Implications of unmet promise of a miracle drug for Alzheimer's disease

July 16 2018

In an editorial entitled "The Unmet Promise of a Miracle Drug for Alzheimer's Disease: Implications for Practice, Policy, and Research," Malaz Boustani, MD, MPH, a Regenstrief Institute research scientist and the founding director of the Indiana University Center for Health Innovation and Implementation Science, and co-authors Philip D. Sloane, MD, MPH and Sheryl Zimmerman, Ph.D., of the University of North Carolina at Chapel Hill, lament the unmet promise of a miracle drug for Alzheimer disease (AD) but are heartened by what they see as encouraging improvements in care for a growing population of older adults, many with dementia.

Sixteen years ago they projected the impact of a breakthrough drug for AD with two scenarios: one in which this hypothetical drug delayed disease onset and the other in which the new drug slowed disease progression. Unfortunately neither scenario has come to pass. Since 2002 over 100 promising drugs for AD have entered clinical trials but not one has proved sufficiently effective to be approved for patient use.

They write that the real enhancements in managing AD in the foreseeable future will be in reducing risk factors (drugs that harm the aging brain, for example) as well as relieving suffering and improving quality of life through attention to caregiving and informed care processes. They note that much progress is being made in care transformation.

For example, Dr. Boustani and colleagues at the Regenstrief Institute and

Indiana University Center for Aging Research developed and tested the Aging Brain Care (ABC) model that has been shown to reduce behavioral and psychological symptoms of AD, the use of medications with adverse cognitive effects, and family caregiver burden. This innovative collaborative care model broadens the definition of a patient to include family members who enable the person living with AD to stay in their own home much longer. Physicians, nurses, social workers and community health workers work closely with both the older adult and family caregivers—in the exam room and in the home, as well as over the phone and via email—to deliver care to optimize the quality of life of the person living with AD and their family caregivers.

Patients and families participating in the ABC model of care are given an initial cognitive, social and psychological needs assessment. The ABC team then helps them develop a personalized treatment plan that typically includes recognizing potentially harmful medications, prescribing new medications, initiating brain and physical exercise regimens, and coaching on problem solving strategies to cope with the cognitive, functional and psychological effects of AD.

The editorial, published in the July 2018 issue of *JAMDA*, the official journal of the Society for Post-Acute and Long-Term Care Medicine, concludes optimistically: "We may not have a cure for dementia, but hope looms large for continued improvement in care."

Provided by Regenstrief Institute