New Approaches for the Diagnosis and Management of Alzheimer's Disease

The most common cause of disability in people older than age 80, the fastest growing population of American society, is dementia. Estimates of its incidence vary widely. A recent consensus statement from the American Association for Geriatric Psychiatry and the Alzheimer's Association maintains that about 6% to 8% of those older than 65 years of age have Alzheimer's disease (AD), the most common type of dementia.[1] The consensus statement adds that one's risk of developing AD increases every year after age 65.

To many Americans today, these AD numbers are frighteningly real. Every son, daughter, friend, and coworker seems to have a story about a father, mother, aunt, or grandparent who "needs help" or "needs watching." Increasingly, families of patients with AD are engrossed in discussions of nursing homes, caretakers, and tough new responsibilities that adult children must assume. Beyond the disruption and grief related to the current family crisis looms another fear: Baby boomers make silent calculations about their own odds in the AD lottery.

Unfortunately, most healthcare delivery systems and providers seem to have missed the first wave of national concern about AD. Only recently have managed care organizations (MCOs) awakened to the heavy demands and costs associated with AD. In the past 2 or 3 years, providers have been exploring a range of interventions that can improve the quality of life for both patients with AD and their families. Such interventions may also reduce costs of direct medical care and institutionalization.

This Special Report supplement to *The American Journal of Managed Care* features the proceedings of an educational symposium convened by the Office of Continuing Medical Education of the Johns Hopkins Medical Institutions. The symposium was held on September 8 and 9, 2000, in New York City. The goal of the meeting was to explore approaches that might enable MCOs to improve care for their patients with AD.

Cochair Peter Rabins, MD, Professor of Psychiatry at Johns Hopkins University School of Medicine in Baltimore, cited lack of proper diagnosis as the chief barrier to progress in AD management and went on to say the lack of recognition and appreciation occurs at every level: the plan, the physician, and the family. Dr. Rabins also pointed out that new approaches to AD care need not dramatically increase MCO costs and that in fact many existing resources, such as community support groups and the Alzheimer's Association, could be used more effectively.

Norman Relkin, MD, PhD, Assistant Professor of Clinical Neurology and Neuroscience at New York-Presbyterian Hospital, spoke about the benefits of early dementia

diagnosis and practical steps that practitioners can take to improve their diagnostic skills. In his presentation, "Screening and Early Diagnosis of Dementia," he provided data that show the correlation between late disease stages (as reflected, for example, by the Mini-Mental State Examination) and costs of care. The bulk of these costs, he noted, accrue in the moderate and severe stages of AD. Dr. Relkin stressed that most cases of AD can be diagnosed in straightforward medical and psychiatric examinations without expensive imaging tests or referrals. Allowing sufficient time for a proper diagnosis by the primary care physician, according to Dr. Relkin, is one of the changes most urgently needed within MCOs today. In addition, he noted that improvement of AD treatment also depends upon adherence to published diagnostic guidelines and better clinician education.

In a review of clinical treatment options for AD, William E. Reichman, MD, Associate Professor at the University of Medicine and Dentistry of New Jersey, provided an update on pharmacologic and nonpharmacologic management of AD and its common behavioral attributes. Dr. Reichman showed that key studies have demonstrated the ability of cholinesterase inhibitors to slow the rate of cognitive decline in patients with mild-to-moderate AD. Other studies mentioned indicate the use of vitamin E has been shown to delay nursing home admissions as a result of cognitive decline. According to Dr. Reichman, several antipsychotics, antidepressants, and anticonvulsants are also now increasingly employed in managing select patients with AD. Besides emphasizing this new information on pharmacotherapy, Dr. Reichman also outlined the benefits to be gained from increased support for AD caregivers.

In the first of his 2 presentations, Howard M. Fillit, MD, Executive Director of the Institute for the Study of Aging in New York City, noted that MCOs should care more about AD.

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After enumerating the practical reasons for the ongoing underdiagnosis of AD, he reviewed the key sources of the sizable AD-related direct medical costs and explained why these costs often remain hidden from MCO medical directors. One prime reason, Dr. Fillit stressed, is the contribution of AD to costly comorbidities that eventually require hospitalization. Frequently the comorbidity is coded for reimbursement purposes, but the secondary diagnosis of AD is neglected. Finally, pharmacoeconomic studies reviewed by Dr. Fillit showed that early treatment may delay AD progression and thereby reduce total medical costs.

In his second presentation, Dr. Fillit provided practical suggestions to MCOs struggling to alleviate the burden of AD in their populations. He challenged MCOs to ask themselves 3 questions: How many of our members have AD and how much are these patients costing us? How should we identify and treat these patients? And is it worthwhile to develop a disease management program for AD? Dr. Fillit encouraged MCOs to answer the last question in the affirmative. He stressed in particular that AD is a high-cost, high-volume disease with some preventable complications. All of

the steps in the disease management approach, he said, can be employed to improve AD care.

The lively debates that took place during the symposium focused on practical managed care issues. They appear in discussion sections that follow each presentation. Key publications mentioned by speakers are listed in the Selected Abstracts section at the back of this issue.

··· REFERENCE ···

1. Small GW, Rabins PV, Barry PP, et al. Diagnosis and treatment of Alzheimer disease and related disorders. Consensus Statement of the American Association for Geriatric Psychiatry, the Alzheimer's Association, and the American Geriatrics Society. *JAMA* 1997;278:1363-1371.