Screening for Alzheimer’s Disease in Vermont Primary Care Practice

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Introduction

- Alzheimer’s Disease (AD) is a form of progressive dementia that affects 5.3 million Americans and is the sixth leading cause of death in the US.
- Age is a major risk factor for disease, and 1 in 8 Americans over 65 can expect to develop AD.
- The U.S. healthcare system spends $172 billion/year on patients with AD and dementia, more than half of the Medicare budget. This cost is estimated to increase to over $1 trillion by 2050.
- In 2003, the US Preventative Services Task Force (USPSTF) concluded that screening older adults for cognitive impairment.
- In 2011, the National Institute on Aging published new Annual Wellness Visit that include the detection of Alzheimer’s Disease. (USPSTF) concluded that screening older adults for Alzheimer’s Disease (AD) is a form of progressive dementia.

Methods

Survey:
- A survey was distributed to 280 PCPs throughout VT by email or fax; 63 surveys were completed.
- 19 multiple choice questions assessed practices and attitudes relating to the screening, early detection, and diagnosis of AD and dementia.
- Data was analyzed using Microsoft Excel.

Focus Group:
- Patients with AD and other forms of dementia, and their caregivers, attended a 2-hour focus group.
- 13 participants provided their perspectives on the benefit and/or harm of early detection of AD and dementia and shared their personal experiences.

Results

![Chart showing results of the survey](chart.png)

Discussion

- 78% of PCPs believe that there are reasons why early detection of AD is not important; of those, 87% cite no effective treatment or cure as the main reason. Those 94% of PCPs who think that it can be important believe that the most important reason for early detection is to provide support and resources for the patient and family.
- Focus group members felt that regardless of a cure, a diagnosis is essential in order to learn about and find ways to live happily with their disease, and stressed the importance of an early diagnosis in initiating support groups and family planning.
- While the most common reason why physicians don’t always screen for AD is due to other medical issues that are more pressing, caregivers and patients believe that cognitive status should be addressed in every appointment because it’s an everyday struggle.

Conclusion

- The USPSTF statement that there is insufficient evidence to recommend routine screening for dementia has caused controversy in the medical community.
- We have found that PCPs in VT are reluctant to routinely screen for AD and dementia, in large part due to the perception that early diagnosis of AD in the absence of a cure serves no purpose.
- Our interactions with patients and their caregivers taught us that experiencing cognitive decline without a diagnosis is extraordinarily distressing; the diagnosis itself facilitates acceptance of a “new normal” and enables adaptation to life with AD or other dementia.
- We conclude that screening and early intervention for AD and dementia are extremely important. We encourage PCPs to be proactive in screening so that patients can plan, and maintain quality of life, prior to the onset of late-stage disease.

Sources

5. Albert MS
7. Sperling RA