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THE COURSE AND END-POINTS OF ALZHEIMER’S DISEASE ACCORDING TO SOCIODEMOGRAPHIC, APOLOPROTEIN E GENOTYPE AND COGNITIVE ABILITY

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RESULTS

The Swedish Alzheimer Treatment Study (SATS) is a prospective, observational, multicentre study for the longitudinal evaluation of ChEI therapy in clinical practice. This presentation includes all 224 deceased SATS participants diagnosed with mild-to-moderate AD (MMSE score 10–26 at the initiation of ChEI treatment, i.e., at the time of diagnosis) who were admitted to NHs during the study period. Sociodemographic characteristics, APOE genotype, dates of NHP and death were recorded. Cognitive abilities, e.g., MMSE scores, were assessed at the start of ChEI therapy (baseline) and semi-annually over 3 years. Chi-square tests were used to compare sociodemographic factors by age at AD diagnosis, sex, APOE genotype, living alone, and cognitive performance. End-points, such as NHP and death, and the associated costs of care, may depend on these patient characteristics. Most earlier studies have investigated the main effects of various critical predictors that could affect the course of AD, but few have analysed potential interactions. This presentation aims to study long-term cognitive outcomes, time to NHP, survival time, and costs and differences by interactions between the above-mentioned factors in cholinesterase inhibitor (ChEI)-treated AD patients.

CONCLUSIONS

The Swedish Alzheimer Treatment Study (SATS) is a prospective, observational, multicentre study for the longitudinal evaluation of ChEI therapy in clinical practice. This presentation includes all 224 deceased SATS participants diagnosed with mild-to-moderate AD (MMSE score 10–26 at the initiation of ChEI treatment, i.e., at the time of diagnosis) who were admitted to NHs during the study period. Sociodemographic characteristics, APOE genotype, dates of NHP and death were recorded. Cognitive abilities, e.g., MMSE scores, were assessed at the start of ChEI therapy (baseline) and semi-annually over 3 years. Chi-square tests (Table 1) were performed to compare sociodemographic factors by age at AD diagnosis, sex, APOE genotype, living alone, and cognitive performance. End-points, such as NHP and death, and the associated costs of care, may depend on these patient characteristics. Most earlier studies have investigated the main effects of various critical predictors that could affect the course of AD, but few have analysed potential interactions. This presentation aims to study long-term cognitive outcomes, time to NHP, survival time, and costs and differences by interactions between the above-mentioned factors in cholinesterase inhibitor (ChEI)-treated AD patients.

METHODS

The Swedish Alzheimer Treatment Study (SATS) is a prospective, observational, multicentre study for the longitudinal evaluation of ChEI therapy in clinical practice. This presentation includes all 224 deceased SATS participants diagnosed with mild-to-moderate AD (MMSE score 10–26 at the initiation of ChEI treatment, i.e., at the time of diagnosis) who were admitted to NHs during the study period. Sociodemographic characteristics, APOE genotype, dates of NHP and death were recorded. Cognitive abilities, e.g., MMSE scores, were assessed at the start of ChEI therapy (baseline) and semi-annually over 3 years. Chi-square tests (Table 1) were performed to compare sociodemographic factors by age at AD diagnosis, sex, APOE genotype, living alone, and cognitive performance. End-points, such as NHP and death, and the associated costs of care, may depend on these patient characteristics. Most earlier studies have investigated the main effects of various critical predictors that could affect the course of AD, but few have analysed potential interactions. This presentation aims to study long-term cognitive outcomes, time to NHP, survival time, and costs and differences by interactions between the above-mentioned factors in cholinesterase inhibitor (ChEI)-treated AD patients.