impressed with the improvements in patients' ability to communicate.

Taken together with the Canadian study by Feldman et al, Dr. Winblad speculated that the Swedish Nursing Home study will have an impact on the indications for cholinesterase-inhibitor therapy. While these drugs are not currently indicated for severe disease, Dr. Winblad said that "if you have a drug that works in mild and moderate disease and you now have two studies in severe disease that show it works, I think that's fulfilling the criteria [for approval]."

References:

The Middle of the Spectrum: Mild-to-Moderate Disease

In this special symposium, both Dr. Nordberg's and Dr. Salloway's presentations focused on the early identification and treatment of dementia, while Dr. Winblad's talk focused on the other end of the AD spectrum: severe disease. It should be noted that, while the middle segment of AD (i.e., mild-to-moderately severe AD) was not covered in this event, it received ample coverage over the course of the IPA Congress.

Given that this event took place in Sweden, it was fitting that the congress was the venue for the presentation of results of the Swedish Alzheimer Treatment Study Group. This study treated a total of 435 patients with an average baseline MMSE of 22.0 with open-label donepezil over three years. One poster presentation showed that the changes in ADAS-cog and MMSE over the three-year period were considerably less for this population than could be expected for untreated patients over the same duration (Figure 1).1 This adds to the large pool of accumulated data supporting the use of cholinesterase inhibitors in mild-to-moderate disease.

Reference: