INTRODUCTION

Diagnosis of Alzheimer’s disease (AD) tends to occur late in the disease process. The first step towards providing patients with optimal opportunity to avail themselves of health and social care is to facilitate early diagnosis. Assessing different patient engagement models for AD, for key tools, mechanisms and processes for community engagement, patient identification and resource utilization will provide knowledge and evidence to identify efficient approaches to early detection.

Model of Patient Engagement for Alzheimer’s Disease (MOPEAD) is an European research project ongoing in 5 EU countries (Spain, Netherlands, Sweden, Germany and Slovenia) (Figure 1), designed to improve timely diagnosis of AD through citizen participation. It assesses 4 strategies for detecting memory complaints at their initial stage and provides timely diagnosis and evaluates models of early detection, assesses the tools and processes required and establishes archetypes for implementation elsewhere. MOPEAD is an Innovative Medicine Initiative & EFPIA funded project, led by Laura Campo (EFPIA – Lilly) and Mercè Boada as coordinator leader (Fundació ACE).

OBJECTIVE

MOPEAD aims to identify efficient approaches to patient engagement for the early diagnosis of early stage AD and Mild Cognitive Decline, and shift the diagnoses paradigm AD vs persons at risk. The objective is to test and evaluate different patient engagement models (“Runs”) to help identify undiagnosed people with AD in the community.

MATERIAL AND METHODS

- Intervention (WP2): Implement 4 different patient engagement strategies called Runs (Figure 3), which allow us to conduct different pre-screening procedures to identify individuals at risk.
- MOPEAD tests two proactive strategies:
  - Run 1. Citizen Science is a prescreening procedure based on online tools in the general population.
  - Run 2. Open House Initiative in which individuals are welcome to test their cognition in a memory clinic without the need of physician referral.
- MOPEAD tests two passive strategies:
  - Runs 3 and 4 are campaigns to detect cognitive impairment in the primary care setting and the diabetes specialist office respectively.
- The 4 Runs will be conducted simultaneously of 5 European countries.
- Each Run aims to identify individuals at risk who, will then be referred to a memory clinic to undergo a full biomarker enhanced diagnostic assessment (WP3).
- Clinical and economic data generated in WP 2 and 3 will be processed and analyzed using a big data approach in order to identify the most cost-effective patient engagement models in each specific country and environment (WP4).
- Period of the MOPEAD program: 2016 - 2019

RESULTS

1. Progress and cumulative number of patients that underwent pre screening and were evaluated at memory clinic by run and country. Figure 4

2. Rate of acceptance of Memory Clinic (WP3) evaluation by strategy and country. Figure 5

CONCLUSIONS

1. There is a need for improvement in e-tools acceptance and willingness to contact a memory clinic by the general public.
2. More rapid IRB assessment and approval would be beneficial.
3. Health Systems have to act to improve primary care involvement in AD early detection and referral and care pathways for diagnosis and management.
4. Open House Initiative seems to be the most efficient & successful strategy in all sites.
5. Type 2 DM Campaign is efficient but depends on the public health system. Referral from the diabetes mellitus tertiary setting identifies people with many comorbidities, less aware of their cognitive condition.
6. Preliminary MOPEAD findings will highlight areas requiring further research and intervention.