Understanding Early Symptomatic Alzheimer's Disease Through Patient Perspectives: Findings from the ALTITUDE-AD Trial Population

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BACKGROUND

- Early Alzheimer's disease (AD) presents challenges in demonstrating meaningful treatment benefit[1].
- Understanding the patient experience in early symptomatic AD is necessary to contextualize clinical outcomes and interpret treatment effects.
- Qualitative interviews provide direct insight into lived experience and complement quantitative clinical trial data[2].
- This study characterizes early cognitive, emotional, and social changes reported by participants and study partners in a clinical trial setting.

METHODS

- Qualitative entry interviews (60-75 minutes) were conducted to capture pre-study experiences of a subset of participants and study partners enrolled in ALTITUDE-AD (NCT06335173), a phase 2 randomized, double-blind, placebo-controlled trial of sabirnetug in early symptomatic AD.
- Entry interviews were semi-structured, conducted via video conference, recorded, transcribed, and de-identified.
- Transcripts were analyzed using an applied thematic approach; concept saturation was achieved early.

RESULTS

Study Population
- N = 38 participant/study partner dyads
- Mean age 71.8 years (SD 6.4); 53% female
- 79% Caucasian; 71% with CDR Global Score 0.5

Overall findings
- A variety of cognitive, emotional, and physical signs and symptoms were described by participants and/or observed by study partners.
- Among the most common were challenges with memory and cognition (reported by 100% of dyads), changes in mood (95%), difficulty with communication (50%), and social impacts (50%).
- Memory and cognition and changes in mood were also reported to be the most challenging symptoms by 87% and 74% of dyads, respectively.

Impact of early AD symptoms
- The earliest symptoms of AD initiated a cascade of emotional, social, and functional impacts.
- A conceptual model was developed to characterize the early AD experience (Figure 1).

RESULTS

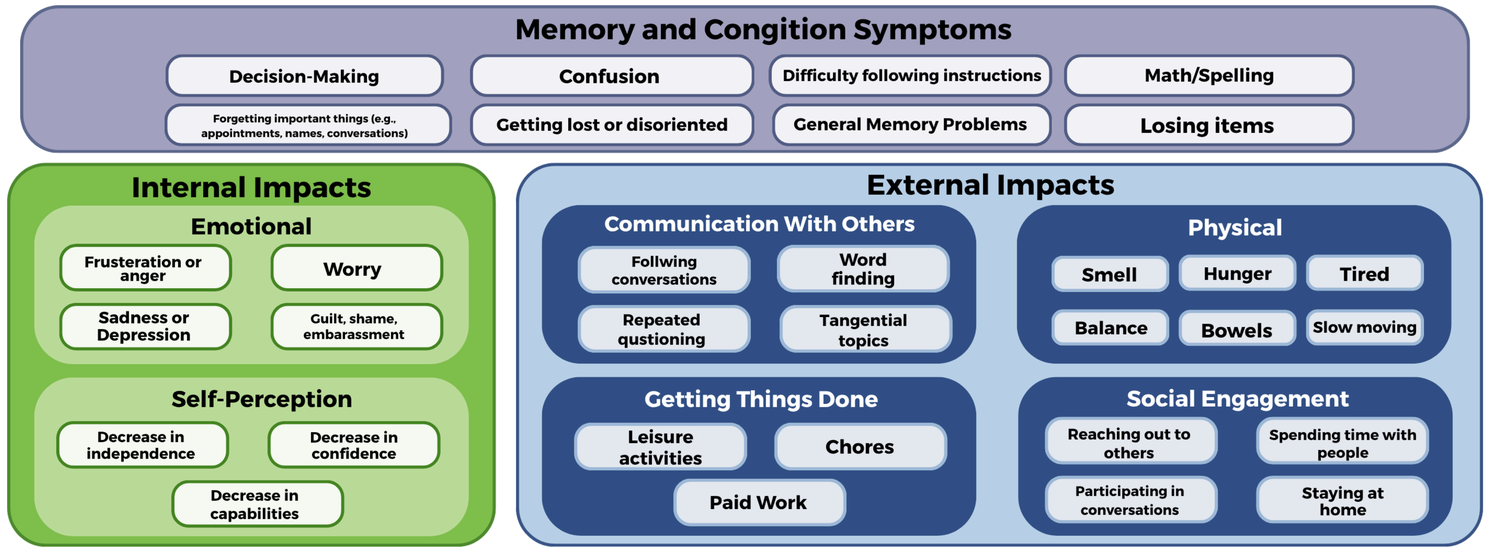

Figure 1. Concept Map of Early AD Experiences

Communication and social engagement

"I don't have the conversation. I feel like I can't hold up my part of the conversation… I feel like I'm not as social as I used to be."

"I just don't care about doing anything. I just want to kind of stay home."

Getting things done

"I used to cook and bake a lot, but I don't enjoy that anymore. As a matter of fact, I dread cooking a whole meal…. It's a lot more trouble than I'm used to."

"I started having some problems getting confused and remembering things. My boss came in and said, I think it's time to retire. I never wanted to retire."

Managing the Diagnosis (Social Navigation)

"I feel it's appropriate to provide some sort of explanation and communicate to the person that's on the other side of it that I'm not just simply being disrespectful by forgetting something."

"I just smile… I don't want to upset people, so I'm just quiet."

Memory and cognitive symptoms

"Oh, I'm constantly misplacing things… Or I might walk in a room and set something down and not remember where I put it. That's probably one of the most common and frustrating things."

Emotional impacts of AD and changes in self-perception

"I think he has a lot of anxiety… It's like a zombie movie. The creeping dread… When are you going to succumb?"

"It was just a blow. I thought, what a dumb-dumb I am. I'm not as smart as I think I am. They're not going to like me….I'm not special."

RESEARCH HIGHLIGHTS

- Previously, the symptoms and impacts across the AD continuum have been characterized in a foundational qualitative study (What Matters Most- WMM[3]).
- The present study focuses specifically on early symptomatic AD, capturing how participants and their study partners in a clinical trial describe the earliest cognitive, emotional, and social changes.
- The diversity of participant experiences highlights the heterogeneity of mild AD, with individuals differing in both their perceptions of symptoms and the ways in which symptoms and functional changes affect their daily lives.

References
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