How helpful are anti-dementia drugs?

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Do Alzheimer's patients really benefit from the new medications that are available for this dev-astating degenerative neurological disease? The advent of treatments for Alzheimer disease has created a challenge for those seeking to document how, and to what degree, patients ben-efit from these treatments. Treating Alzheimer's is such a new phenomenon that there are no firmly established patterns of treatment response.

Clinical trials have not shown treatment to reverse disease progression in a simple fashion. The data show some symptoms improving, some remaining unchanged, and others growing worse. Therefore, researchers cannot assess treatment effect by looking for a simple reversal of scores on standard measures. Clinical trials have demonstrated significant improvements on standard measures, but they have failed to convince skeptics that they are clinically mean-ingful i.e., that they represent significant improvements in the lives of patients.

There is no instrument in the standard repertoire that measures patients' abilities to function in the context of their own lives. An instrument that tracks treatment response in reference to the specific realities of each patient's life, while allowing cross-patient comparisons to be made, would serve both to greatly enhance the clinical meaningfulness of AD assessment and to build a database of treatment responses that could be searched for patterns of treatment response.

Dr. Kenneth Rockwood and his team at Dalhousie University's Geriatric Medicine Research Unit have responded to this challenge by developing a new measurement instrument – called the Patient/Caregiver Account of Treatment (P/CAT). The goal of the P/CAT Project is to develop a new, more effective and functional instrument of measurement for treated Alzheimer Disease.

The measure allows both an Internet or web-based approach and a pencil-and-paper format. It is designed to be a practical way for patients and caregivers to determine whether anti-dementia drugs met their expectations. Unlike some of the existing instruments, P/CAT focus-es on what is happening now rather than speculating about what might happen in the future. "We believe this shift in focus may make for better tracking of subtle changes," says Dr. Rockwood. "Also, patients and caregivers will be spared the anxiety of trying to project possi-ble future outcomes."

The standard instruments test specific areas of cognitive function under controlled conditions. Other instruments of measurement include Goal Attainment Scaling (GAS) and Defined Target Symptoms (DTS), which were more effective in bringing the patients' and caregivers experi-ence of Alzheimer's to the center of the tracking process. However, both are too complex for practical use. P/CAT takes the best elements of GAS and DTS and the Visual Analog Scale and combines them in a simplfied format that focuses on what is essential to measurement of

clinically meaningful change in treated Alzheimer's. The new measure was designed specifically to rate treatment response against current knowledge about the course of untreated Alzheimer's. It is intended only to gather data necessary to that purpose. As a result, it is easy to understand and use and much of the recording can be done by placing a mark on a simple scale.

Pilot tests indicate P/CAT has great potential for identifying changes not detected by psychometric tests and that further refinements are needed, including testing the web-based format. While several development issues remain to be resolved, Dr. Rockwood and the Geriatric Medicine Research Unit believe that with further development, the Patient/Caregiver Account of Treatment can become a useful adjunct to both research and routine practice in patients with dementia who are being actively treated.

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