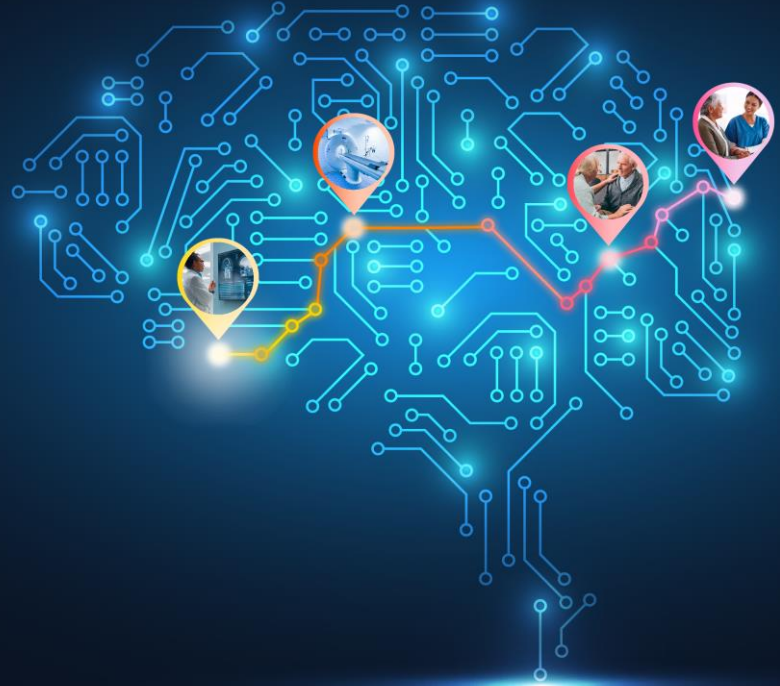


SYMPOSIUM

# Clinical care pathway for Alzheimer's disease: Driving improvements in diagnosis



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Category 1  
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# ○ Early and accurate diagnosis of AD in the DMT era ○



**Dr Sharon Cohen**

Toronto Memory Program,  
Toronto, ON, Canada

# Patient case 1: Question

## Charlotte



**Age:** 68 years

**Sex:** Female

**Background:** *Progressive, persistent and unexplained MCI for the past 2 years. Has a strong family history of AD. Still independent in IADL. MoCA is 23/30. General neurological examination, routine laboratory assessments, and MRI brain are normal. CSF analysis shows normal levels of  $A\beta_{42}$  and phosphorylated tau, and elevated levels of total tau and NfL.*

**What clinical assessment would you make?**

- A. Normal biology**
- B. AD**
- C. AD pathologic change**
- D. Non-AD pathologic change**

# Patient case 1: Polling results

## Charlotte

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### What clinical assessment would you make?

**A. Normal biology**

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**B. AD**

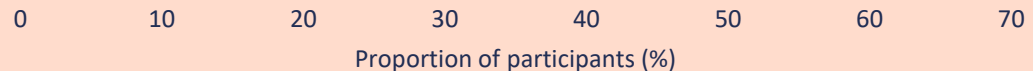
5.9

**C. AD pathologic change**

35.3

**D. Non-AD pathologic change**

58.8



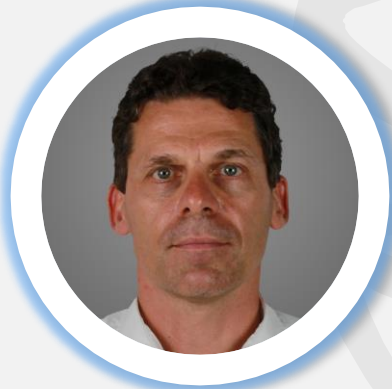


# Audience questions for discussion

1. What are we going to do about the fact that clinicians, patients and families conflate memory problems with normal ageing?
2. Would you consider a tauopathy for the case of Charlotte, like FTD?



# ○ Imaging and fluid biomarkers in the pathway to AD diagnosis ○



**Professor Sven Haller**  
Centre d'Imagerie Médicale Cornavin,  
Geneva, Switzerland

## Patient case 2: Question

### Margaret



**Age:** 74 years

**Sex:** Female

**Background:** *Unexplained memory loss and confusion with a progressive lack of cognitive abilities. Is irritable and feels agitated. Has had several falls requiring hospitalization. Is unable to drive but still lives independently. MoCA is 19/30*

**What would you do next?**

- A. MRI
- B. Amyloid-PET
- C. CSF analysis
- D. CT scan
- E. Blood-based biomarkers

# Patient case 2: Polling results

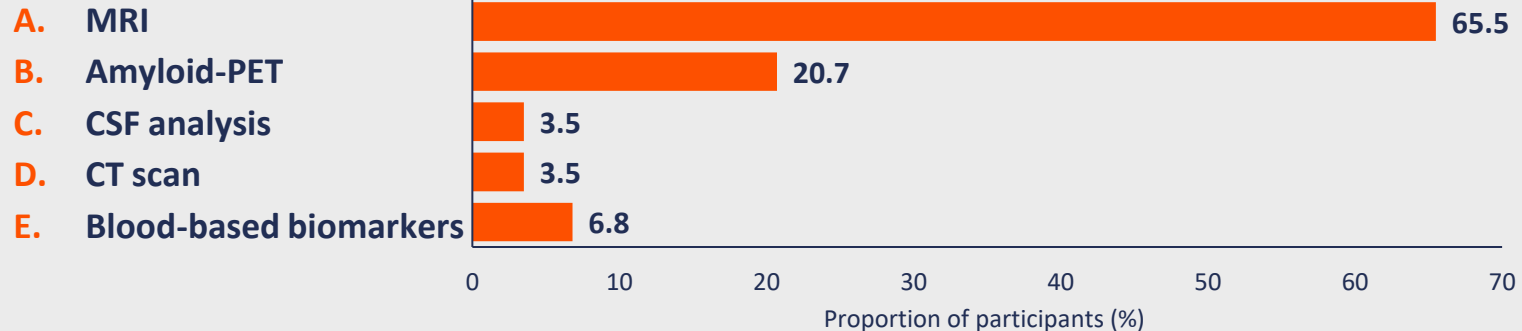
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**Background:** *Unexplained memory loss and confusion with a progressive lack of cognitive abilities. Is irritable and feels agitated. Has had several falls requiring hospitalization. Is unable to drive but still lives independently. MoCA is 19/30*

### What would you do next?







# Audience questions for discussion

1. How does underlying vascular pathology affect the management of a patient with AD?
2. Are there places that are using ASL perfusion MRI routinely?
3. Can you comment on the sensitivity and specificity of ASL vs spectra imaging?
4. Can you explain the difference between phosphorylated tau and total tau?



# ○ Collaborative patient-centred care across the AD continuum ○



**Dr Ronan Factora**

Cleveland clinic,  
Cleveland, OH, USA

# Patient case 3: Question

## Stephen



**Age:** 87 years

**Sex:** Male

**Background:** *Increased confusion and memory loss. Has high blood pressure and is a stroke survivor with type 2 diabetes. Diagnosed with depression. MRI brain shows multiple microbleeds, right frontal infarct and mesial temporal lobe atrophy.*

**What support would you provide?**

- A.** Genetic counselling
- B.** Develop a multidisciplinary care plan
- C.** Consider anticoagulants for stroke prevention
- D.** Refer to a psychiatrist

# Patient case 3: Polling results

## Stephen

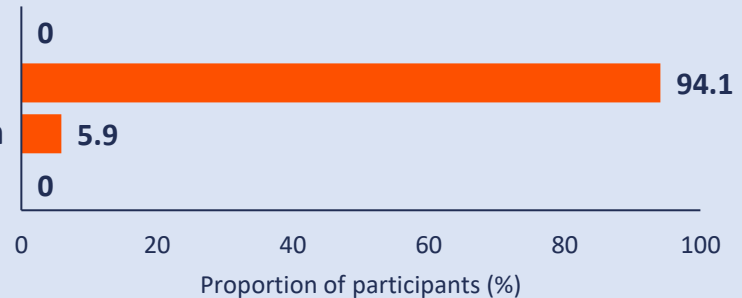
**Age:** 87 years

**Sex:** Male

**Background:** *Increased confusion and memory loss. Has high blood pressure and is a stroke survivor with type 2 diabetes. Diagnosed with depression. MRI brain shows multiple microbleeds, right frontal infarct and mesial temporal lobe atrophy.*

### What support would you provide?

- A. Genetic counselling
- B. Develop a multidisciplinary care plan
- C. Consider anticoagulants for stroke prevention
- D. Refer to a psychiatrist



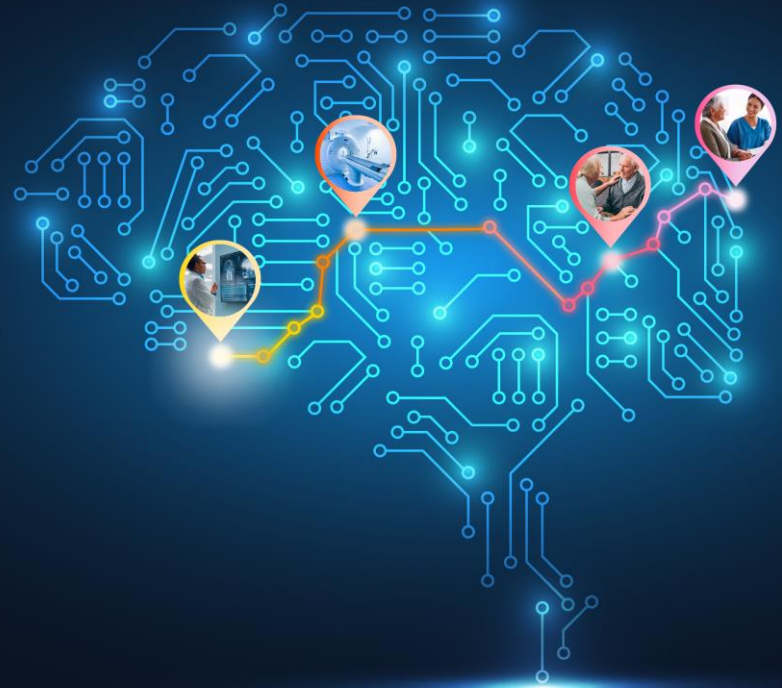


# Audience questions for discussion

1. What structured gait assessment would you recommend?
2. How do you discuss the risk of ARIA with patients and caregivers when starting anti-amyloid therapies?



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Thank you for your participation