D2.5 Primary Care Campaign Strategy Report

115985 – MOPEAD

Models of Patient Engagement for Alzheimer's Disease

WP2 – Four different strategies to engage subjects at risk of AD

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V0.1	8 April 2017	First Draft
V0.2	19 April 2017	Comments from M Boada
V1.0	26 May 2016	Approved – first issue

Publishable Summary

MOPEAD is an observational study. The general aim for WP2 in the MOPEAD project is to implement four different patient engagement models in a five-country, multicentre setting. The specific aims for the Primary Care Campaign (WP2, Run3) is to identify individuals with cognitive impairment in the primary care settings; to identify individuals at risk for cognitive impairment in the primary care settings; and to conduct training and awareness programmes among PCPs (Primary Care Physicians) in five countries (Spain, Sweden, Slovenia, Germany and the Netherlands).

Primary Care often is the first instance where people go for different kinds of problems, including memory problems. Therefore, it is important that PCPs are made aware of and look for risk factors for developing Alzheimer Disease (AD), and learn what can be done to minimize these risks.

Patients included in this run should be consecutive patients seeking the PCP for any kind of problem. By using the tools identified for the MOPEAD pre-screening, the intention is to find the individuals with incipient cognitive problems or being at risk for developing AD. This approach should also make the PCP more alert on the risk factors. Each site should assess at least 100 subjects at the PCP centre, in order to identify 33 subjects at risk who should be referred to further assessment at a specialist clinic (WP3).

Currently, the Primary Care Campaign is in its planning phase. Two meetings for all partners have been organised, where the inclusion/exclusion criteria have been discussed and decided, the final assessment tools have been agreed upon, as well as the criteria for referral of subjects to WP3. An algorithm will be used in order to secure as identical as possible criteria for subject inclusion to WP3 via the e-CRF. In addition, ethical applications are currently being prepared, documents are being produced - and where necessary translated into the national language - for e-CRFs and informed consent. The PCP centres in the five countries are mainly identified and PCPs are being informed about the project. The plan is to start the implementation of patients by M10.

Methods

Pre-screening protocol: 1) Informed consent; 2) Self-administered questionnaire of social, demographic and medical data, to be filled-in before the assessment; 3) Three consecutive questions (put by the PCP) about eventual memory problems, worries for that and for how long time; 4) MMSE test; and 5) CAIDE dementia risk score for elderly individuals.

Inclusion criteria: Individuals 65-85 years of age without previous diagnosis of cognitive impairment, with available data in the medical records needed for calculation of CAIDE (if not the PCP can ask for this info).

Exclusion criteria: Severe visual/hearing impairment that could interfere with the assessment; history of traumatic brain injury or stroke; symptoms of depression; severe metabolic/systemic disease; treatment with psychotropic medications; previous diagnosis of cognitive impairment. For more details, see study protocol.

Results

Planning ongoing, described above.

Discussion

Discussions are ongoing regarding the possibilities for central reading of CSFs (in Gothenburg) and MRI (in Stockholm).

Conclusion

The project is mainly running according to plans.

Repository for primary data

All data are planned to be stored anonymously in a central server at FACE.