

New Issues Paper Urges Greater Role For Primary-Care Physicians And Families In Recognizing, Diagnosing And Treating Alzheimer's Disease

Average of 3½- to 5½-Year Delay Exists Between Onset Of Symptoms Of Alzheimer's Disease And Diagnosis

(NAPSA)—Alzheimer's disease thought leaders recently discussed important issues surrounding the way in which the disorder is recognized and treated, and encouraged families and primary-care physicians (PCPs) to be more proactive in acknowledging disease symptoms, which results in earlier diagnosis. A new issues paper funded by Eisai Inc. and Pfizer Inc., titled "Overcoming Barriers to Diagnosis and Treatment of Alzheimer's Disease," noted that there is an average delay of 3½ to 5½ years between the onset of symptoms and diagnosis. The delay is partly due to unrecognized early warning signs and misdiagnoses, reported the paper.

"Families and patients need to take a more active role and seek medical evaluation and appropriate treatment by their primary care physicians," said one of the paper's five authors, Lisa Gwyther, MSW, associate clinical professor, University of Psychiatry and Behavioral Sciences, Duke University.

The paper notes that PCPs, because of their close, ongoing contact with patients and families, may be the first healthcare providers to encounter early symptoms of Alzheimer's. The authors, therefore, encourage PCPs to diagnose and manage the disease, because despite regular visits to PCPs, delays in recognition and actual diagnosis persist. According to the paper, denial, families' tendency to mistake symptoms for "normal aging," and anxiety about the reality of their loved one's condition also contribute to the gap between symptoms onset and diagnosis.

Further, the paper notes that diagnosis is delayed because many primary-care physicians do not routinely screen older patients for the disorder, often dismissing symptoms as "normal aging," and mistakenly believe nothing can be done to treat the condition.

"I know from my experience that diagnosis and management of Alzheimer's disease at the pri-

mary-care level is possible and thus, should be encouraged," added Bennett Leifer, MD, primary care physician, The Valley Hospital, Ridgewood, N.J., and another of the paper's co-authors. "Early diagnosis means an earlier start to prescription treatment that may offer patients additional time at a higher level of cognitive function and enable them to continue performing activities of daily living."

While there is no cure for Alzheimer's disease, medical treatments are available to manage symptoms of the disease. One prescription treatment is once-a-day ARICEPT® (donepezil hydrochloride) that can improve cognition and maintain patient function in people with mild and moderate Alzheimer's. ARICEPT®, the number one prescribed Alzheimer's medication, is a clinically proven, well-tolerated, once-daily treatment for mild and moderate Alzheimer's disease.

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Bennett Leifer, MD 

In fact, a new study showed that persistent treatment with ARICEPT® may have been associated with a delay of close to two years (21 months) in the first dementia-related nursing home placement for Alzheimer's patients. Persistent treatment was defined in this study as an effective dose of at least 5 mg a day for at least 9 to 12 months.

Strategies recommended in the issues paper for breaking down barriers to diagnosis include:

- educating healthcare professionals and the public about Alzheimer's disease, the benefits of early recognition and available treatment options
- making cognitive testing part of routine medical exams for at-risk patients, particularly those over age 65

- increasing family awareness and use of community support services that may help lighten the caregiving load.

Information About ARICEPT® (donepezil hydrochloride) Treatment

ARICEPT® is indicated for treatment of mild and moderate dementia caused by Alzheimer's disease. Although Alzheimer's disease is incurable, medical treatment is available to manage some of the symptoms. Once-a-day ARICEPT® can improve cognition and maintain patient function in people with mild and moderate Alzheimer's disease. In controlled clinical trials of up to six months, more than 80 percent of patients taking ARICEPT® experienced improved cognition or exhibited no further decline compared to 58 percent of patients on placebo.

To date, more than 1.4 million people in the United States have received a prescription for ARICEPT®, contributing to a total of 450 million days of patient use worldwide.

ARICEPT® is well tolerated but may not be for everyone. Some people may experience nausea, diarrhea, insomnia, vomiting, muscle cramps, fatigue or loss of appetite. In studies, these side effects were usually mild and temporary. Some people taking ARICEPT® may experience fainting. People at risk for ulcers should tell their doctors because their condition may get worse.

In a progressively degenerative disease such as Alzheimer's, no further decline or a less-than-expected decline is considered a favorable response. Improvement, stabilization and decline have been observed in patients treated with ARICEPT® in clinical trials. Individual responses to treatment may vary.

For more information about managing Alzheimer's disease and about ARICEPT®, call the Eisai Inc. and Pfizer Inc.-sponsored toll-free number, (888) 999-9616, or visit www.aricept.com.