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ReachMD

www.reachmd.com

info@reachmd.com

(866) 423-7849

Importance & Benefits of Early Diagnosis

Announcer:

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Dr. Agronin:

This is CME on ReachMD. And I'm Dr. Marc Agronin. With me today is Dr. Richard Isaacson. Richard, really looking forward to this discussion with you on this episode.

You know, we always hear how it's important to diagnose early, and obviously the earlier we diagnose, the earlier we can intervene. Can you talk a little bit about the importance of early diagnosis for Alzheimer's disease and how we might apply that in our daily practice?

Dr. Isaacson:

Sure. So, Marc, great to be here with you. And you know, I think most people are unaware that Alzheimer's disease begins in the brain decades before the first symptom of memory loss begins. And that leaves a lot of time to not just come up with a diagnosis, but also to intervene in terms of putting together a regimented treatment plan for that patient. So I really believe that early diagnosis should start very early, when someone is just starting to have the very earliest glitches. You know, some people call them senior moments; some people say, "Oh, it's fine, it's normal aging." I think we really need to take that seriously. Because even, you know, it's okay to lose your keys once in a while. And it's okay to, you know, misplace your cell phone. But these things that kind of continually happen, repeating the same stories, I just really think that people should take it seriously, do some sort of cognitive screen.

And I think the earlier you treat, the better the person will do. And the earlier a person is recognized, the better a person will do. And it's not just about drug treatments; there's a lot of exciting developments that are happening now with the first available treatments for the mild cognitive impairment phase of Alzheimer's, the earliest symptomatic phase, but also the lifestyle interventions, exercise and nutrition. There's lots of things that people can do that I do believe has some evidence

Dr. Agronin:

That makes such a difference. What do you see in your practice when individuals come to you and they've not gotten an early diagnosis, so it's already down the road a bit? What do you see in terms of what maybe they've missed, or it's more difficult to intervene at that point?

Dr. Isaacson:

Yeah, I think statistically, people wait years, unbelievably, to get a diagnosis. And when they present for that initial diagnosis and they get diagnosed, they're much more further along. Their Mini-Mental status exam scores are lower; their functional impairments are greater. And I really think that if we could try to identify things early, get a baseline, whether it's a baseline cognitive assessment, baseline blood tests, baseline MRI with volumetric results, or even a baseline PET scan to see if there's amyloid or other biomarkers. I think earlier diagnosis is critical. And without that diagnosis, without the biomarkers, without the tests, we're just not going to be able to

treat as effectively, no immunotherapies. And no emerging treatments at all.

Dr. Agronin:

It's so true. And it's actually stunning to realize that many individuals, as they have evolving cognitive impairment actually don't see a physician for up to 2 years in 1 particular study. And as a result, they're not receiving a timely diagnosis. In fact, even when they come in to see the physician, sometimes it may take up to a year or more to actually get a definitive diagnosis. And as you point out, in those situations, they're living with this mysterious illness, these changes, and they're not getting effective treatment for that.

Why might this be the case? I think for many patients and caregivers, there's often denial of the changes. Often when they see a physician, especially a primary care physician, they might not be aware of what these changes mean or the importance or the extensiveness of the workup that needs to be done. And, you know, there aren't as many experts out as needs to be. And so even for many individuals getting access, either to the memory center or to the neurologist or geriatric psychiatrist who is going to do the comprehensive evaluation, there can be a delay with that.

And finally, you know, without question, ageism plays a role. Many people believe that just because you're aging, just because you're older, that cognitive impairment is normal for that. And what we want to mention here, we want to stress is that that's not normal. And there's so much we can do. And I'm certainly see this in your own practice as well.

Dr. Isaacson:

Absolutely. And when we identify early, we can refer to clinical trials early. When we identify early, we can educate the family earlier. There's so many things we can do from a psychosocial, pharmacologic, clinical trial perspective. And I really think that as stigma gets broken down and as this ageism kind of takes a back seat, I think our patients are going to receive better care.

Dr. Agronin:

It's so true. We're in a different era now. And there's so much more we can do. Well, Dr. Isaacson, my friend and colleague, this has been a great bite-sized discussion. Unfortunately, our time is up. Thanks for listening.

Announcer:

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