



ORIGINAL ARTICLE

Clinical stages of patients with Alzheimer disease treated in specialist clinics in Spain. The EACE study^{☆,☆☆}

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KEYWORDS

Alzheimer disease;
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Abstract

Introduction: The diagnostic paradigm of Alzheimer's disease (AD) is changing; there is a trend toward diagnosing the disease in its early stages, even before the complete syndrome of dementia is apparent. The clinical stage at which AD is usually diagnosed in our area is unknown. Therefore, the purpose of this study is to describe the clinical stages of AD patients at time of diagnosis.

Methods: Multicentre, observational and cross-sectional study. Patients with probable AD according to NINCDS-ARDRA criteria, attended in specialist clinics in Spain, were included in the study. We recorded the symptom onset to evaluation and symptom onset to diagnosis intervals and clinical status of AD (based on MMSE, NPI questionnaire, and CDR scale).

Results: Participants in this study included 437 specialists representing all of Spain's autonomous communities and a total of 1707 patients, of whom 1694 were included in the analysis. Mean MMSE score was 17.6 ± 4.8 (95% CI: 17.4–17.9). Moderate cognitive impairment (MMSE between 10 and 20) was detected in 64% of the patients, and severe cognitive impairment (MMSE <10) in 6%. The mean interval between symptom onset and the initial primary care visit was 10.9 ± 17.2 months (95% CI: 9.9–11.8), and the interval between symptom onset and diagnosis with AD was 28.4 ± 21.3 months.

Conclusions: Results from the EACE show that most AD patients in our area have reached a moderate clinical stage by the time they are evaluated in a specialist clinic.

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^{☆☆} Results from this study were featured as an oral presentation at the 62nd Annual Meeting of the SEN, held in Barcelona in 2010.

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PALABRAS CLAVE

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Estadio evolutivo de los pacientes con enfermedad de Alzheimer que acuden a la consulta especializada en España. Estudio EACE

Resumen

Introducción: Estamos asistiendo a un cambio en el paradigma del diagnóstico de la enfermedad de Alzheimer (EA), de modo que tiende a realizarse en fases más precoces de la evolución, incluso antes de la aparición del síndrome completo de demencia. En nuestro entorno no se conoce en qué situación clínica se está realizando el diagnóstico de la EA. Por ese motivo, se ha llevado a cabo este estudio, para describir el estadio evolutivo de los pacientes con EA en el momento del diagnóstico.

Métodos: Estudio multicéntrico, observacional y transversal. Se incluyeron pacientes que cumplían criterios NINCDS-ARDRA de EA probable, atendidos en consultas de Atención Especializada en España. Se recogieron los datos sobre los tiempos asistenciales y de evolución de la EA según el MMSE, el cuestionario NPI y la escala CDR.

Resultados: Participaron 437 especialistas de todas las Comunidades Autónomas, que incluyeron un total de 1.707 pacientes, de los cuales 1.694 fueron incluidos en el análisis. La puntuación media del MMSE fue de $17,6 \pm 4,8$ (IC 95%: 17,4-17,9). El 64% de los pacientes presentaban deterioro cognitivo moderado (MMSE entre 10 y 20) y el 6% grave (MMSE < 10). El tiempo medio desde los primeros síntomas hasta la primera consulta a Atención Primaria fue de $10,9 \pm 17,2$ meses (IC 95%: 9,9-11,8), y hasta el diagnóstico de la EA fue de $28,4 \pm 21,3$ meses.

Conclusiones: Los resultados del EACE ponen de manifiesto que en nuestro entorno la mayor parte de los pacientes con EA acuden a Atención especializada en un estado evolutivo moderado. © 2012 Sociedad Española de Neurología. Publicado por Elsevier España, S.L. Todos los derechos reservados.

Introduction

The Spanish Society of Neurology (SEN) defines dementia as an acquired, persistent alteration in brain function that affects at least 2 cognitive spheres (memory, language, visuospatial function, executive functions, behaviour) to such an extent as to interfere with a person's daily activities without there being a change in his level of consciousness.¹ This condition affects 4% of the population aged 60 and over worldwide, with few regional differences, although overall prevalence is higher in developed countries. Generally speaking, more than two-thirds of all subjects with dementia will be diagnosed with Alzheimer's disease (AD).²

Current treatments for AD have shown statistically significant levels of efficacy for improving cognitive function and almost all clinical manifestations of this condition. They are also cost-effective and improve patient and carer quality of life. Available guidelines therefore recommend beginning drug treatments as soon as AD is diagnosed.^{1,3,4} Nonetheless, this type of disorder often has insidious initial manifestations that make it difficult to distinguish from other entities. As a result, diagnosing AD in its earliest stages may be challenging.⁵ Late diagnosis of AD is accompanied by a late start for the specific drug treatment. However, mounting evidence shows that early treatment may optimise therapeutic benefits and delay cognitive decline.⁶ Doctors have therefore proposed initiatives for identifying the disease in its initial stages.^{7,8} In fact, in the area of AD studies, proposals to change AD diagnostic criteria in order to achieve early diagnosis have had considerable impact.⁹⁻¹⁴ Although it is commonly believed that cases are diagnosed in relatively advanced stages in clinical

practice, we should stress that there is no reliable information about when AD is diagnosed in Spain. We proposed conducting EACE, a study of AD in specialist clinics, in order to collect this information. Its purpose was to describe patients' stage of AD at the time of diagnosis in Spain, in specialist clinics able to indicate specific treatment for AD.

Patients and methods

EACE is a multi-centre, observational cross-sectional study performed in Spanish specialist care clinics. The main purpose of the study is to describe the developmental stage at which patients with AD are referred to a specialist care centre for diagnosis. We also measure the time to provide care. Since the study is observational, it includes no clinical interventions.

The study was carried out by specialists in each of Spain's autonomous communities in which doctors consented to participate. Each specialist was asked to include the first 4 patients seen in the office or clinic between May and November 2009, with the following selection criteria: meeting NINCDS-ARDRA criteria for probable AD¹⁵ at that time and with no prior diagnosis of the disease; being able to take neuropsychological tests; and having a reliable informant who would be able to answer the study questions. It was assumed that patients who had previously been treated with specific drugs had already been diagnosed. They were excluded from the study, as were patients whose dementia stemmed from other causes (Parkinson's disease, hydrocephalus, stroke). Patients gave their informed consent to participate in the study

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