Transcript Details

This is a transcript of a continuing medical education (CME) activity. Additional media formats for the activity and full activity details (including sponsor and supporter, disclosures, and instructions for claiming credit) are available by visiting:
https://reachmd.com/programs/cme/clinical-conundrums-in-aria-communicating-aria-risk-with-patients-considering-anti-a-therapy/27039/

Released: 03/25/2025
Valid until: 03/25/2026
Time needed to complete: 1h 17m

ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Clinical Conundrums in ARIA: Communicating ARIA Risk with Patients Considering Anti-Aβ Therapy

Announcer:
Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

Prior to beginning the activity, please be sure to review the faculty and commercial support disclosure statements as well as the learning objectives.

Dr. Bateman:
Welcome to Clinical Conundrums: Navigating Case Scenarios in Your Own Practice Setting, where we will cover quick and challenging cases related to amyloid-related imaging abnormalities, or ARIA, management. I'm Dr. Trey Bateman, and here with me today are doctors Joy Snider and Charles Vega. Let's dive into our case.

Dr. Snider:
Yes, this case is a 68-year-old gentleman who has mild impairment due to Alzheimer disease, and he's thinking about starting anti-amyloid therapy. We did genetic testing, and he's an APOE4 homozygote, which increases his risk of developing ARIA. The patient and his wife are expressing concern about potential side effects, and specifically asked for a clear explanation of the risk associated with anti-amyloid beta monoclonal therapy.

Dr. Bateman:
Let's turn to our panel now to discuss effective strategies for communicating ARIA risks and engaging patients and their families in shared decision-making. Chuck, can you start by sharing your approach to handling these types of conversations?

Dr. Vega:
Yeah, this is a great case, so thanks very much for presenting it. It's certainly relevant to my practice. I think patients and their families, their loved ones are very worried about ARIA as a potential complication of monoclonal antibodies treatment for Alzheimer's disease. Justifiably so. But what I explain is that these antibodies are actually highly effective at reducing amyloid. And there is going to be some changes to the brain at a microscopic level. There can be some swelling. There can be small bleeds. But the fact is that the majority of these complications of ARIA are not symptomatic. The vast majority, and it's actually quite rare to have a severe or emergent adverse event associated with ARIA.

It's also very important to think about risk factors for ARIA before initiating therapy, of course. So this gentleman is an APOE4 heterozygote. The more copies of that gene you carry, the higher your risk of ARIA. Having older age, being on other medications which could promote bleeding, and having a history of major bleeding, all those are risk factors to consider when discussing the potential for ARIA with patients.

And then also think about the staging. The risk for ARIA is highest in the early dosing, the first or the second dose, versus, say, the fifth or the sixth dose. So as dosing goes on, the risk of ARIA goes down. And finally, think about that baseline MRI that patients took. If there are more than four microhemorrhages, the risk for ARIA-H particularly goes up.

When it comes to symptoms of ARIA, they can really run the gamut. So we want to be on the watch for things like headache, new

confusion, dizziness. Now, these are things that happen pretty regularly, but it's really a significant step-off from their baseline level that I'm looking for, and then I'm going to alert the team and think about what we can do in terms of neuroimaging and also any other management, even going to the emergency department in rare cases.

Dr. Snider:
Great. Yeah, I would add just a couple of things to that. I think it's important to emphasize to patients and their families and make it part of the decision with them that we're looking at analyzing the risk of the medication versus the benefit. And as Chuck pointed out, the risks are relatively low, but not zero. So patients need to understand that, particularly in an APOE4 homozygote or with the other factors we talked about, the baseline MRI, etc. And emphasize that the benefit is slowing of disease progression, and that benefit is really the highest in patients with the mildest symptoms. So we want to discourage patients from thinking, 'I'm going to wait till it gets worse and then I'll start the medicine,' because then the risk/benefit changes. But emphasizing it is a risk/benefit proposition, they need to think about what it means to them to slow progression of disease and how much risk they will tolerate, and really engage them in a shared decision-making process.

Dr. Bateman:
So it sounds like some key educational takeaways from this discussion here that it's really important that we're discussing both the benefits and the risks of these therapies and give patients a balanced view of those risks and benefits. So it's important to emphasize that symptomatic ARIA is quite rare, but does happen. And the majority of ARIA is asymptomatic, and that varies based on important clinical variables that are part of our workup before we start these therapies, such as APOE4 status or baseline imaging findings. Important for patients to know that most ARIA happens fairly early in treatment and gets less common the further into treatment that we are. And when we're developing a plan for monitoring for symptoms, it's important for a multi-disciplinary team to be involved, both the patient's primary care physician as well as the neurologist or dementia specialist that may be caring for them, and to involve all of those key players in that shared decision-making.

And I'd like to thank both of you for this insightful discussion. And to our viewers, be sure to explore our other episodes for more in-depth insights into the nuances of ARIA management. Thank you for joining us.

Announcer:
You have been listening to CME on ReachMD. This activity is jointly provided by Medical Education Resources (MER) and Efficient LLC and is part of our MinuteCE curriculum.

To receive your free CME credit, or to download this activity, go to ReachMD.com/CME. Thank you for listening.