HCP EDUCATION 12859

New Therapies, Persistent Barriers: Impact of a Tethered Educational Initiative for Clinicians and Patients on Gaps in Early Alzheimer's Disease Care

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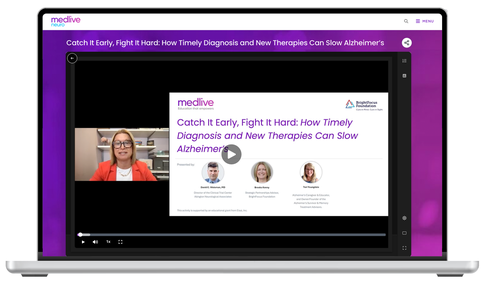
INTRODUCTION

Anti-amyloid disease-modifying therapies (DMTs) have transformed early Alzheimer's disease (AD) care, yet gaps in diagnosis, biomarker integration, and shared decision-making continue to delay treatment. We evaluated the impact of a tethered educational initiative designed to address these gaps and translate advances into clinical practice.



METHODOLOGY

Educational Program and Evaluation Details

Patient/Caregiver Education: 30-minute online activity for people with or concerned about AD and their families and caregivers. Augmented by social media videos via Facebook/Instagram. Launched November 19, 2025.

Title: Catch It Early, Fight It Hard: How Timely Diagnosis and New Therapies Can Slow Alzheimer's

Learning objectives:

1. Recognize how new anti-amyloid treatments can slow AD, especially when started early, and how they're working for patients in everyday care
2. Identify strategies to practice shared decision-making with your doctor to select a treatment plan that fits your needs and goals

Clinician Education: 60-minute online-enduring activity for neurologists, psychiatrists, and geriatricians involved in the diagnosis, treatment, and care of people with AD. Augmented by targeted micro-learning videos via IQVIA/LinkedIn. Launched December 16, 2025.

Title: Translating Science into Practice: Integrating Biomarkers, Real-world Data, and Patient-centered Strategies in Early Alzheimer's

Learning objectives:

1. Compare available anti-amyloid therapies for early AD by their mechanisms of action, pivotal trial outcomes, and administration considerations
2. Evaluate initial real-world observations and guidance with anti-amyloid therapies
3. Assess validated and emerging biomarkers and diagnostic tests to support an earlier and accurate diagnosis of AD and initiate timely therapeutic interventions
4. Identify how to implement patient-centered treatment strategies using shared decision-making to align anti-amyloid therapy with individual clinical profiles

Measurements

Clinician education: A survey-based approach measured the impact of the certified education as aligned with stated learning objectives via pre- and post-activity knowledge/competence questions that were developed in accordance with National Board of Medical Examiner guidelines,* and a post-activity evaluation inclusive of questions about intended practice changes and barriers to change. Statistical tests of significance were applied to comparisons of individual questions.

Patient education: A survey-based methodology was also employed to assess the impact of the patient/caregiver education. In addition, the analysis investigated correlations between select "tethered" questions across both the clinician and patient education related to perceptions of care.

*NBME Item-Writing Guide. Constructing written test questions for the health sciences. Nov 2020. www.nbme.org/item-writing-guide.

RESULTS

Patient/Caregiver Education:

527 Participants
29,839 social views

AD stage:

- 67% Mild cognitive impairment
- 11% Early stage AD
- 11% Severe AD
- 11% Unsure

Patient Insights:

86% of patients feel very involved* with shared decision-making when it comes to choosing AD treatments.

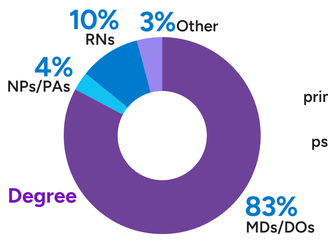
*Rating of 4 or 5 on 5-point scale

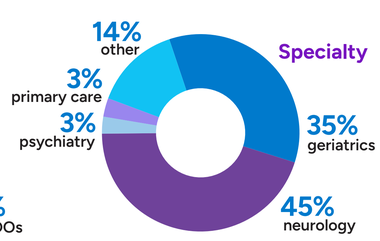
Top 3 challenges in receiving a diagnosis:	Percentage
Access to a neurologist for testing	50%
Fear of diagnosis	33%
Doctor referral to neurologist for testing	17%

Top 3 needs for starting or switching to a new AD therapy (select all that apply):	Percentage
Clear information about treatment options and how they work	75%
Guidance on insurance and access	58%
Emotional support or peer groups	25%

Clinician Education:

4,815 Participants
1,086 CME enduring + 3,729 micro-learning



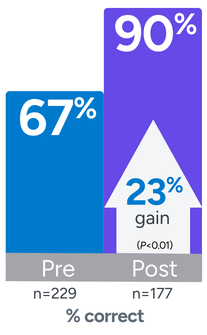


88% community-based clinicians

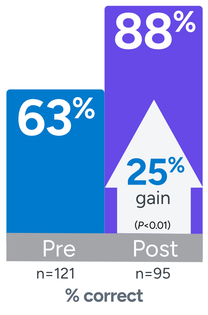
81% of CME learners completed the activity

Overall Learning Gains (CME):

Intended learners (Neurology + Geriatrics + Psychiatry)



Other learners (Primary Care)



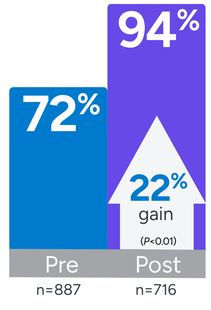
Barriers (CME):

Top 3 challenges identifying patients with early AD who may be appropriate candidates for anti-amyloid therapy (select all that apply) (all learners, n = 710): Barriers	Percentage
Limited training or experience with anti-amyloid therapies and the evolving evidence base in early AD	48%
Distinguishing early AD from normal aging or non-AD causes of MCI during diagnostic evaluation	44%
Managing patient and caregiver uncertainty or hesitancy regarding treatment risks, ARIA monitoring, and long-term expectations	39%

Specific Learning Gains (CME):

Biomarker-guided treatment decisions

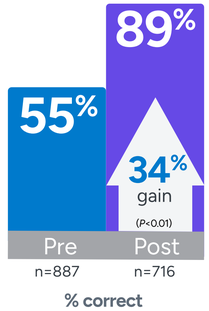
A 70-year-old man with MCI due to suspected AD is being evaluated for anti-amyloid therapy. MMSE is 24; CDR-GS is 0.5. A plasma p-tau217/Aβ1-42 ratio returns positive. How should this positive plasma result most appropriately guide your next step?



Confirm amyloid pathology with CSF or PET imaging before initiating DMT

Understanding of DMTs

What is the difference in the mechanism of action between lecanemab and donanemab?



Lecanemab preferentially binds soluble aggregated Aβ protofibrils and plaque-associated Aβ, whereas donanemab targets a pyroglutamate-modified Aβ epitope present on fibrillar amyloid plaques.

69% of learners said they were likely to change practice

109 specific changes reported (open-ended), categorized as follows (reported in order of frequency of mention):

- Earlier identification, diagnostic testing, and biomarker use
- Increased use of anti-amyloid, DMTs
- Patient, caregiver, and interdisciplinary education and referrals

CONCLUSION

This educational model improved clinician performance and patient engagement. However, persistent structural and emotional barriers highlight the need for continued efforts to ensure timely, equitable access to early AD care.