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Alzheimer's Disease International
Krakow 2024
Global Conference of
Alzheimer's Disease International
24-26 April 2024

European Brain Council's Rethinking Alzheimer's Disease:
Scaling up health systems' readiness

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RETHINKING ALZHEIMER'S DISEASE

DETECTION AND DIAGNOSIS

UNIVERSITÉ DE GENÈVE

EBC European Brain Council efpia

LIST OF ENDORSERS

To help improve the quality of life and care for people living with AD in Europe, the following organisations endorse the RETHINKING Alzheimer's disease White Paper, including the call to action and policy recommendations.

- Ace Alzheimer Center Barcelona*, *Spain*
- Dementia Research Network, *Ireland*
- European Academy of Neurology, *Austria*
- European Institute of Women's Health, *Ireland*
- Masaryk University, Faculty of Medicine, *Czech Republic*
- Memory Center of the University Hospitals of Geneva, *Switzerland*
- Réseau Mémoire Aloïs, *France*
- St. Anne's University Hospital Brno, *Czech Republic*
- Tallaght University Hospital *Ireland*
- University of Geneva, *Switzerland*
- Women's Brain Project, *Switzerland*

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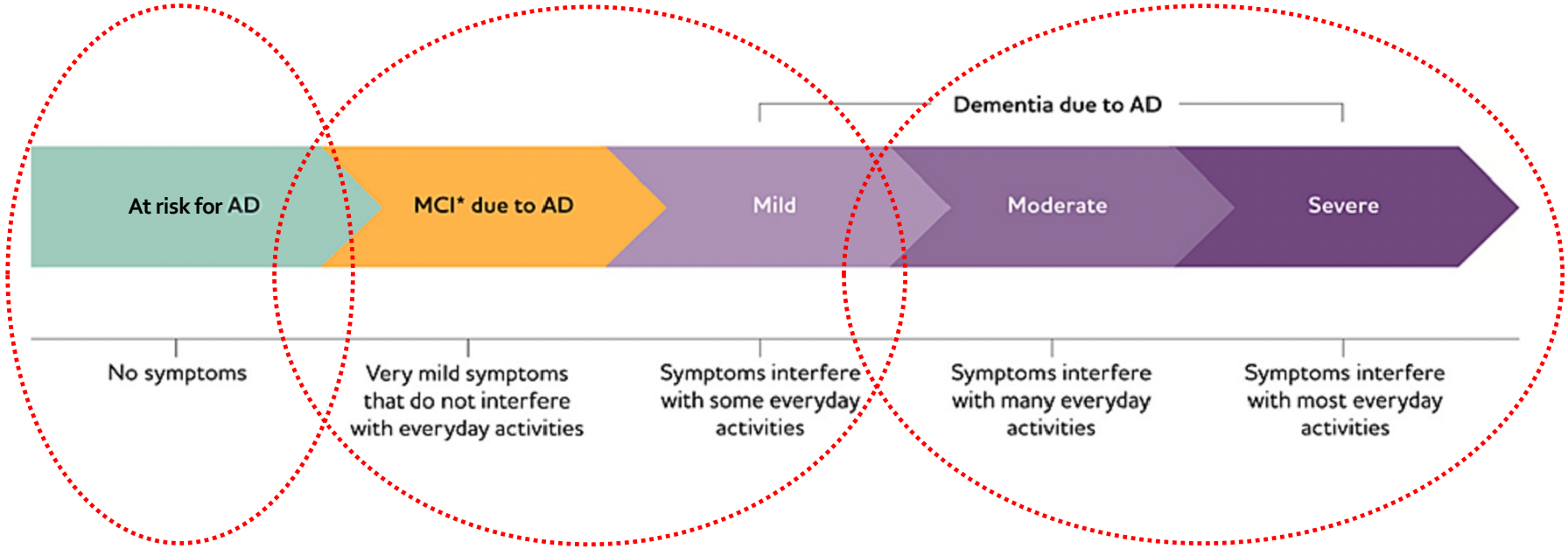
The spectrum of Alzheimer's disease



The at risk state is the next frontier

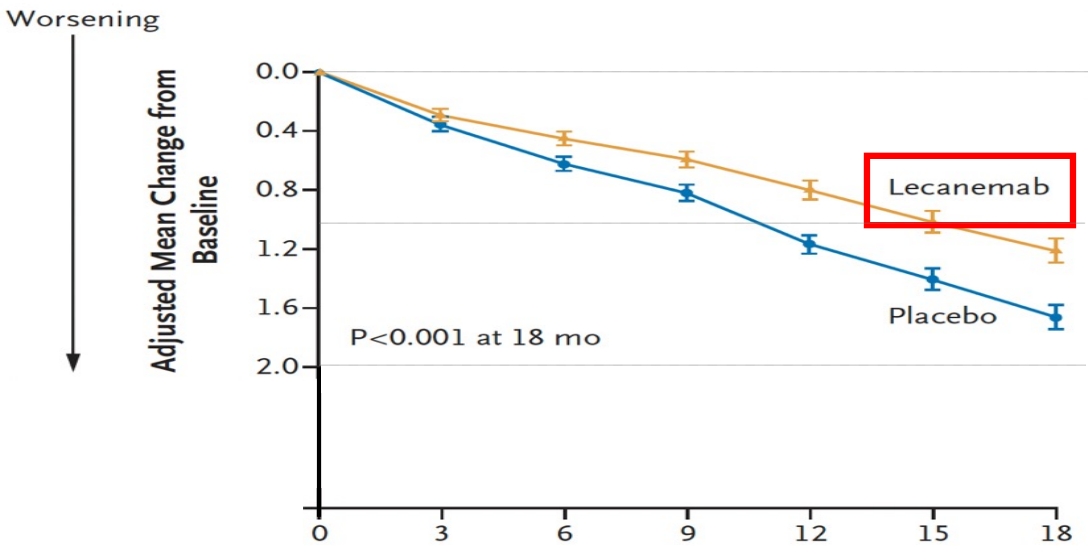
Attention will need to be increasingly given to the MCI and mild dementia stage

Most patients are still diagnosed in the moderate to severe stages

Alzheimer's Disease Continuum (Alzheimer's disease facts and figures. Alzheimer's Dementia, 2020)

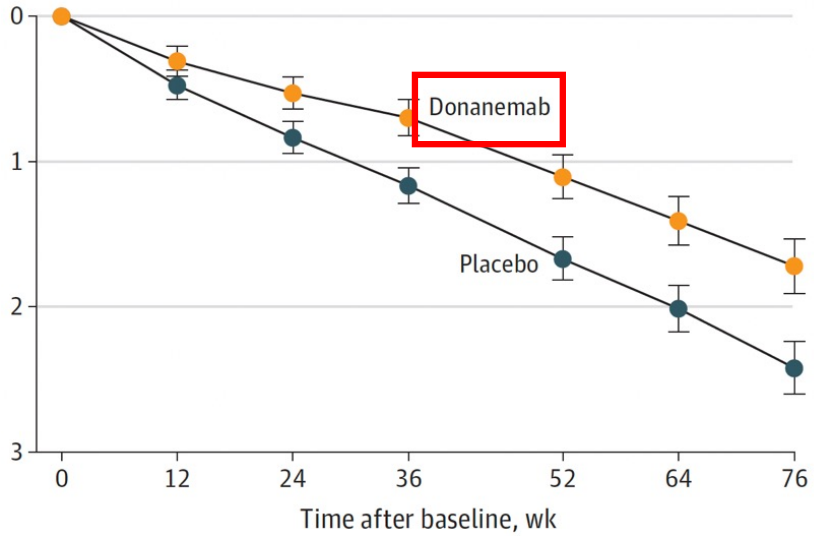
Anti-amyloid monoclonal antibodies are going to change the way we treat and regard AD

0.45 points (27%)



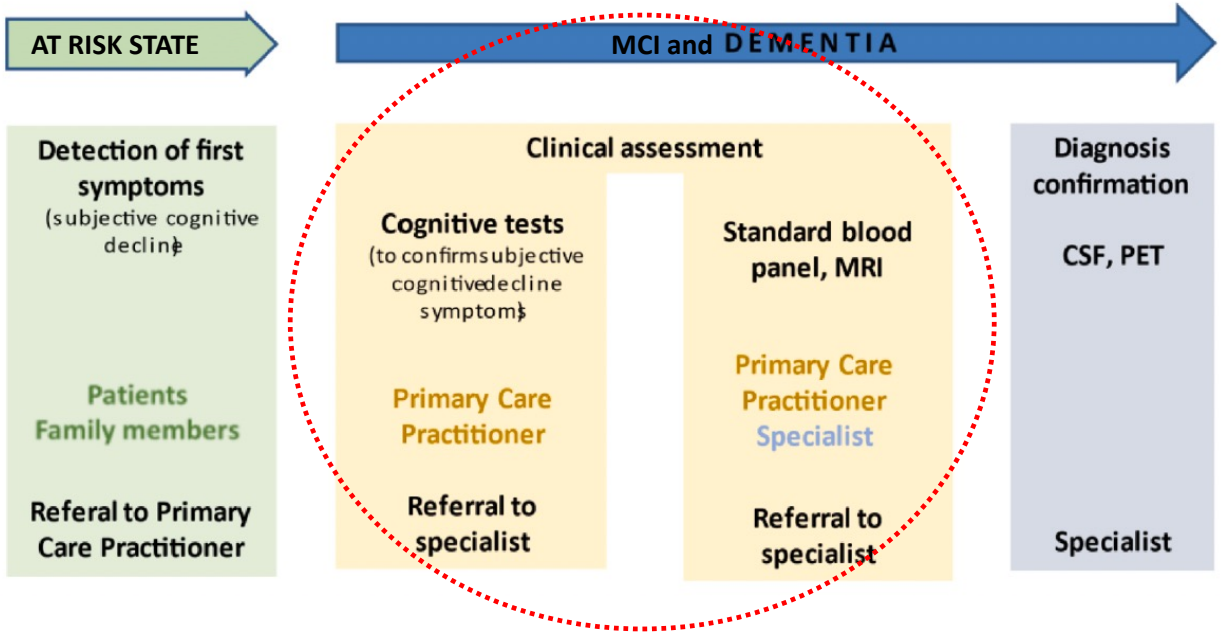
van Dyck et al., *N Engl J Med* 2023; 388:9-21

0.70 points (29%)



Sims et al., *JAMA* doi:10.1001/jama.2023.13239

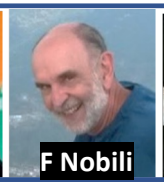
Current detection and diagnosis pathway



Still today, >90% of patients are diagnosed with just cognitive tests and CT/MRI

PROJECT EXECUTIVE BOARD


G Frisoni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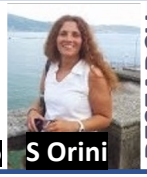
F Massa


M Cotta Ramusino


S Orini

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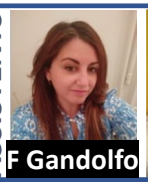
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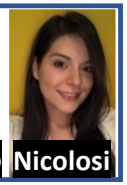
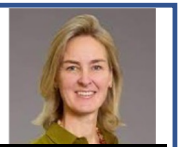

Nicolosi

EXTERNAL REVIEW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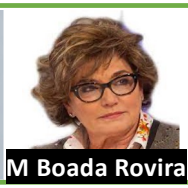
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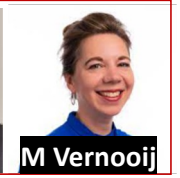
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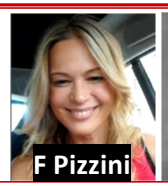

F Pizzini


R Vanninen

EANM EUROPEAN ASSOCIATION OF NUCLEAR MEDICINE


S Morbelli

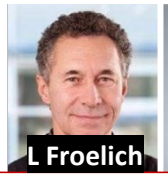

V Garibotto

ean european academy of neurology


F Agosta


K Frederiksen

Welcome to the EADC web site European Alzheimer's Disease Consortium


L Froelich


F Jessen

European Association of Geriatric Psychiatry


M Vandenbulcke


F Verhey

FESN


S Cappa


Kessels

ifcc International Federation of Clinical Chemistry and Laboratory Medicine


A Perret-Liaudet


A Haliassos

International Federation of CLINICAL NEUROPHYSIOLOGY


C Babiloni


A Kamondi

E-DLB CONSORTIUM


J O'Brian

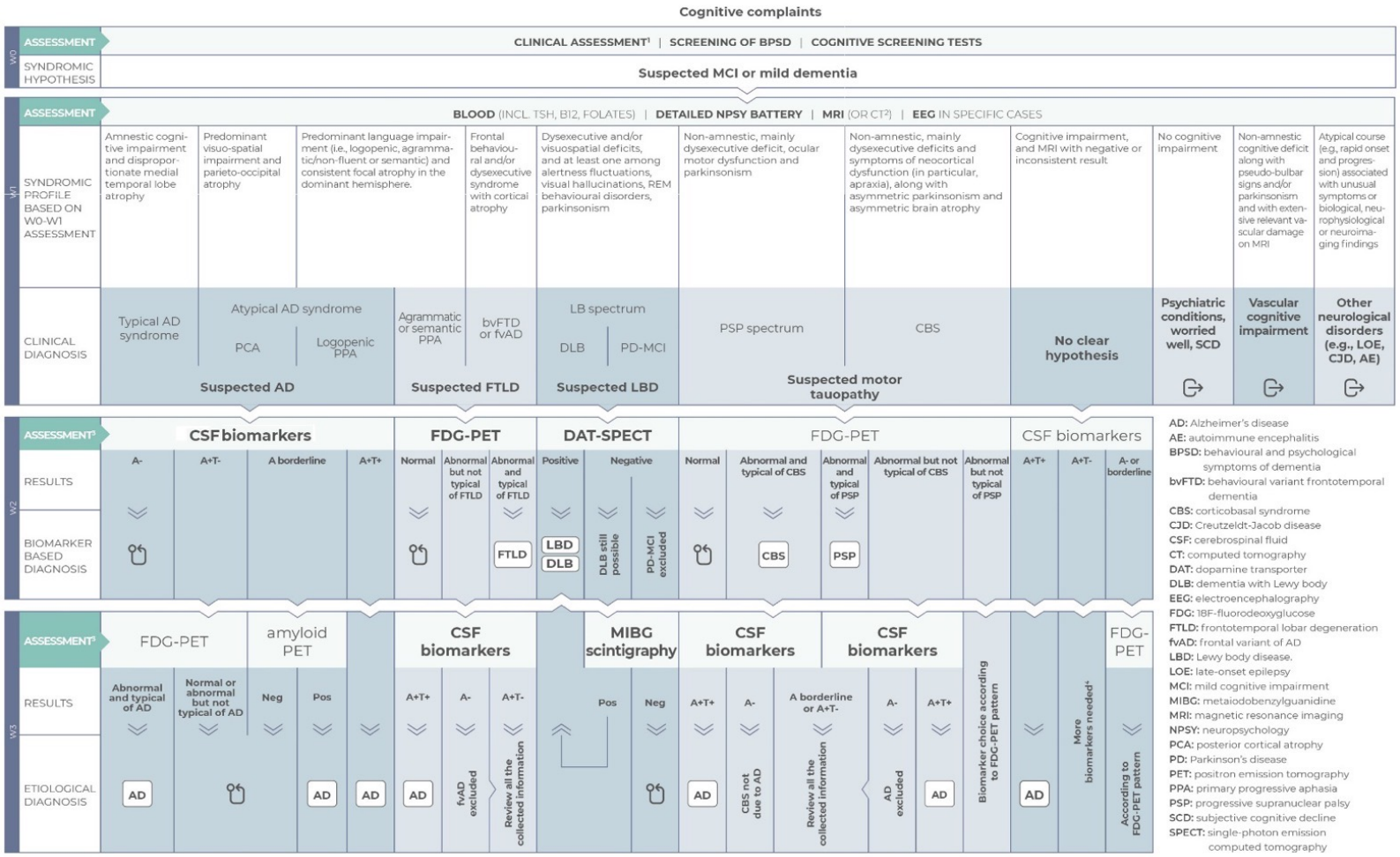

D Aarsland

European FTD network


B Borroni


M Otto

WORKFLOW



AD: Alzheimer's disease
AE: autoimmune encephalitis
BPSD: behavioural and psychological symptoms of dementia
bvFTD: behavioural variant frontotemporal dementia
CBS: corticobasal syndrome
CJD: Creutzeldt-Jacob disease
CSF: cerebrospinal fluid
CT: computed tomography
DAT: dopamine transporter
DLB: dementia with Lewy body
EEG: electroencephalography
FDG: 18F-fluorodeoxyglucose
FTLD: frontotemporal lobar degeneration
fvAD: frontal variant of AD
LBD: Lewy body disease.
LOE: late-onset epilepsy
MCI: mild cognitive impairment
MIBG: metaiodobenzylguanidine
MRI: magnetic resonance imaging
NPSY: neuropsychology
PCA: posterior cortical atrophy
PD: Parkinson's disease
PET: positron emission tomography
PPA: primary progressive aphasia
PSP: progressive supranuclear palsy
SCD: subjective cognitive decline
SPECT: single-photon emission computed tomography

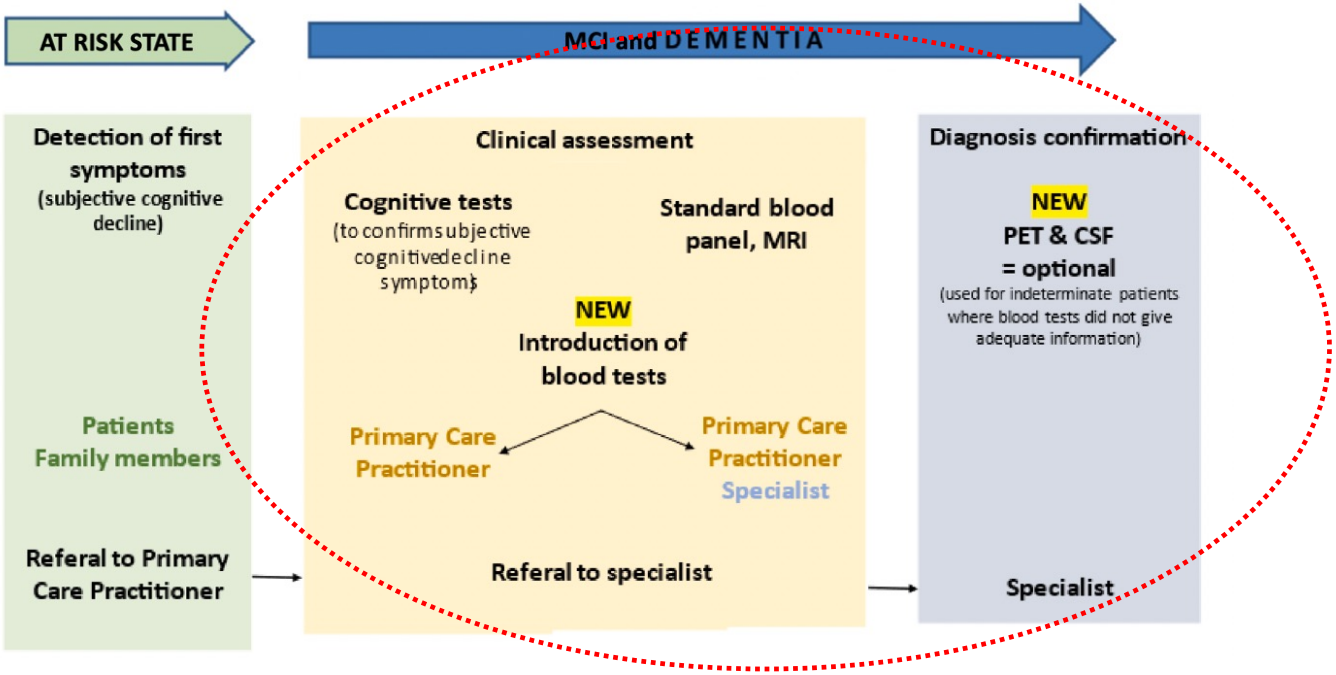
W0, baseline general assessment
W1, baseline detailed assessment
W2, biomarker assessment
W3, disambiguation of undefined diagnoses

[1] Neurological exam, physical exam, family, medical and social history
[2] CT should be performed only if MRI is unavailable or contraindicated.
[3] Biomarker use: strongly recommended if age <70; recommended depending on individual patient feature if age 70-85. Not recommended if age >85. Bold font: strong agreement (>70%); regular font: moderate agreement (50%-69%).
[4] Clinician will select the second-line biomarker according to the clinical-neuropsychological and MRI peculiarities of that specific case.

Assessment not further discussed in this initiative.
Reconsider diagnosis.

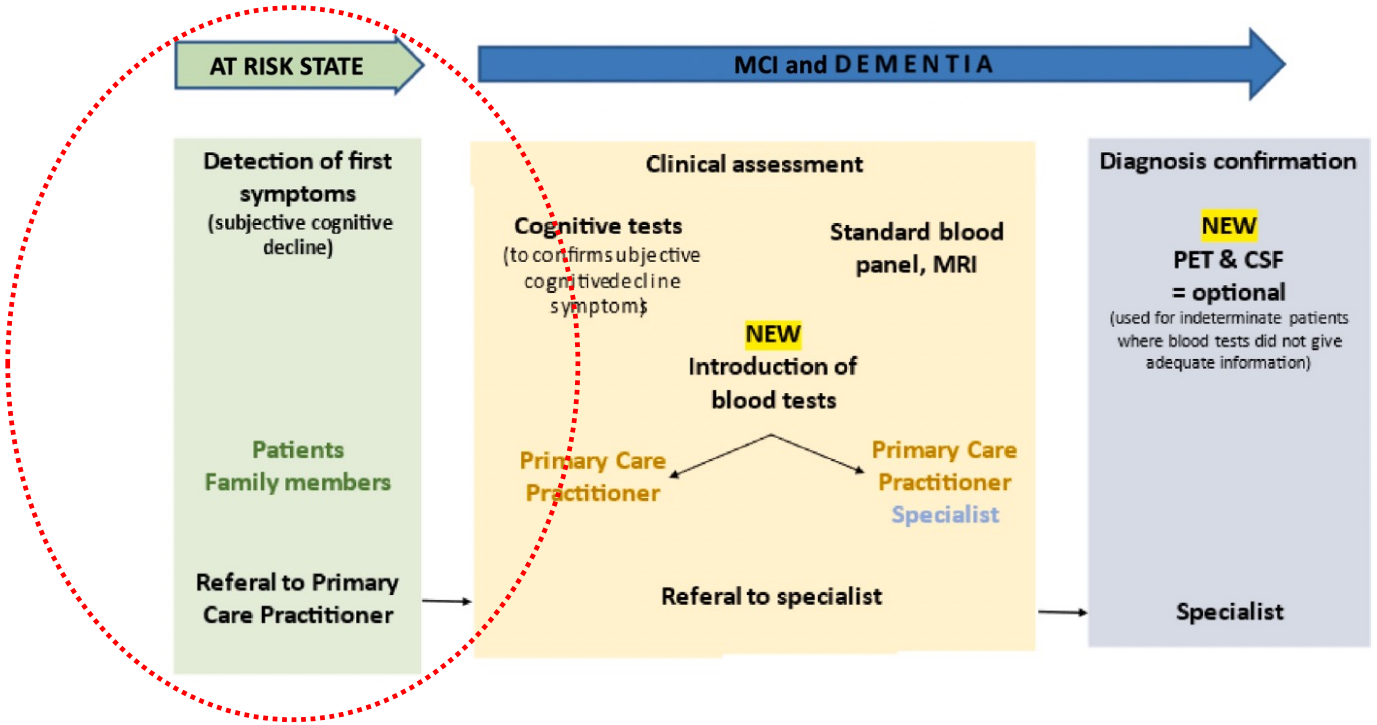
The European inter-societal consensus – *Lancet Neurol* 2024

New detection and diagnosis pathway



Blood biomarkers of Alzheimer's pathology will radically change the future patient journey

New detection and diagnosis pathway



Blood biomarkers of Alzheimer's pathology will open the new patient journey for secondary prevention

Prevention

Health Policy

Dementia prevention in memory clinics: recommendations from the European task force for brain health services

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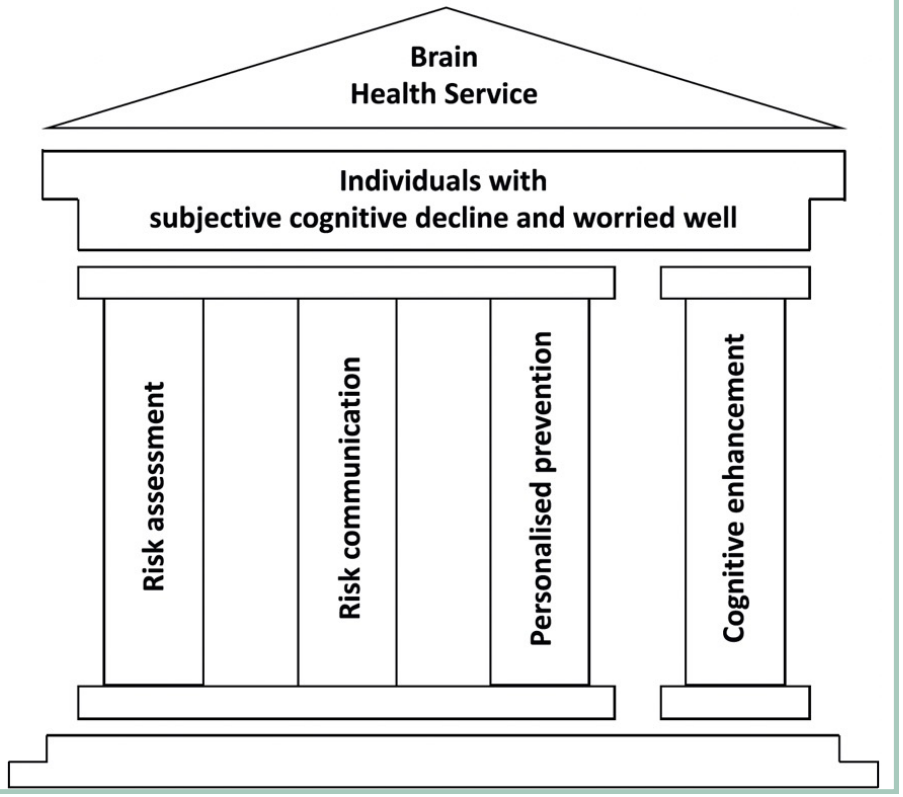
https://doi.org/10.1016/j.lanepe.2022.100576



The vision of secondary prevention of dementia and Alzheimer's disease

In 1945 hypertension was considered an untreatable natural consequence of ageing

- F.D. Roosevelt in Yalta, 1945
- His blood pressure was 260/150.
- Eight weeks later he had a bout up to 300/190 and died of intracranial hemorrhage at 3.35 pm on April 12, 1945, at the age of 65.

Bruenn HG. *Ann Int Med* 1970;72:579–91

Conclusions

- Diagnosis and care of dementia and AD are going to change dramatically in the coming years
- The biomarker-based diagnosis will need to be largely implemented in the clinic in patients with MCI and mild dementia
- Persons in the state at risk will be managed in novel memory clinics where risk assessment, risk communication, and risk reduction interventions will be delivered