ALZHEIMER'S ASSOCIATION | ALZPro

Helping Your Patients Understand the New Amyloid-Targeting Therapies for Alzheimer's Disease

This document summarizes key recommendations from the Alzheimer's Association® Clinical Meaningfulness Workgroup to support discussions about new amyloid-targeting therapies. It provides language and a framework to help facilitate balanced, informative conversations about potential benefits, risks and ongoing care considerations.

The ***full resource*** is published in *Alzheimer's & Dementia®: The Journal of the Alzheimer's Association*.

A Framework for the Treatment Discussion

1. Determine if discussion is appropriate.

Review eligibility criteria below. If the patient is ineligible, do not present amyloid-targeting therapy as a treatment option to avoid setting unrealistic expectations.

2. Frame the conversation around the person living with Alzheimer's.

Begin by understanding the patient's and their care partner's fears, priorities and hopes. This context is essential for a meaningful discussion about risks and benefits.

3. Explain the potential benefits and process.

These drugs may slow disease progression by four to six months on average over an 18 month treatment period, helping to preserve abilities important for autonomy.

Outline the treatment process: Include required diagnostic assessments such as cognitive testing; brain imaging, including magnetic resonance imaging (MRI) and positron emission tomography (PET); lumbar puncture for cerebrospinal fluid (CSF) analysis; blood tests; and genetic testing. Also highlight the need for repeated infusions, either monthly or biweekly, and ongoing monitoring.

Key Eligibility Criteria

Disease stage, specifically early-stage Alzheimer's disease, when symptoms are mild, defined as a Mini-Mental State Exam (MMSE) score above 22.

Confirmed amyloid presence in the brain, as determined by MRI, PET scan, lumbar puncture and blood tests.

Overall health and medical suitability, determined by medical history and the presence of other health conditions or medications that may affect the safety of treatment.

What to Talk About

Discuss Risks and Ongoing Monitoring

- **Discuss infusion reactions,** noting they are typically mild and manageable with medical intervention.
- **Explain ARIA** by describing amyloid-related imaging abnormalities (ARIA) in simple terms: fluid buildup (ARIA edema) and small spots of bleeding (ARIA hemorrhage).
- **Differentiate ARIA types,** noting that while most ARIA are asymptomatic, some people do experience symptoms that require urgent evaluation.
- **Acknowledge serious risks** and highlight that while uncommon, serious adverse events can lead to hospitalization, disability, and in rare cases, death.
- **Emphasize surveillance** and stress the importance of ongoing monitoring with regular brain scans to detect ARIA early.

The Role of *APOE* Genotyping in ARIA Risk

Purpose: Eligible patients should be tested for *APOE-e4* status before starting treatment to assess risk of developing ARIA.

Risk Factor: People with the *APOE-e4* allele are at higher risk of developing ARIA.

Considerations: Discuss the implications of this test for the patient and their family. Remind them that having the *APOE-e4* allele increases the likelihood but does not guarantee ARIA will occur.

Common ARIA Symptoms

- HEADACHE
- CONFUSION
- VOMITING
- VISUAL OR GAIT DISTURBANCES
- DIZZINESS
- NAUSEA
- TREMORS
- CHANGES IN MENTAL STATE

Review Practical and Logistical Commitments

- **Treatment and monitoring.** Ensure patients and their care partners understand the commitment to regular medical appointments, infusions, and monitoring procedures.
- **Financial and logistical constraints.** Advise discussion of direct and indirect costs, insurance coverage, and travel to infusion centers.
- **Treatment duration.** Acknowledge that the optimal duration for these treatments is currently unknown.
- **Registry enrollment.** Patients covered by Medicare are required to enroll in a CMS-approved registry, like **ALZ-NET**, to contribute to the understanding of treatment effectiveness and side effects.

ALZHEIMER'S ASSOCIATION | ALZPro For additional information and professional resources, visit **alz.org/ALZPro**.

Rentz DM et al. Benefits and risks of FDA-approved amyloid-targeting antibodies for treatment of early Alzheimer's disease: Navigating clinician–patient engagement. *Alzheimer's & Dementia.* 2024;20(11): 1-10.

Formed in 2022, the Alzheimer's Association's Clinical Meaningfulness Workgroup, comprised of dementia experts, aims to help clinicians understand and communicate the complexities of nearly approved amyloid-targeting therapies to people living with Alzheimer's disease and their caregivers. The workgroup analyzes treatment data, develops clinician resources, and incorporates diverse perspectives from patients and practicing clinicians to ensure comprehensive and patient-centered guidance.

ALZHEIMER'S ASSOCIATION