

Is Secondary Prevention of Alzheimer's Disease Possible?
A Discussion of Studies in the Alzheimer's Disease Field

Heather M. Snyder^{1,2}, Dean Hartley¹, Keith N. Fargo¹ and Maria C. Carrillo¹

Presented at the Living to 100 Symposium

Orlando, Fla.

January 8–10, 2014

Copyright 2014 by the Society of Actuaries.

All rights reserved by the Society of Actuaries. Permission is granted to make brief excerpts for a published review. Permission is also granted to make limited numbers of copies of items in this monograph for personal, internal, classroom or other instructional use, on condition that the foregoing copyright notice is used so as to give reasonable notice of the Society's copyright. This consent for free limited copying without prior consent of the Society does not extend to making copies for general distribution, for advertising or promotional purposes, for inclusion in new collective works or for resale.

¹ Medical and Scientific Relations, Alzheimer's Association, Chicago

² Corresponding Author: Heather Snyder, Ph.D., Alzheimer's Association, 225 N. Michigan Ave., Suite 1700, Chicago, IL 60601, (312) 335-5184, hsnyder@alz.org.

ABSTRACT

Alzheimer's disease is a growing epidemic. More than 5 million Americans live with Alzheimer's disease today, and more than 15 million Americans provide care for a family member or friend with Alzheimer's or related dementia. Evidence continues to accumulate suggesting the biological processes associated with Alzheimer's disease begin two or three decades prior to clinical manifestation of cognitive and functional symptoms such as challenges with memory. This suggests a window of opportunity for therapeutic intervention to slow or halt disease progression, also known as secondary prevention. There are several secondary prevention efforts for Alzheimer's disease in different stages of planning or execution; examples include the Dominantly Inherited Alzheimer's Network (DIAN) Trials Unit (DIAN-TU), the Alzheimer's Prevention Initiative Autosomal Dominant Alzheimer's disease Treatment Trial (API), the Anti-Amyloid Treatment in Asymptomatic Alzheimer's Disease Study (A4) and the TOMMORROW trial. Each trial focuses on volunteers with a potentially increased risk or certainty for developing Alzheimer's disease (i.e., accumulation of beta amyloid in the brain, a familial genetic mutation or a genetic variation that may increase risk). Although each study is distinct, there is cooperation to harmonize protocols and data collection to allow the cross comparison of information between studies. This paper provides an overview of the studies.