

Alzheimer's disease (AD) is a growing healthcare crisis. Tomorrow can't wait: timely detection is critical for your patients with early symptomatic AD

To provide a comprehensive evaluation, consider these clinical assessments when referring a patient with cognitive impairment to an AD specialist.^{1,2} Ensure all available results are shared with the referral provider.



COGNITIVE ASSESSMENTS

- Evaluate cognitive impairment or dementia with the help of cognitive assessments such as:
 - Mini-Cog®
 - GPCOG
 - MoCA
 - SLUMS
 - AD8
 - MMSE



DIAGNOSTIC TESTING

- Baseline brain MRI:** For patients with cognitive impairment or dementia³
- Routine blood tests:** Thyroid function, Folate, RPR, Standard CBC, Standard CMP, B12 vitamin panel, Liver function, Lipid panel
- An AD specific blood-based biomarker:** • P-tau217 • P-tau181 • A β 42/40



WHEN REFERRING, PLEASE INCLUDE THE FOLLOWING INFORMATION (IF AVAILABLE)

- Patient history and physical results, including any memory concerns
- Previous test results
- Any genetic testing

A β =amyloid beta; AD8=Eight-item Interview to Differentiate Aging and Dementia; CBC=complete blood count; CMP=comprehensive metabolic panel; GPCOG=General Practitioner Assessment of Cognition; MMSE=Mini-Mental State Examination; MoCA=Montreal Cognitive Assessment; MRI=magnetic resonance imaging; P-tau=phosphorylated tau; RPR=rapid plasma reagin; SLUMS=Saint Louis University Mental Status.

Timely assessment of cognitive impairment provides an opportunity to identify and refer patients who may be in the early stages of AD.^{1,4}

Earlier detection could mean earlier opportunities to support cognitive well-being and start an appropriate treatment.

Commercially available blood-based biomarker tests used to detect amyloid positivity are not standalone tests. The results must be interpreted in conjunction with clinical assessment results. Patients must meet testing criteria.

If your patient shows signs of cognitive impairment during a routine visit, Medicare covers a separate visit (coded under CPT 99483) to more thoroughly assess your patients cognitive function and develop a care plan.

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Once symptoms present, time is of the essence.

Timely assessment of cognitive impairment provides an opportunity to take action and may make a difference for your patients.^{1,5,6}

- 1. DETECT:** Consistently screen for evidence of MCI.^{1,7}
- 2. ASSESS:** Evaluate the potential cause of cognitive impairment.^{6,7}
- 3. REFER:** Quickly refer patients with MCI and evidence of AD pathology to an AD specialist.^{1,7}

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Advice I can give other people who have it [Alzheimer's disease]: find it while it's still early, while they can do something more with it.”

– Mary, patient with AD



Hear from real patients navigating AD. Scan the QR code or visit www.lilly.com/alz to learn more.

MCI=mild cognitive impairment.

References:

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