DECIPHERING THE DISEASE MODIFYING TREATMENTS FOR ALZHEIMER'S DISEASE
OUTCOMES FROM A CONTINUING EDUCATION ACTIVITY

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AANP American Association of NURSE PRACTITIONERS®

7.2 MILLION in 2025 ▸ **13.8 MILLION** in 2060 — Estimated number of US adults ≥65 years old living with AD

~9 IN 10 US adults would want treatment to slow AD progression if diagnosed at an early stage

Increasing the rates of early AD diagnosis, identification of DMT candidates, and prompt referral for evaluation can improve health and quality-of-life benefits for patients and their caregivers.

AD, Alzheimer's Disease
Alzheimer's Association. *Alzheimers Dement*. 2025;21(5):e70235.

OBJECTIVES

The goal was to deliver a live CE webinar with an online enduring component that addresses knowledge and practice gaps among NPs related to DMTs for AD through the following LOs:

1. Discuss the importance of early diagnosis of AD with regard to DMT benefits.
2. Examine the clinical trial data supporting the efficacy and safety of DMTs in the treatment of AD.
3. Summarize strategies for improving patient access to DMTs for AD.

CE, continuing education; DMT, disease-modifying therapy; LO, learning objective

DESIGN & METHODS

CE activity and assessments
- A live webinar with a recorded online enduring component was developed in collaboration with 2 expert faculty (1.6 hours, including 0.5 Rx hours)
- Outcomes questions were developed based on LOs, with linkage to the needs assessment and content
- Before the activity, learners self-reported demographic data and answered knowledge and confidence questions (pre-activity responses)
- After the activity, learners answered the same knowledge and confidence questions (post-activity responses) and activity evaluation questions
- A follow-up survey was administered 60 days after activity completion

Data analysis
- Data were filtered to include only learners who completed the activity ("completers")
- Descriptive statistics were used for demographic and evaluation data
- Differences between pre- and post-activity multiple choice responses and Likert responses were analyzed with paired analyses (significance level, $P \le .05$) and, when appropriate, Cohen's d for ES

ES, effect size

PARTICIPANTS & IMPACT

N=10,245 Learners registered for the activity ▸ **N=7854** Learners started the activity ▸ **N=6541** Learners completed the activity (completers)

- **96%** were NPs or NP students
- **78%** were actively caring for patients as NPs
- **85%** were certified in adult primary care, family practice, and/or gerontology
- **46%** self-reported evaluating patients for cognitive impairment in their current role

Across the **46% of completers** (n = 3020) who evaluate patients for cognitive impairment...

~35,327 PATIENTS ARE EVALUATED EACH WEEK
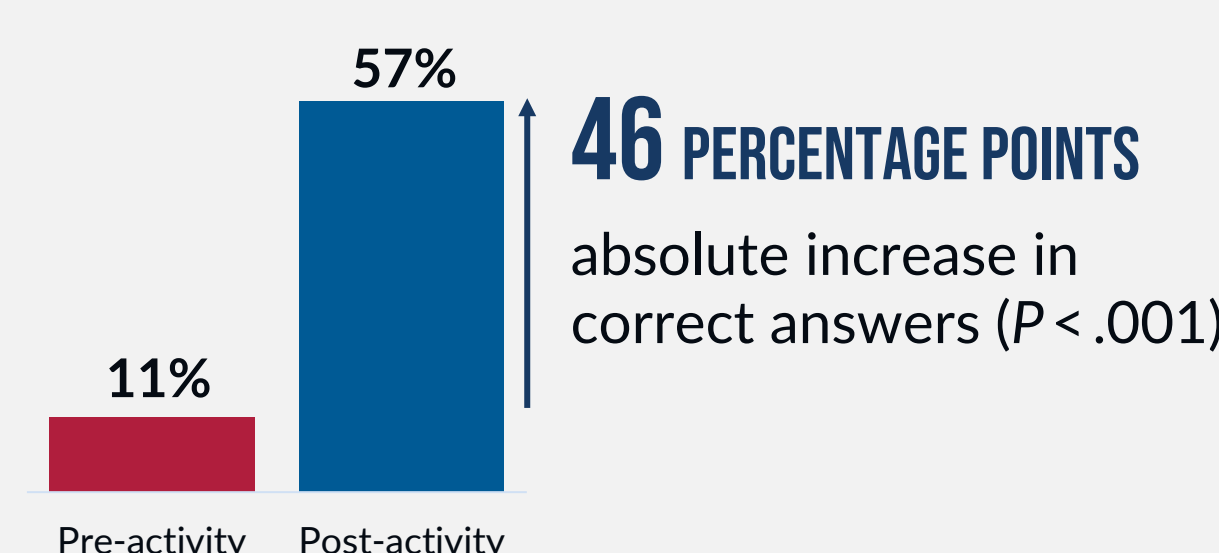

PRE- TO POST-ACTIVITY CHANGE
KNOWLEDGE & CONFIDENCE

Knowledge and **competence** significantly **increased by 38%** from pre- to post-activity with a medium ES (Cohen's d = 0.68)

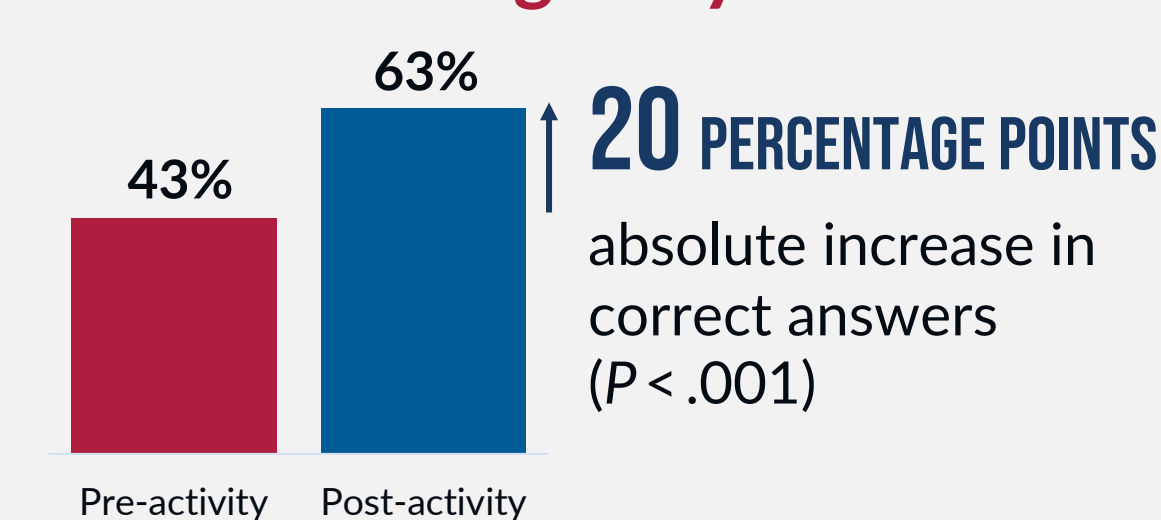**LARGEST PRE- TO POST-ACTIVITY CHANGE**

↑**5.2-FOLD INCREASE**
Recognition of the **long presymptomatic phase** of AD, with biomarker changes detectable decades prior to diagnosis (average of **18 years**)
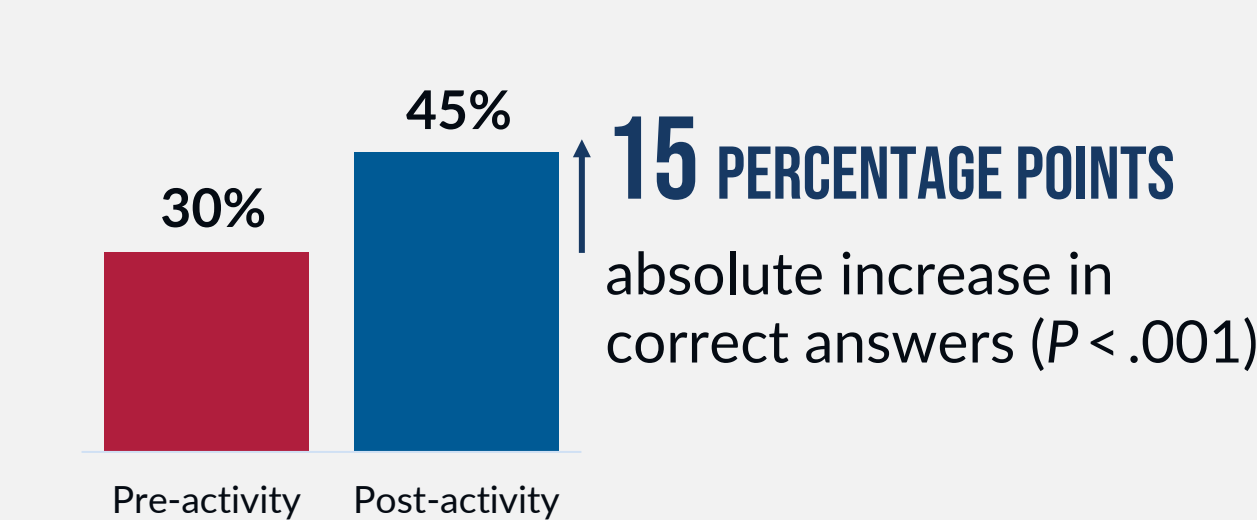
11% Pre-activity → 57% Post-activity
46 PERCENTAGE POINTS absolute increase in correct answers ($P < .001$)

OTHER NOTABLE KNOWLEDGE AND COMPETENCE CHANGES

Using patient and disease characteristics to determine **DMT eligibility**
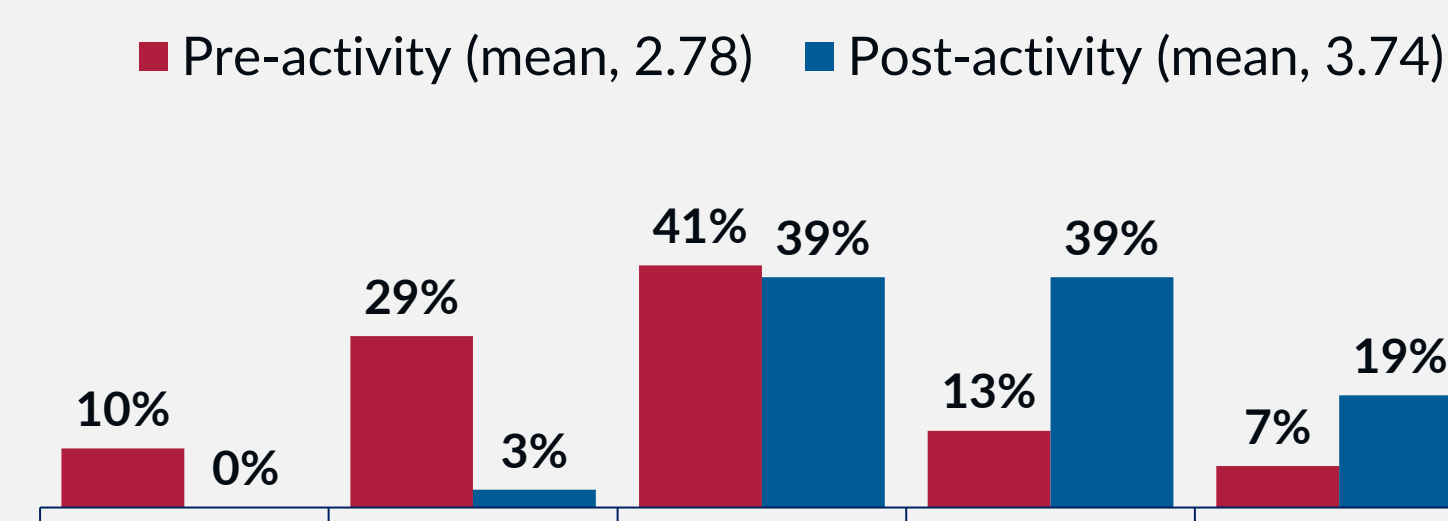43% Pre-activity → 63% Post-activity
20 PERCENTAGE POINTS absolute increase in correct answers ($P < .001$)

Identification of **risk factors for ARIA** with DMT therapy
30% Pre-activity → 45% Post-activity
15 PERCENTAGE POINTS absolute increase in correct answers ($P < .001$)

Confidence significantly **increased** in 3 different domains from pre- to post-activity (rated from 1 [not at all] to 5 [extremely])
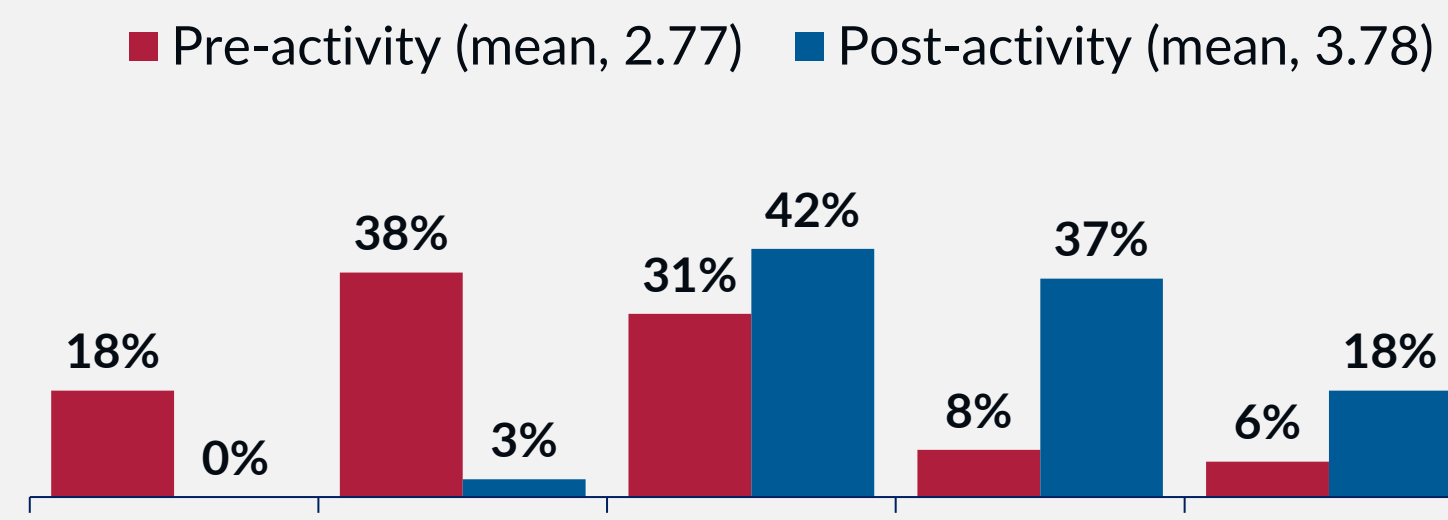
Ability to **evaluate cognitive impairment** in adults
■ Pre-activity (mean, 2.78) ■ Post-activity (mean, 3.74)
↑**35% INCREASE** in mean confidence
$P < .001$; ES=0.93 (large)

	1	2	3	4	5
Pre	10%	29%	41%	13%	7%
Post	0%	3%	39%	39%	19%

Ability to **identify DMT candidates** with AD
■ Pre-activity (mean, 2.77) ■ Post-activity (mean, 3.78)
↑**50% INCREASE** in mean confidence
$P < .001$; ES=1.15 (large)

	1	2	3	4	5
Pre	18%	38%	31%	8%	6%
Post	0%	3%	42%	37%	18%

Ability to **identify candidates with MCI/dementia for neurology referral**
■ Pre-activity (mean, 2.77) ■ Post-activity (mean, 3.78)
↑**36% INCREASE** in mean confidence
$P < .001$; ES=0.95 (large)

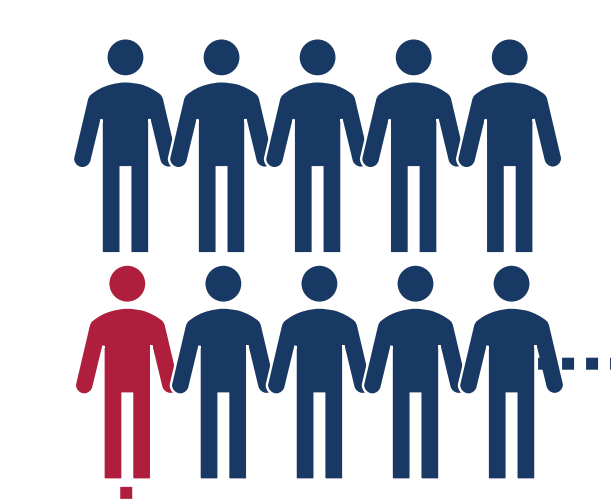|	1	2	3	4	5
Pre	11%	28%	39%	14%	7%
Post	0%	3%	36%	41%	20%
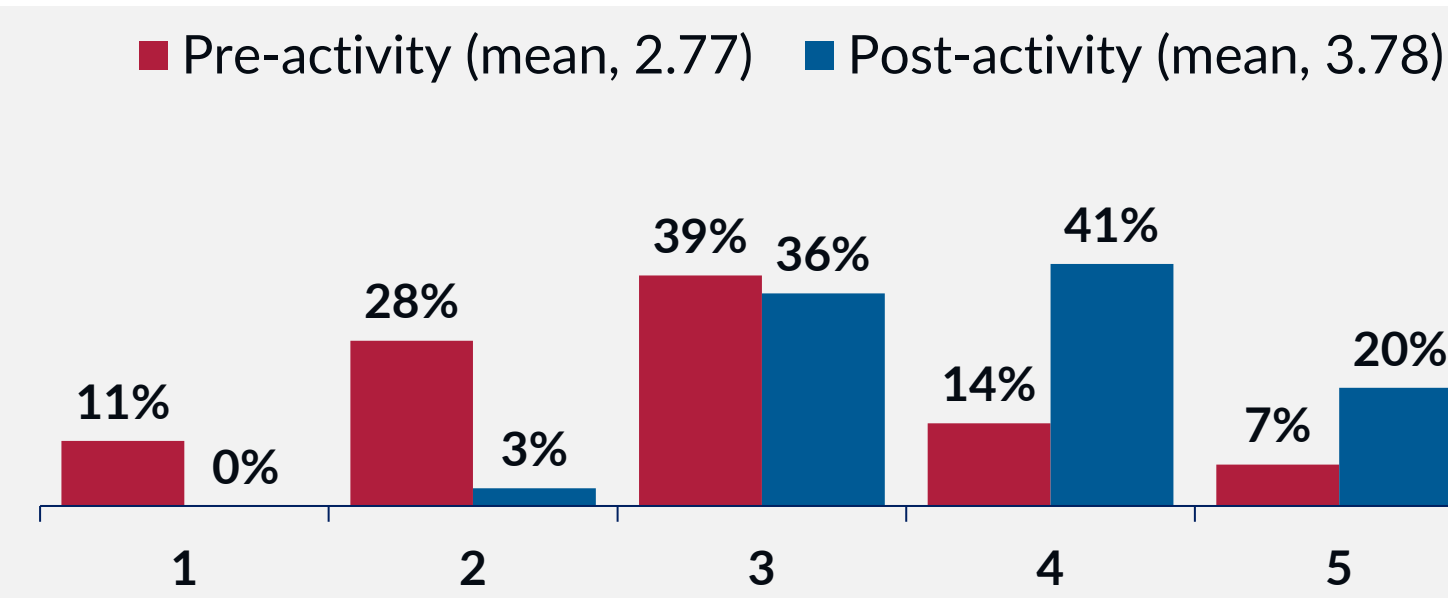
MCI, mild cognitive impairment

## POST-ACTIVITY & 60-DAY FOLLOW-UP
PRACTICE CHANGE

In the post-activity assessment, most completers **planned to implement changes**, with **few anticipated barriers**

~9 IN 10 completers planned to implement ≥1 activity takeaway in their practice, including:
- Discussing the benefits and risks of DMTs with AD patients
- Using the principles of the GSA KAER model to improve early diagnosis
- Increasing referrals to specialty care

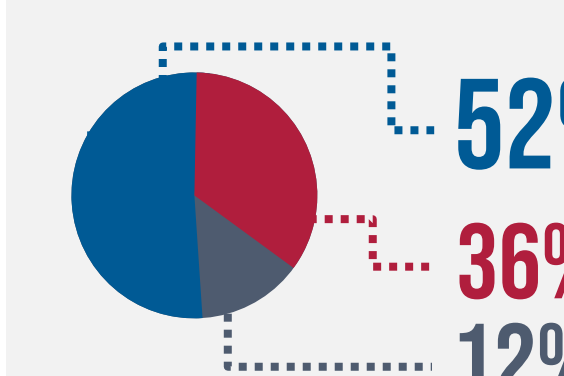**~1 IN 10** completers indicated that the activity reinforced their current practice
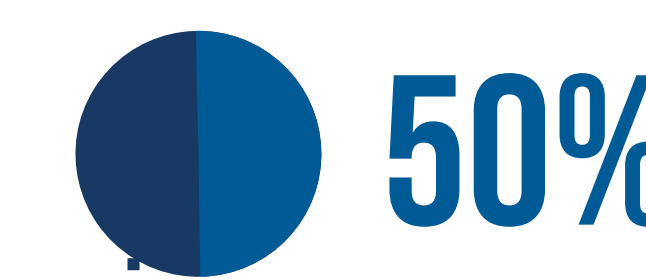
50% of completers who see relevant patients did **not** anticipate barriers to practice change

Among those identifying barriers to practice change, the most common were:
- Time constraints
- Patient expectations or agendas
- Cost or lack of insurance coverage

Self-reported **practice and confidence changes** were seen in the 60-day follow-up survey In the follow-up survey (n = 66)

USE OF ACTIVITY INFORMATION
- **52%** used activity information for practice site education (staff/colleagues) or process changes.
- **36%** provide patient care but **did not use activity information** for education/process changes.
- **12%** do not provide patient care (N/A).

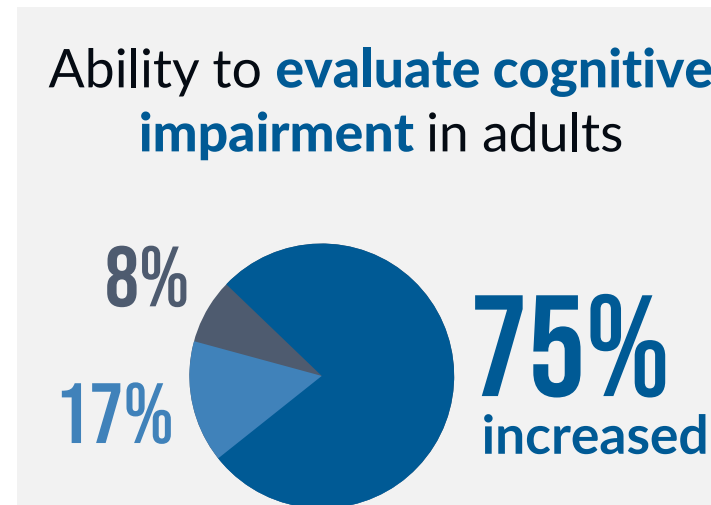**MOST COMMON PRACTICE CHANGES**

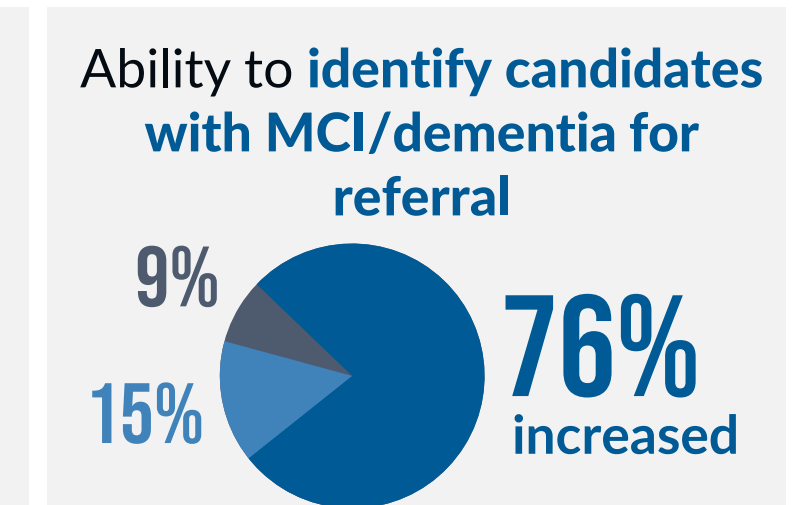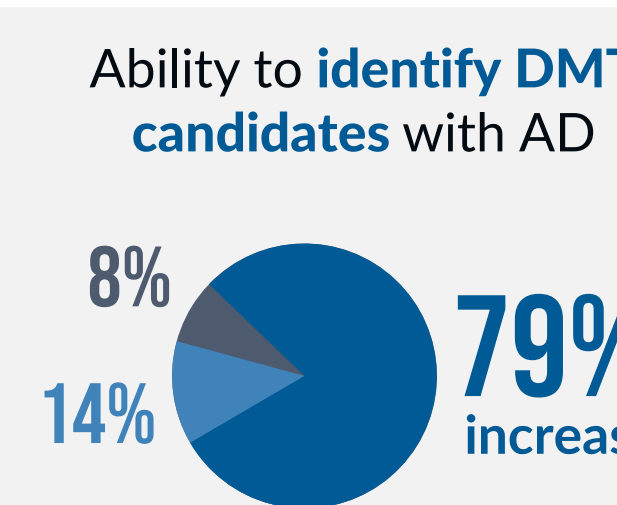| 30%	20%	15%
Discussion of risks and benefits of DMTs with patients with AD MCI/dementia	Utilization of the GSA KAER model to improve detection of cognitive impairment	Referral of patients with AD MCI/dementia to specialty care

NOTE: respondents could select only one key practice change.

CONFIDENCE IMPROVEMENT

■ Increased ■ Stayed the same ■ Decreased ■ Does not provide patient care (N/A)

Ability to **evaluate cognitive impairment** in adults
8% / 17% / **75% increased**

Ability to **identify DMT candidates** with AD
8% / 14% / **79% increased**

Ability to **identify candidates with MCI/dementia for referral**
9% / 15% / **76% increased**

GSA, Gerontological Society of America; KAER, Kickstart, Assess, Evaluate, Refer; N/A, not applicable

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✔ Demand for CE content on MCI and dementia in general and AD in particular is high among NPs

✔ Suggestions for future CE activities included more content on AD treatments and deeper exploration of other types of dementia

✔ Overall, 97% of completers indicated they learned something about AD DMTs that they did not know before