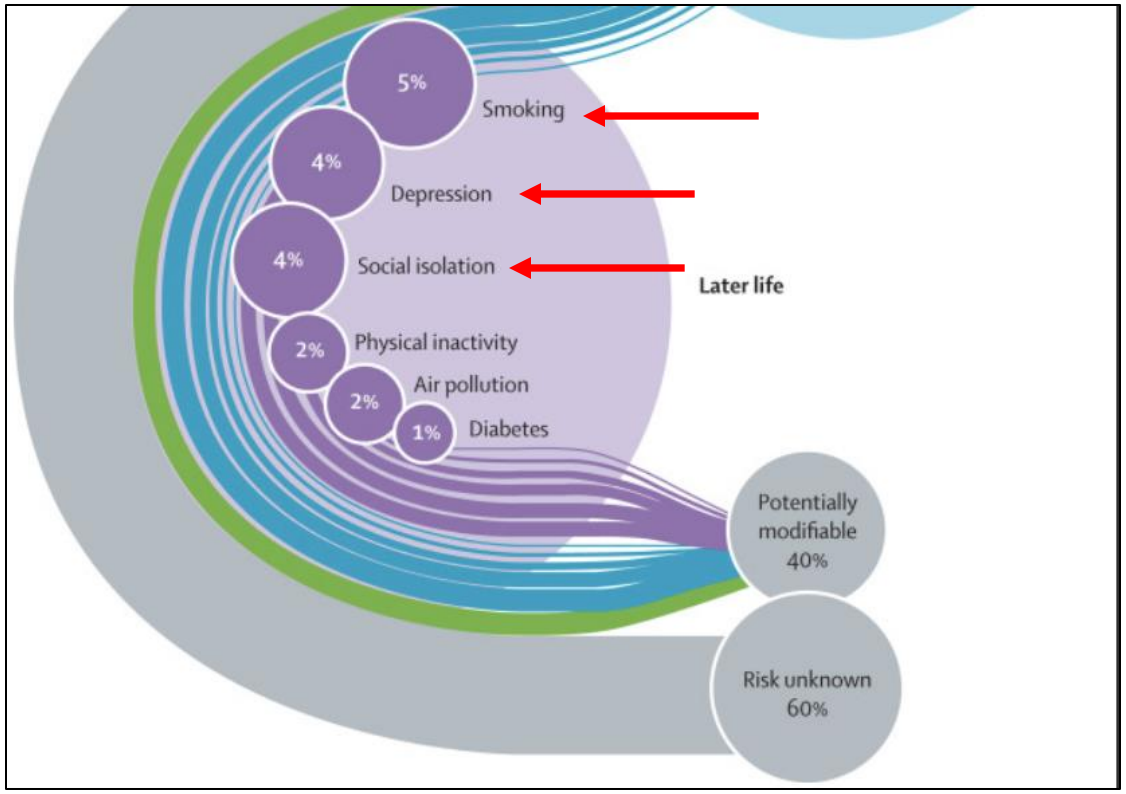
What About Those Not Eligible for New Therapies



Livingston,, Lancet, 2020

DCA CHA: After a Positive Screen



Livingston,, Lancet, 2020

Cognition

If the CHA comes back positive:

- Screen for depression and substance use
- Evaluate for other diseases with cognitive symptoms (e.g., HIV, syphilis, thyroid disorders, obstructive sleep apnea, vitamin B12 deficiency)
- Order labs and head imaging if less than 12 months of symptoms (CBC, electrolytes, BUN/Cr, fasting glucose)
- A more detailed cognitive symptom history is also recommended to identify whether referral to a specialist is warranted.

Function

Based on the results of the functional assessment, consider connecting patients to services based on their needs, such as:

In-Home Supportive Services to obtain a caregiver

Money management services

Meal delivery services

Legal services for access to benefits through Medi-Cal and other programs

Support System

Document the roles and contact information for the patient's support system:

- The care partner for the CHA screen
- Support persons or additional care partners
- Health care agent(s) or durable power of attorneys

Connect the patient's support system to needed services such as legal services for advance care planning.

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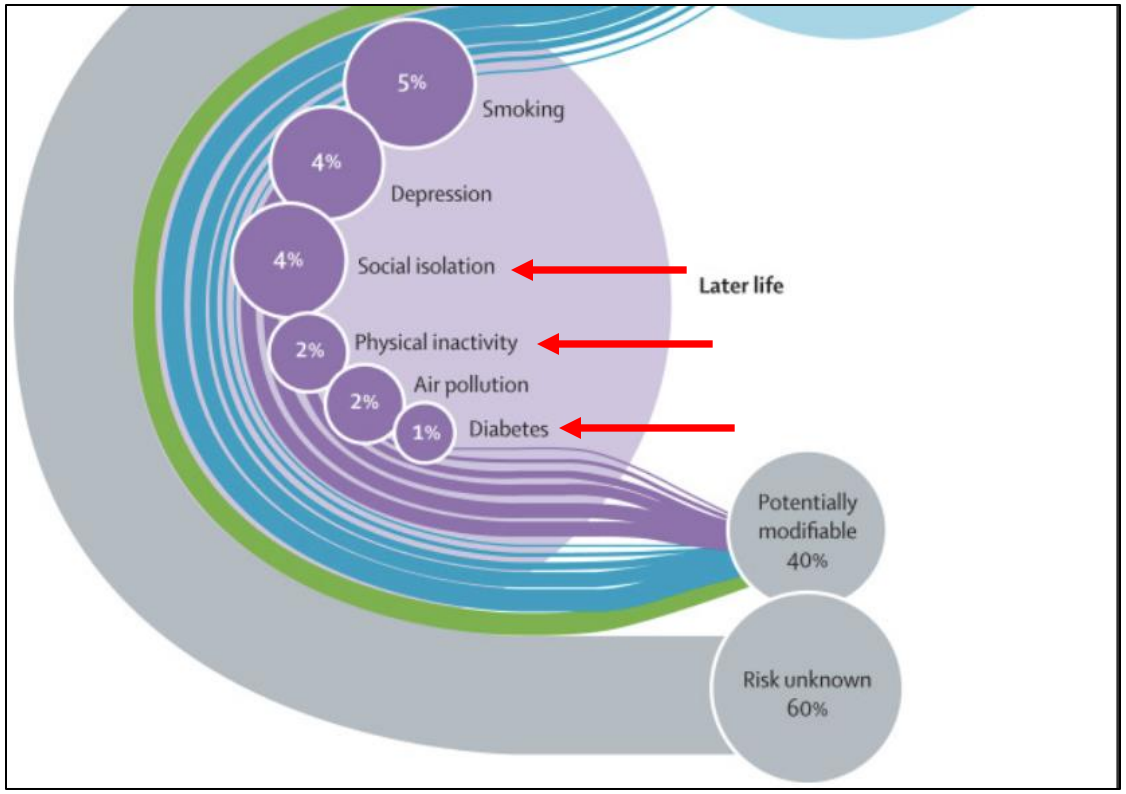
DCA CHA: After a Positive Screen



Livingston,, Lancet, 2020

Start a Brain Health Plan

You can start a brain health plan to maximize brain function in all older adults, but it will especially benefit those with cognitive or functional decline. You can also start the plan before any diagnosis of mild cognitive impairment or dementia is made. A brain health plan consists of the following:

- Make sure vision and hearing assessments are up to date and, if impairments are present, correct them accordingly.
- Review medications for cognitive side effects and reduce as many of these as you can in dose or frequency, and preferably stop them.
- Encourage social and physical activity.
- Continue to address blood pressure and diabetes management goals.

Developing Better Therapies in the Future

Table 1. Demographic and baseline disease characteristics

Characteristic	EMERGE			ENGAGE		
	Placebo (n=548)	Low dose (n=543)	High dose (n=547)	Placebo (n=545)	Low dose (n=547)	High dose (n=555)
Age, mean ± SD, years	70.8±7.4	70.6±7.4	70.6±7.5	69.8±7.7	70.4±7.0	70.0±7.7
Female, n (%)	290 (53)	269 (50)	284 (52)	287 (53)	284 (52)	292 (53)
Race, n (%)						
American Indian or Alaska	1 (0.2)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Asian	47 (9)	39 (7)	42 (8)	55 (10)	55 (10)	65 (12)
Black or African American	1 (0.2)	6 (1)	4 (1)	5 (1)	1 (0.2)	2 (0.4)
Native Hawaiian or other Pacific Islander	0 (0)	0 (0)	0 (0)	0 (0)	1 (0.2)	0 (0)
White	431 (79)	432 (80)	422 (77)	413 (76)	412 (75)	413 (74)
Not reported due to confidentiality regulations	67 (12)	65 (12)	75 (14)	69 (13)	74 (14)	72 (13)
Other	1 (0.2)	1 (0.2)	3 (1)	3 (1)	4 (0.7)	3 (1)
Ethnicity, n (%)						
Hispanic or Latino	22 (4)	22 (4)	23 (4)	13 (2)	11 (2)	13 (2)
Not Hispanic or Latino	470 (86)	470 (87)	461 (84)	489 (90)	492 (90)	499 (90)
Not reported due to confidentiality regulations	56 (10)	51 (9)	62 (11)	43 (8)	44 (8)	43 (8)
Education, mean ± SD, years	14.5±3.7	14.5±3.6	14.5±3.6	14.7±3.7	14.6±3.8	14.6±3.7

Haeberlein, JPAD, 2022

Table 1. Characteristics of the Participants at Baseline (Modified Intention-to-Treat Population).*

Characteristic	Lecanemab (N=859)	Placebo (N=875)
Age — yr	71.4±7.9	71.0±7.8
Sex — no. (%)		
Female	443 (51.6)	464 (53.0)
Male	416 (48.4)	411 (47.0)
Race — no. (%)†		
White	655 (76.3)	677 (77.4)
Black	20 (2.3)	24 (2.7)
Asian	147 (17.1)	148 (16.9)
Other or missing	37 (4.3)	26 (3.0)
Hispanic ethnic group — no. (%)†	107 (12.5)	108 (12.3)

Van Dyck, Nature, 2023

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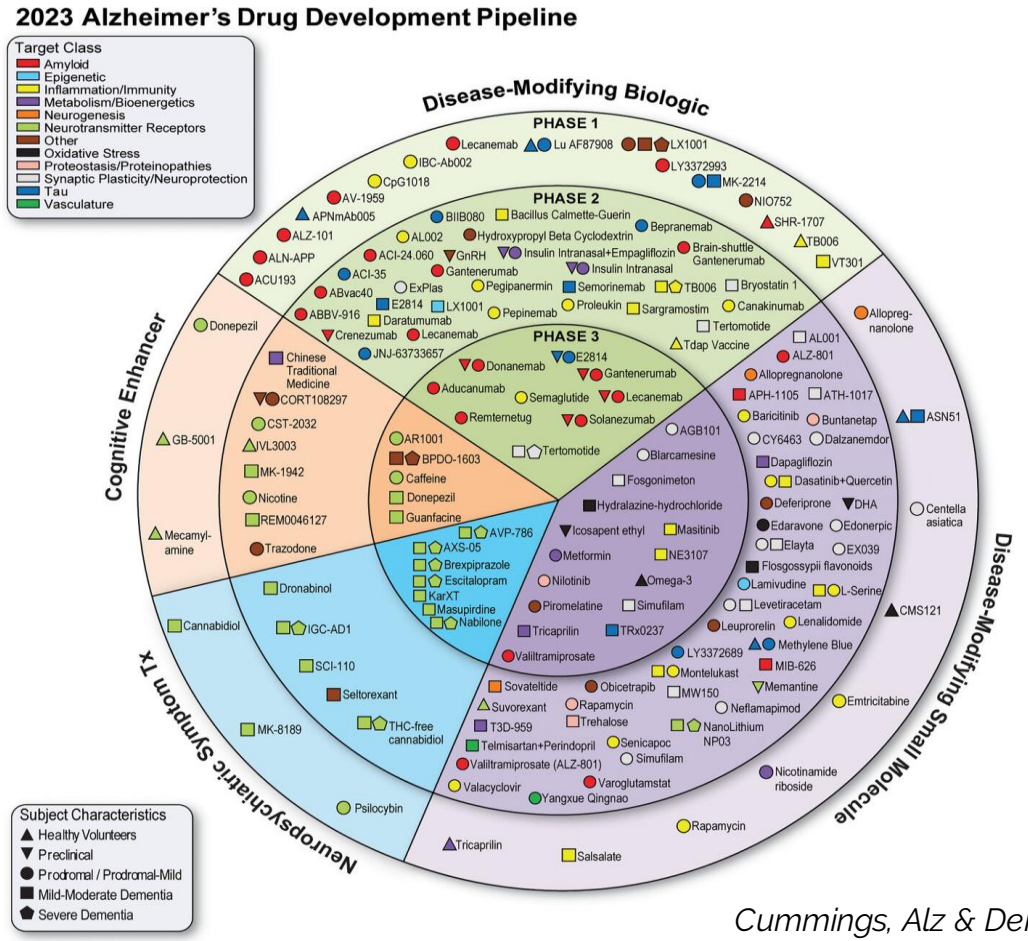
Developing and Accessing Better Therapies in the Future

- Therapies in the Pipeline Target Amyloid, Tau, Vasculature, Inflammation, and many other targets
- Diverse delivery methods for therapies will increase access and improve compliance
- Early and accurate diagnosis will remain the first and most important step in consideration of therapies

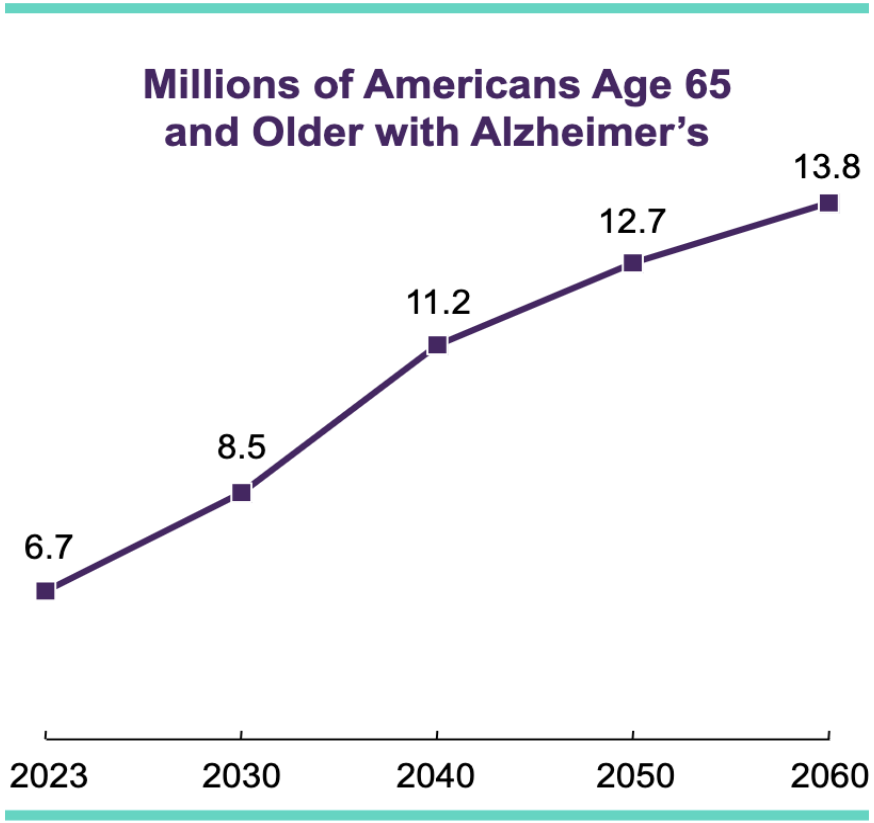


Cummings, Alz & Dem, 2023

A Shift in Dementia Care in the Future

- Not enough dementia care specialists are in practice to meet demands of the aging population
- >50% of PCPs report insufficient number of specialists in their geographic area to meet demand
- We need 3x the number of geriatricians by 2050 to meet current demand
- Approximately 2.1 million individuals with MCI could progress to dementia and have therapy eligibility compromised between 2020-2040

(source Alzheimer's Impact Report 2023)



Credit: Alzheimer's Association

A Shift in Dementia Care in the Future

PHARMACEUTICALS

Eisai to enable Alzheimer's drug Leqembi to be injected at home

Japanese drugmaker looks to apply for approval from U.S. FDA by March

Step 4: Treat

J Prim Care Commu

Published online 202

PMCID: PMC9742698

PMID: 36475976

Alzheimer Dise

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Madeline M. Paczyn

Author information

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Alzheimer's treatment lecanemab was officially approved by the U.S. FDA on June 6 and is branded there as Leqembi. © Reuters

Nikkei staff writers

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Porsteinsson, JPAD, 2021

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Summary

- Novel therapies for Alzheimer's Disease are currently available in clinic
- Additional therapies will continue to enter the clinical space rapidly
- Therapies slow progression but cannot reverse symptoms making initiation of therapies early in course of disease paramount
- Numerous disparities exist in Alzheimer's and Dementia care. New therapies could worsen disparities. Early diagnosis can potentially circumvent some of these disparities
- Even if novel therapies are not pursued, utilizing DCA tools can make a difference in dementia care
- PCPs will assume a larger role in dementia care in the future as we seek to meet rapidly increasing demands for care

News Articles Referenced

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- https://www.reuters.com/business/healthcare-pharmaceuticals/lilly-drug-slows-alzheimers-progression-by-35-trial-2023-05-03/
- https://www.nytimes.com/2022/11/29/health/lecanemab-alzheimers-drug.html

Thank You

Have more questions? Get answers through our warmline @ **1-800-933–1789** or our support page.

Here are some examples.

What do I prioritize after a positive CHA?

Is the CHA covered for patients over age 65 who have Medicare, but not Medi-Cal?

Can I use the CHA for a patient with limited literacy?

Open your phone camera and scan the QR code to submit questions:

Or visit: www.dementiacareaware.org

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How to claim Continuing Medical Education (CME) credit

Step 1. Please complete our evaluation survey using the link provided in the chat and a post-webinar email. Please select the correct link based on the credit type you are claiming.

- For this activity, we provide **CME credits** for MDs, NPs, APPs and PAs including **AAFP** (for family physicians)
- **ABIM MOC** (for internal medicine physicians).
- We also provide **CAMFT credits**, which in the state of California is approved, for Licensed Clinical Social worker, Licensed Professional Clinical Counselor, Marriage and Family Therapist, and Licensed Educational Psychologist

Step 2. Upon completing the evaluation survey, please scan a QR code or link to claim credit directly on the UCSF continuing education portal. :

  - Use your phone camera to scan a QR code and tap the notification to open the link associated with the CME portal.
  - Enter your first name, last name, profession, and claim **1 CE credit** for the webinar.

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