Alzheimer's Disease



William Petrie, MD Psychiatric Consultants, PC

Differential Diagnosis

Source: Alzheimer's Association 1995

ALZHEIMER"S DISEASE

- Gradual onset
- Relentless progression
- Underlying vascular disorder not always present
- Degeneration in a broad range of intellectual abilities

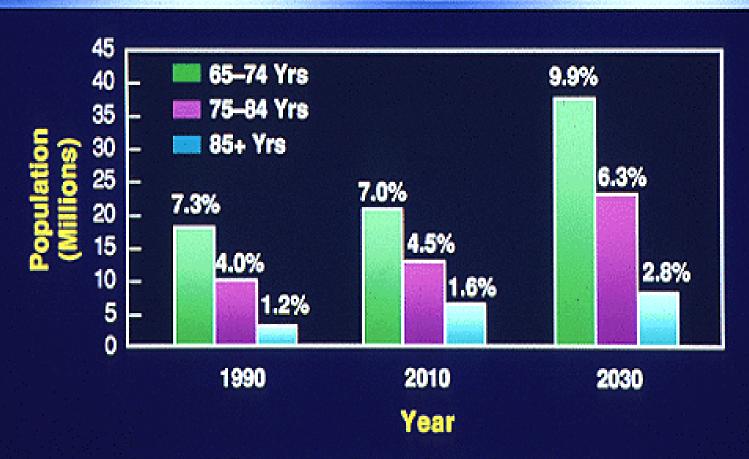
VASCULAR DEMENTIA

- Abrupt onset
- Underlying vascular disorder present (eg. HTN or Heart Disease)
- Early impairment in motor skills
- Brain scans shows evidence of strokes or stroke-related changes

Alzheimer's Disease Prevalence

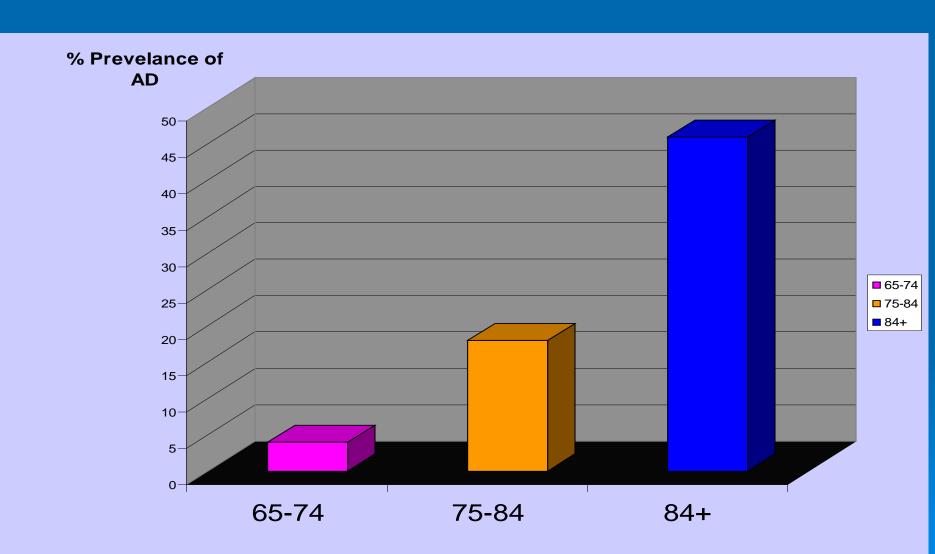
- According to projections by the US Census Bureau, the number of AD patients is now estimated at 4.5 million.
- By 2030, it is estimated that the number will double to approximately 9 million Americans.
- By 2050 it is estimated that 14 million Americans will suffer from Alzheimer's disease.

Elderly Population in the United States Projected Growth and Distribution



Source: US Bureau of the Census. Current Population Reports, Special Studies, P23–190, 65+ in the United States. Washington, DC: US Government Printing Office; 1996.

Alzheimer's Disease Prevalence



Causes of Dementia

DEMENTIA

Alzheimer's

Dementia
(>60%)

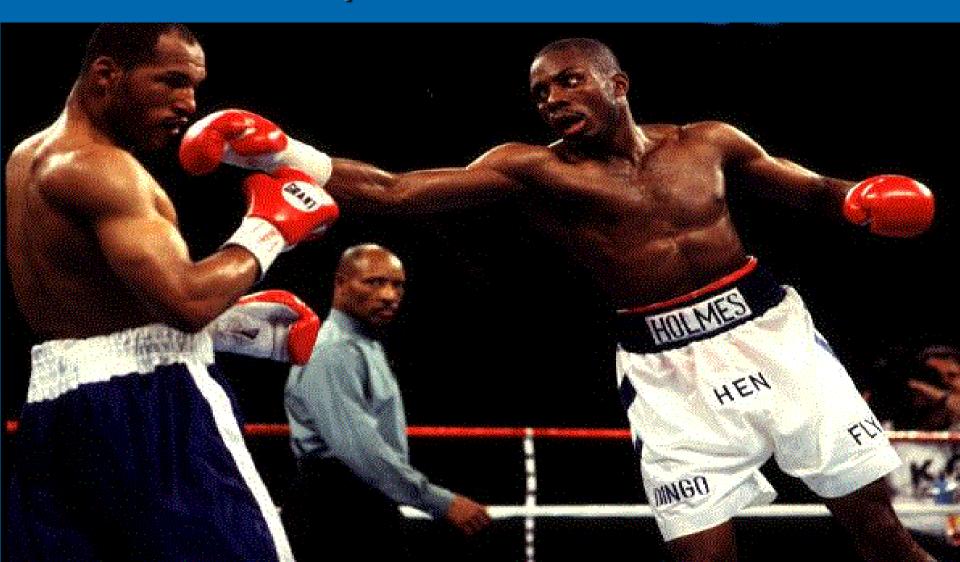
Vascular Dementia

Others Dementias(Rare)
eg.AIDS related;
Parkinsonian
Alcohol Induced

Relative Frequency of Dementia D/O in Old Age

- Dementia- Alzheimer type (DAT) 52%
- Multi-Infarct Dementia (MID) 17%
- ➤ Combination of DAT & MID 14%
- Brain Tumors (& rare neurological disease ie Huntington's, Picks, etc)
- Parkinson's Disease
 2%
- Psychiatric Conditions
 1%
- Unknown Causes

Dementia Pugilistica Repeated Blows



Summary of Prevalence & Economic Impact of AD

- Approximately 4.5 million Americans currently have AD
- > > 100,000 people die from AD annually
- Estimated that 14 million Americans will have AD by 2050
- Cost of healthcare \$90 billion annually
- AD is the 3rd most expensive disease to treat in US following cancer and heart disease

Estimated Annual Pt Costs

Total Yearly Costs to American Society \$90 billion

TYPE OF CARE

ESTIMATED ANNUAL COSTS PER CASE

Nursing Home Care

\$ 36,000

Home Care

\$ 18,000

Reversible Causes of Dementia

- Adverse drug reaction
- > Depression
- Metabolic changes
- > Nutritional deficiencies
- Head injuries

Head Injuries



Common Syndromes of Subcortical Dementia

- Degenrative
 - Parkinson's Disease
 - Huntington's Disease
 - Progressive Supranuclear palsy
- > Vascular
 - Lacunar state
 - Thalamic infacrtion
- > Other
 - Multiple sclerosis
 - HIV associated dementias
 - Normal pressure hydrocephalus
 - Lewy Body Dementia

Folstein MMSE (Mini Mental Status Exam)

- Orientation
 - Year ,Season, Date, Day & Month (1 pt for each)
 - Country, state, county, city, present location (1pt for each
- Attention and Calculation-(subtract serially 7's from 100 (93,86,79,72,65]- 1 pt each OR Spell" WORLD" backwards (DLROW) 1 pt each
- > Recall (3 objects (apple, book, coat) -1pt each

Folstein MMSE Possible Score 30/30

Language

- Identify 2 objects (pencil, watch) 1 pt each
- Repeat-"No ifs, ands, or buts" 1 pt
- 3 step command 1 point each
 - 1) Take this piece of paper in your right hand
 - 2)Fold it in half
 - 3) put it on the floor
- Read and obey: Close your eyes 1 pt
- Write a complete sentence 1 pt
- Copy this design- (2 intersecting pentagons)

Risk Factors for AD

ESTABLISHED

POSSIBLE

- Age
- Family History
- Down's Syndrome

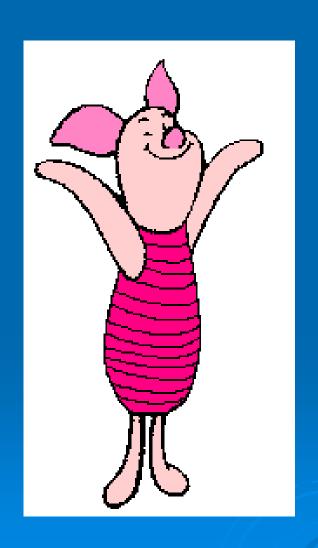
- Previous head trauma
- Environmental factors
- Infectious agents

Source: Costa PT et al 11/96

You've Got a Hard Head Charlie Brown



Risk Factor: Head Size

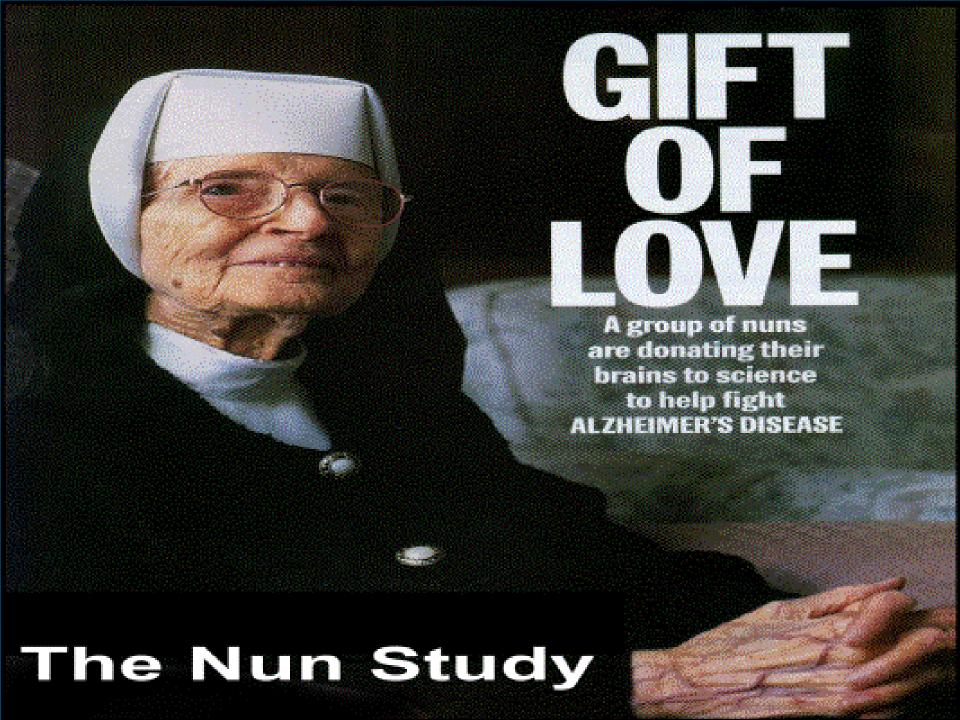




Warning Signs of AD

- Difficulty learning and retaining new information
- Difficulty performing complex tasks
- Diminished reasoning ability
- Problems w/spatial orientation
- Language problems
- Changes in personality, mood, or behavior

Source: Agency for Health Care Policy and Research Guideline 19 Overview;1996



Sisters of Notre Dame NIMH study - Dr. David Snowdon

- > 678 Catholic sisters studied
- > Ages 75-103
- Longitudinal study beginning in 1991
- Annual assessments of cognitive and physical functioning
- Autopsy of brain upon death
- Similar lifestyles

Neuronal Degeneration

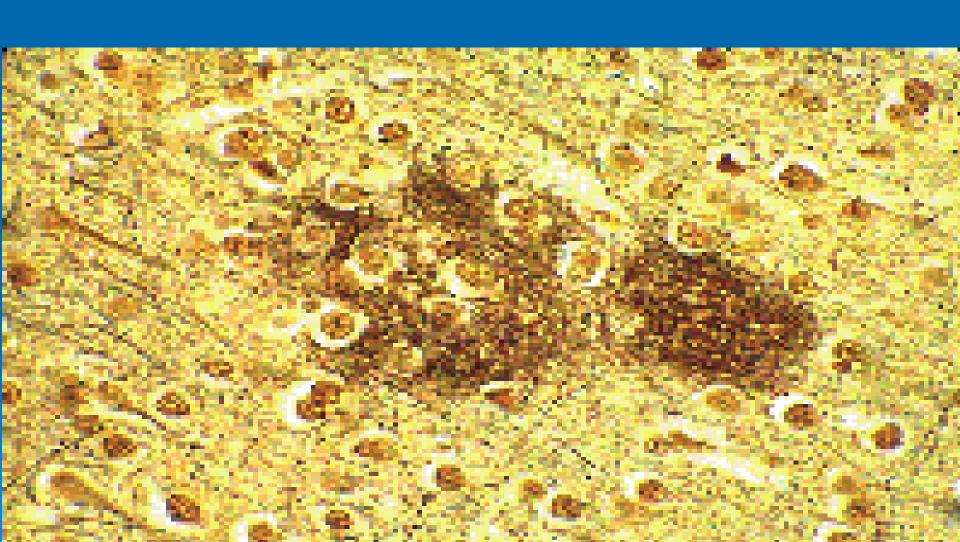
The pathobiology of Alzheimer's disease is characterized by:

- Amyloid plaques
- Neurofibrillary tangles

Amyloid Plaques

- Plaques are extracellular structures that are more prevalent in the Alzheimer's patient's brain, particularly in the hippocampus and neocortex
- Amyloid (neuritic) plaques in Alzheimer's disease are dense and insoluble structures
- Plaques consist of a central core of betaamyloid protein surrounded by abnormal axons and dendrites

Amyloid Plaques



The Amyloid Hypothesis

Amyloid Deposits

- Correlate with AD pathology and reduced cognitive function
- Accumulate with advancing age
- Aqccumulate in neuritic plaques over span of 30 years
- Composed of B–A4 protein Selkoe, DJ *N Eng J Med 1989*

Formation of B-A 4

B-APP

B = amyloid protein precursor

B-APP770

B-APP751

B-APP714

B-APP695

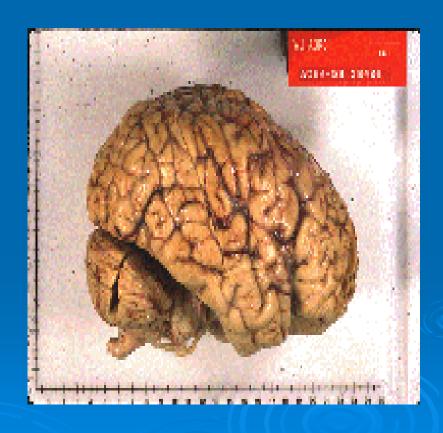
B-A4

B - amyloid

> B -amyloid is normally cleared by α - secretase into fragments largely cleared from the brain. Gene mutations cause cleavage by B - secretase and δ-secretase, producing B-amyloid (1-42). This aggregates into B -pleated sheets which make up characteristic amyloid plaques.

Amyloid Plaques & Neurofibrillary Tangles





Neurofribrillary Tangles

- Intra cellular inclusion bodies consisting of paired helical filaments that appear in a characteristic double-helix shape
- Filaments appear to be composed of a hyperphosporylated microtubule associated protein called tau.
- Remains of damaged neuronal microtubules.

The Protective Value of Multiple Pathways

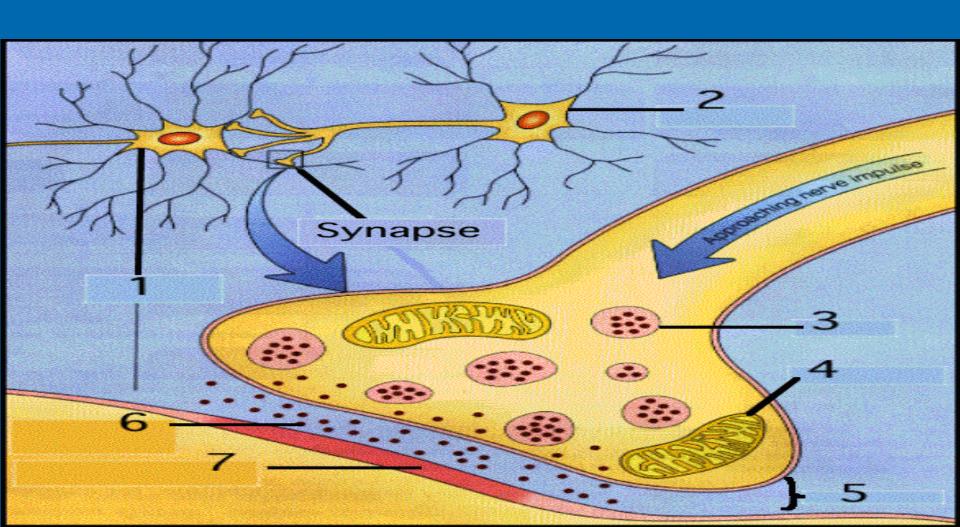




Cognitive Dysfunction Syndrome



Pathogenesis: The Cholinergic Synapse



Current Aspects of Alzheimer's Disease Research

- Cholinergic dysfunction
- Noncholinergic deficits
- Genetics
- Treatment-Cholinesterase Inhibitor s
 - Cognex- Tacrine Hydrochloride
 - Aricept- Donepezil HCL
 - Exelon- Rivastigmine tartrate

Genetic Research

- Research has produced evidence of a link between Alzheimer's Disease and chromosomes 1,14,19 and 21.
- Chromosomes 1,14 and 21 have been linked with early-onset Alzheimer's disease, an extremely rare form of the disease.
- ApoE4 gene located on chromosome 19 has been associated with late-onset Alzheimer's disease, the most common form of the disease.

Importance of Social Relations

- ➤ Individuals living alone, with poor social relations and with limited family contacts, have an increased risk of dementia (both vascular and Alzheimer's Disease) by 60%
 - > Fratiglioni et al. 2000

Impact of Estrogen upon the Disease Progression

Estrogen replacement for one year did not slow disease progression in mild to moderate Alzheimer's patients

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(MMSI 12-28)

Mulhard et al. 2000

3 Key Domains of Global Functioning

- Cognition
- > Behavioral
- Activities of Daily Living (ADLs)

The acetylcholinesterase inhibitors target these areas of functioning.

Possible Drugs for Preventing or Treating AD

DRUG	ACTIVITY	MECHANISM
Cognex Aricept Exelon	Acetycholinesterase inhibitor	Compensate loss of cholenergic neurons
Ampakines	Enhance activity of AMPA receptor	Improve memory by enhancing long-term potentiation
Ibuprofen, Other NSAIDS	Anti-inflamatory	Prevent inflamitory damage to neurons
Vitamin E	Antioxidant	Protects against the Radical damage
Premarin	Female hormone	Promotes neuronal survival

Possible Drugs for Preventing or Treating AD

DRUG	ACTIVITY	MECHANISM
Nerve growth factor	Maintain cholenergic neurons in brain	Promotes neuronal survival
Calcium channel blockers	Inhibit calcium ion entry into neurons	Reduce calcium toxicty
Cholesterol lowering drugs	Lower apoE4 concentration	Prevent apoE4 toxicity to neurons
Protease inhibitors	Block B-amyloid production	Prevent neuronal loss to B-amyloid toxicity

Donepezil HCL (Aricept)

- Reversible acetylcholinesterase inhibitor
- Chemically unrelated to tacrine
- Enhances cognitive function
- Once daily dosing
- > 5 mg to 10 mg does are clinically effective
- No Liver function testing required

Donepezil HCL (Aricept) Dosing

- One tablet daily at bedtime
- May be taken with or without food
- Both the 5 mg and 10 mg daily doses are clinically effective
- Some patients might derive additional benefit by dosage escalation to 10 mg daily after 4-6 weeks of 5 mg therapy

Rivastigmine Tartrate (Exelon)

Reversible acetylcholinesterase inhibitor

Enhances cognitive function

Twice a day dosing

Recommended with food (breakfast and supper)

Rivastigmine Tartrate (Exelon)

> 1.5; 3.0; 4.5 and 6.0 mg capsules

> 6-12 mg target dosing range

Not metabolized via C-450 pathway

No liver function testing required

Galantamine (Reminyl)

- Prevents the breakdown of acetylcholine and stimulates nicotinic receptors to release more acetylcholine in the brain.
- > 4mg -BID (8mg/day) Increase by 8mg/day after 4 weeks to 8mg, BID (16mg/day). After another 4 weeks, increase to 12mg, BID (24mg/day), if well tolerated.
- Possible Side effects: Nausea, vomiting, diarrhea, weight loss

AD Drugs under Development

- Acetycholinestrase inhibitors
 - Eptastigmine(Mediolanum)
 - Metrifonate (Bayer)
 - Physostigmine (Forest)
- Acetylcholine precursors
 - Acetyl-1-carmtine (sigma-Tau Pharmaceuticals)
- Muscarinic agonsits
 - Af-102B (Forest/TEVA/Snow Brand)
 - Milameline (Warner Lambert/Hoechst Marion Rossel)
 - SB 202026 (SmithKline Beecham)
 - SR 46559 (Sanofi)

Most Common Adverse Events Acetylcholineterase Inhibitors

- The most common adverse events associated with ARICEPT, EXELON and REMINYL treatment includes nausea, diarrhea, insomnia, vomiting, muscle cramps, fatigue, and anorexia.
- These adverse events were often of mild intensity and transient, resolving during continued treatment without the need for dose modification.

AD Drugs under Development

- Metabolic Enhancers
 - Nicergoline (Pharmacia)
 - Xanomeline (Eli Lilly)
 - Propentofyline (Hoechst Marion Roussel)
- Others
 - Corticotrophin releasing factor (Neuocrine Biosciences)
 - Sabeluzole (Johnson and Johnson)

Sources: The Genesis Report/Rx 1995
Pharmaceutical Research and Manufacturers of America
Survey 1995

Alzheimer's Disease



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Differential Diagnosis

Source: Costa PT et al 1996

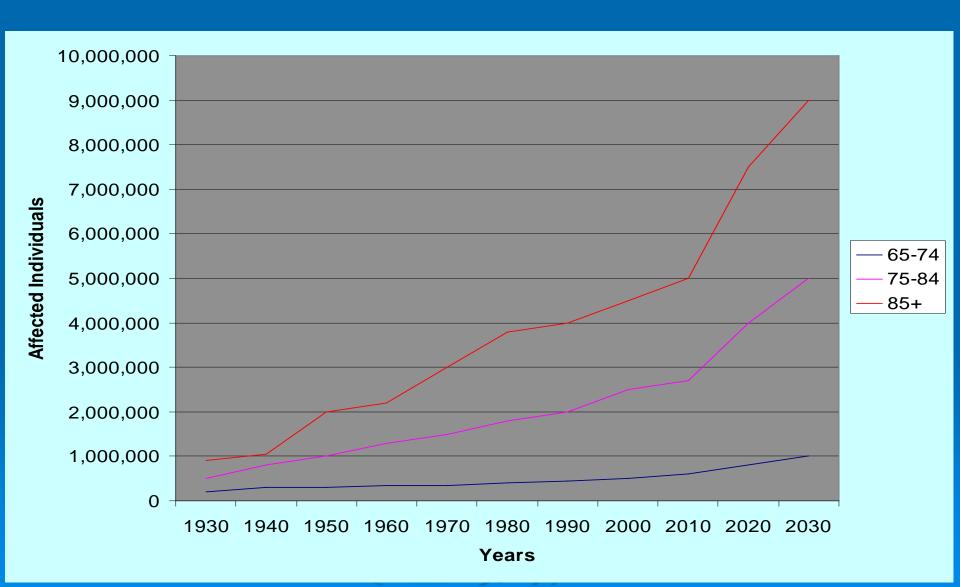
ALZHEIMER"S DISEASE

- Irreversible decline in short- term memory
- Irreversible decline in other cognitive abilities
- Functional impairment
- Psychiatric symptoms

NORMAL AGING

Benign decline in short-term memory

Alzheimer's Disease Prevalence



Alzheimer's Disease (AD)

- AD is one of the top 10 leading causes of death in Americans over 65 years of age.
- AD is the 3rd most costly disease, after heart disease and cancer.
- Federal funding for AD is 4-7 times lower than for heart disease, cancer or AIDS.

Estimated Annual US Incidence (1983) of AD by Age and Gender

Age group (yr)	Males (%)	Females (%)
65-69	0.37	0.20
70-74	0.70	1.16
75-79	1.37	1.16
≥80	3.00	2.25

Signs and Symptoms at Different Stages of AD

Mild

Confusion & memory loss

Disorientation in space Problems w/routine tasks

Changes in Personality; judgement

Moderate

Difficulty w/ADLs

Anxiety, paranoia agitation

Sleep disturbance Difficulty recognizing Family & friends

Severe

Loss of speech

Loss of appetite; Weight loss

Loss of Bladder & Bowel control Total dependence on caregiver

Neurofibrillary Tangles



Hormones and Paragraph Recall

Women who received any of the active hormonal preparations maintained their scores on Paragraph-Recall pre- to postoperatively (hysterectomy and bilateral salpingo-oophorectomy) while scores decreased significantly in women receiving placebo.

Treatment with Estrogen Replacement Therapy

- Open label clinical trials and 1 randomized trial have shown cognitive impairment in female patients with dementia who were treated with estrogen replacement therapy.
 - Haroutunian et al. 1998; 1999
 - Heyman et al. 1987

Donepezil HCL (Aricept) ADAScog Placebo Washout Effect

