

# THE FISHER ALZHEIMER'S EDUCATION AND RESOURCES PROGRAM AT NYU GROSSMAN SCHOOL OF MEDICINE

The now widely accepted Seven Stages of Alzheimer's Disease, a diagnostic tool created by Dr. Barry Reisberg, improved worldwide understanding of Alzheimer's and assisted in the discovery of new treatments for the disease. For example, the stages of "mild cognitive impairment (MCI)" and "subjective cognitive decline (SCD)" have subsequently become "household words" in our field. During this year, we discovered a new, even earlier stage of Alzheimer's disease, which we termed, "psychometric cognitive decline."

To test this new stage, we recruited 60 healthy persons with no cognitive decline. We followed 47 of these persons over a mean of 6.7 years. We classified persons as decliners if they developed SCD or worse and as non-decliners if they remained free of subjective or objective impairments. At follow-up, we found that there was a very significant difference between the two groups in the decline rate. After controlling for demographic variables and follow-up time, our combinatorial psychometric test score was significantly lower in the future decliners. The results were published as a 30th anniversary research article in dementia and geriatric cognitive disorders in May 2020. These findings provide an opportunity for intervention at an earlier point in the evolution of eventual Alzheimer's disease than has previously been possible.

In 2020, a grant was made to the New York University School of Medicine for The Fisher Alzheimer's Disease Education and Resources program where Drs. Reisberg and Kenowsky examined health outcomes of the comprehensive, individualized, patient-centered Alzheimer's management program. Primary research focused on antidepressant usage and cost.

Also studied was the effect of our comprehensive, individualized person-centered management program (CI-PCM) on antidepressant usage in community-residing, advanced Alzheimer's disease persons. We found that the CI-PCM persons had significant decreases in antidepressant usage and in behavioral symptomatology, as well as a resolution of their depressive symptoms. The group who received usual community care (UCC) received more antidepressant medication and paid 4.2 times more for antidepressants. In addition, UCC persons had a worsening of both behavioral disturbances and depressive symptoms.