Alzheimer’s Association Statement

“Screening for Cognitive Impairment in Older Adults”

*Annals of Internal Medicine*, October 21, 2013

It is estimated that as many as 50 percent of people with Alzheimer’s disease or another form of dementia do not receive a formal diagnosis. In addition, when a diagnosis is received, it is often after the dementia has progressed significantly.

The Alzheimer’s Association supports efforts that increase early detection and diagnosis of Alzheimer’s by trained professionals in a medical setting – such as through the Medicare Annual Wellness Visit.

The Alzheimer’s Association supports initial cognitive evaluation and regular follow-up assessment in a medical setting to establish a baseline and track change over time, which may reveal cognitive decline that would not be detected by a one-time screen. Routine cognitive assessments are not screening, but are a way to detect change over time that could indicate underlying pathology.

The Alzheimer’s Association does not support one-time memory and/or dementia screening in non-medical settings, such as shopping malls or health fairs. Screening generally refers to a one-time action, such as administration of a brief test that gives a score that may or may not accurately indicate the presence/absence of a disease or the need for further evaluation. Often these brief tests result in “false positives” and “false negatives.”

- “False positives” occur when a person fails or scores poorly on a screening test but does not have Alzheimer’s disease or another dementia.
- “False negatives” occur when a person scores well on a screening test but actually has Alzheimer’s disease or another dementia.

As the USPSTF reconsiders its current (2003) recommendation regarding screening for cognitive impairment, we urge it to consider this distinction and support establishment of a cognitive baseline for...
older adults in a medical setting, such as through the Medicare Annual Wellness Visit, and regular ongoing surveillance of individuals’ cognitive abilities.

It is important to point out that, in general, the *Annals of Internal Medicine* article did not find substantial evidence for or against screening for cognitive impairment, it found that there was no evidence available at all (i.e., no relevant studies) based on its inclusion criteria.

- "We found no trials that directly assessed whether screening for cognitive impairment in primary care could affect decision-making, patient or caregiver, or societal outcomes."
- “No studies directly addressed the adverse psychological effects of screening or adverse effects from false-positive or false-negative test results.”
- "We found no studies to substantiate or refute concerns about harms of screening."

No one should misconstrue this study to imply that there are no benefits to regular cognitive evaluations, or that regular evaluations are harmful.

As is made apparent by the findings of the *Annals of Internal Medicine* article, more research is needed to develop better and simpler diagnostic tools, verify the NIA/Alzheimer’s Association new diagnostic criteria for Alzheimer’s disease, and confirm what experts are already telling us -- that early detection leads to better outcomes and reduced costs.

With the support of the Alzheimer’s Association and the Alzheimer’s community, the United States has created its first National Alzheimer’s Plan. The National Alzheimer’s Plan includes the critical goal of effectively treating and preventing Alzheimer's by 2025. But more resources are needed to help us reach that goal. We need Congress to support the implementation of the U.S. National Alzheimer’s Plan with an additional $100 million commitment for the coming fiscal year for Alzheimer’s research, education, and community support. For more information, and to get involved, please visit www.alz.org.

The Alzheimer’s Association is working on many fronts to educate all stakeholders — individuals, families, physicians and policymakers — about the importance of early detection and early diagnosis, and has developed a list of 10 Warning Signs of Alzheimer’s Disease to assist with that effort. If individuals have experienced any of the warning signs, it’s important to seek a comprehensive diagnostic evaluation from a physician who is experienced in diagnosing and treating Alzheimer’s. For more information, visit: alz.org/10signs.

**Value of an Early Diagnosis**

An early diagnosis allows people with Alzheimer’s disease or another dementia and their families:
- A better chance of benefiting from available drug and non-drug therapies.
- More time to plan for the future.
- Lessened anxieties about unknown problems.
- Increased chances of participating in clinical drug trials, helping to advance research.
- An opportunity to participate in decisions about care, transportation, living options, financial and legal matters.
• Time to develop a relationship with doctors and care partners.
• Earlier access to care, education and support services, making it easier for them and their family to manage the disease. Alzheimer’s Navigator can help families identify needs and create action plans.

Alzheimer’s Disease

According to the Alzheimer’s Association 2013 Alzheimer’s Disease Facts & Figures, as many as 5 million Americans are living with Alzheimer’s, with more than 15 million caregivers providing care for them valued at $216 billion. In 2013, Alzheimer's will cost the nation an additional $203 billion. This number is expected to rise to $1.2 trillion by 2050. Currently, Alzheimer’s disease is the 6th leading cause of death in the United States, and remains the only one of the top 10 U.S. causes of death without a way to prevent, cure, or even slow its progression.

We have made progress against cancer, heart disease and AIDS largely because of the federal government’s commitment to combat them, driven by public demand to see them eradicated. Currently, the U.S. federal government spends much less on Alzheimer’s research, prevention and a cure than other conditions such as cancer, heart disease and HIV/AIDS. The U.S. government annually spends $6 billion on cancer research, $4 billion for heart disease, $3 billion on HIV/AIDS, but only about $500 million for Alzheimer’s disease research.

Alzheimer’s Association

The Alzheimer's Association is the world’s leading voluntary health organization in Alzheimer care, support and research. Our mission is to eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health. Our vision is a world without Alzheimer’s. (www.alz.org)

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“Screening for Cognitive Impairment in Older Adults: A Systematic Review for the U.S. Preventative Services Task Force.” Annals of Internal Medicine, Volume 159, Number 9. Released by the journal on October 21, 2013, at 5 pm ET.