

Transcript Details

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Amyloid-Targeted Therapies: A New Era in Alzheimer's Disease Treatment

Announcer:

You're listening to *NeuroFrontiers* on ReachMD. On this episode, we'll learn about new treatments for Alzheimer's disease with Dr. Michele Longo, who's an Associate Professor of Neurology and the Vice Chair of the Department of Neurology at Tulane University in Louisiana. Here's Dr. Longo now.

Dr. Longo:

If you look at the treatments that we had previously for 20-plus years, we had the cholinesterase inhibitors that were increasing the amount of acetylcholine in the brain, and then we had the NMDA antagonist, the memantine. And these medications are decades old. We didn't have anything for a long time until the arrival of these amyloid-targeted therapies. And these are monoclonal antibody therapies that are, as of now, being given as infusions, and this is for people that have amyloid that's been proven either by a PET scan or by blood tests of their CSF and that have early Alzheimer's or mild cognitive impairment, so it's a very specific group of people with Alzheimer's that are candidates for these treatments.

The first one that got FDA approval, aducanumab, is no longer available because it just didn't seem that it improved how people were doing. It was reducing amyloid in their brain, but they weren't necessarily having a big clinical impact. The next player on the scene, lecanemab, is the one that most sites that are doing these infusions as of now have the most experience with. And lecanemab is an infusion given every other week, and I've heard it referred to as being able to vacuum up amyloid in the brain, and the question is, are we going to see a huge clinical impact from this? Which right now, at least through the 18 months that's been studied, there is an impact. And then donanemab is the newest kid on the block, and the nice thing is that this is an infusion that's given monthly, but it has its own separate set of rates of risk and benefits. So those are the amyloid-targeted therapies that we have as of now in the treatment of Alzheimer's, and they differ from earlier therapies by a whole new mechanism, which is reducing the volume of amyloid that is in the brain.

So there is the potential that we'll have combinations of therapy in treating people with Alzheimer's, just as we do for other disorders. Many people are on multiple antihypertensives to control their hypertension. If you think of how we direct therapies for cancer, often it's multiple drugs with different mechanisms of action. And I think that's where we're heading. Alzheimer's will be treated with a cocktail of medications, and this is just one. The monoclonal antibody therapies are just one approach. And it's important to keep in mind that we can still have our patients on the older therapies that are working through other mechanisms, so we can still have people on memantine and on the cholinesterase inhibitors, and hopefully, there will be newer therapies that will be directed against tau that we could add on. So I think you're going to see a multifaceted approach to the treatment of Alzheimer's much as you see with other chronic disorders.

Announcer:

That was Dr. Michele Longo talking about new treatment options for Alzheimer's disease. To access this and other episodes in our series, visit *NeuroFrontiers* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!