



Even though she is just starting to forget important dates

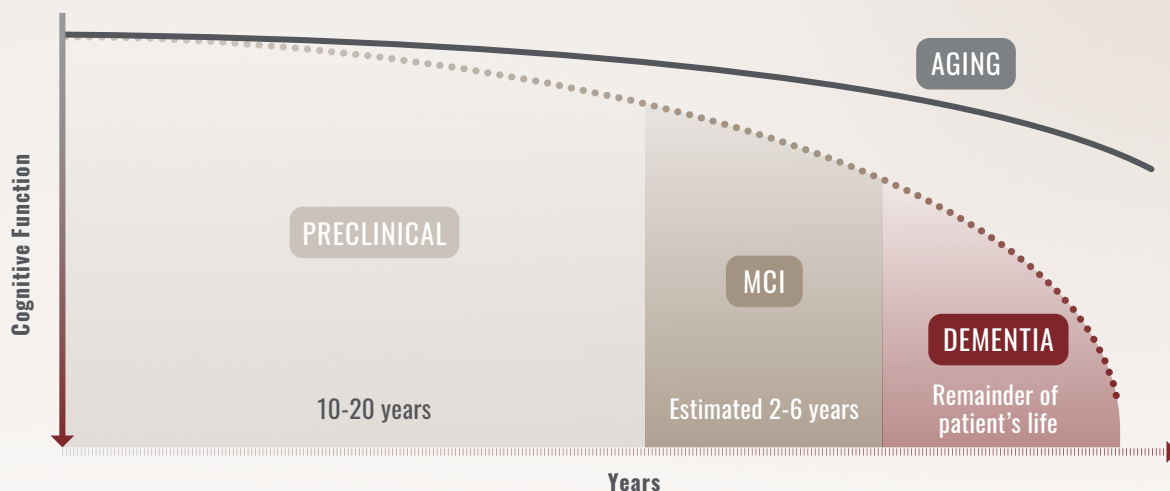
AMYLOID BETA HAS BEEN ACCUMULATING LONG BEFORE SYMPTOMS APPEARED^{1,4}

Amyloid beta ($A\beta$) accumulation in the brain is a key hallmark of Alzheimer's disease (AD) pathology^{5,6}

Accumulation of $A\beta$ in the brain is thought to begin 10-20 years before the onset of overt symptoms.⁷

Mild cognitive impairment (MCI) due to AD is a critical stage of the AD continuum when HCPs may be able to differentiate AD from other causes of memory loss or cognitive impairment^{8,9}

The Stages of the Alzheimer's Disease Continuum^{7,10-12*}



Preclinical Alzheimer's disease

Individuals with evidence of AD pathology who have no clinical symptoms¹³

MCI due to Alzheimer's disease

Evidence of AD pathology along with impairment in 1 or more cognitive domains that do not interfere with daily functioning¹³

Alzheimer's disease dementia

(Mild, Moderate, Severe)
When cognitive abilities further decline and cause impairment in functional abilities¹³

*This figure is based on a model.
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AN EARLY DIAGNOSIS IS AN OPPORTUNITY FOR IMPROVED DISEASE MANAGEMENT¹⁴

CATCH the disease earlier

Screening to determine an accurate diagnosis earlier in the progression of the disease is beneficial for patients and care partners because it provides an opportunity to address issues of medical care, nutrition, and safety, as well as financial and legal planning.¹⁵

- The current pharmacological landscape for managing patients with AD includes symptomatic treatments and treatment for comorbidities such as depression¹⁰

CONFIRM the diagnosis

In the IDEAS study of patients with MCI or dementia of unknown etiology, confirmation via amyloid PET triggered changes in clinical management within 90 days.¹⁶

CHANGE the outcome

In the 2-year observational FINGER study, elderly patients who had a CAIDE Dementia Risk Score of 6 or higher and cognitive performance at mean level or lower for population norms showed **25% to 150% improvement** compared to the control group in the primary and main secondary cognitive outcomes due to post-testing nonpharmacological interventions.¹⁷

Primary cognitive outcome: Change in cognition as measured through comprehensive neuropsychological test battery (NTB) intervention group vs control group

TOTAL NTB SCORE: 25% improvement ($P=.03$)¹⁷

Secondary cognitive outcomes¹⁷:

Executive functioning: 83% improvement ($P=.039$)

Processing speed: 150% improvement ($P=.029$)

Memory: no significant change

- Change in cognition was measured through comprehensive NTB
- Intervention included changes to diet, exercise, cognitive training, and vascular risk monitoring

IDEAS=Imaging Dementia—Evidence for Amyloid Scanning; PET=positron emission tomography; FINGER=Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability; CAIDE=Cardiovascular Risk Factors, Aging and Dementia.

For more information, visit www.identifyALZ.com

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