



LUND UNIVERSITY

Two-year outcome of Galantamine treatment in Alzheimer's disease in a routine clinical setting.

Wallin, Åsa; Wattmo, Carina; Björkman, Annacarin; Eriksson, Sture; Andreasen, Niels; Minthon, Lennart

2006

Document Version:

Publisher's PDF, also known as Version of record

[Link to publication](#)

Citation for published version (APA):

Wallin, Å., Wattmo, C., Björkman, A., Eriksson, S., Andreasen, N., & Minthon, L. (2006). *Two-year outcome of Galantamine treatment in Alzheimer's disease in a routine clinical setting..* Poster session presented at 9th International Geneva/Springfield Symposium on Advances in Alzheimer Therapy, Geneva, Switzerland.

Total number of authors:

6

General rights

Unless other specific re-use rights are stated the following general rights apply:

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal

Read more about Creative commons licenses: <https://creativecommons.org/licenses/>

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

LUND UNIVERSITY

PO Box 117
221 00 Lund
+46 46-222 00 00

Conclusion

Long-term galantamine treatment in a routine clinical setting resulted in a positive effect in cognitive tests compared to historical controls and mathematical models. After 2 years of treatment a positive global outcome was observed in half of the patients. Dropout was less than expected.

Introduction

Alzheimer's disease (AD) is the major cause of dementia in the elderly and is a devastating disease for patients and their families experiencing a gradual loss of functions and independence. Multiple double blind, placebo controlled studies have shown beneficial effects of galantamine treatment on cognition and function. What to expect in long-term treatment in a routine clinical setting has not been investigated. The Swedish Alzheimer Treatment Study (SATS) is a prospective, open, longitudinal, multicenter study evaluating cholinesterase inhibitor (ChEI) treatment in AD. Patients are investigated at baseline, at 2 months and every 6 months for a total period of three years. Here we present the two-year outcome for the first 122 patients receiving the ChEI galantamine in SATS.

Objective

To evaluate the two-year outcome on cognition (MMSE, ADAS-cog) and global rating (CIBIC) in a routine clinical setting. To evaluate dropout.

Methods and Subjects

The first 122 patients receiving galantamine in the SATS for two years were investigated in this study. Patients were assessed with MMSE, ADAS-cog (0-70) and global rating (CIBIC). The outcome of the ADAS-cog was compared to a mathematical model of change in untreated AD-patients, the Stern equation(1). The individual rate of change in ADAS-cog was calculated for each individual and described graphically. The expected decline in MMSE score was estimated to 2-4 points a year and the ADAS-cog score to 4-9 points a year, based on previously reported rates of change in untreated patients. Three groups of response were defined at each interval. CIBIC 1-3 was better, 4 unchanged and 5-7 worse.

Baseline characteristics

Patients(n)	122
Gender (male/female)	48 / 74
Age, mean ± SD, years	72.3±7.7
Duration, mean ± SD,	3.0±2.0
MMSE, mean ± SD mean, (n)	23.2 ± 4.2
ADAS-cog (0-70), mean ± SD, (n)	17.2 ± 8.4

Reference List

(1) Stern R.G., Mohs R.C., Davidson M., Schmeidler J., Silverman J., Kramer-Ginsberg E. et al. A longitudinal study of Alzheimer's disease: Measurement, rate and predictors of cognitive deterioration. Am J Psychiatry 1994 March;151(3):390-6.

*The Swedish Alzheimer Treatment Study Group

Department of Geriatric Clinic
Piteå River Valley Hospital, Piteå
Niels Andreasen, MD, PhD
Christina Sjödin, research nurse

Department of Primary Care, Kalix
Stellan Båtsman, MD
Anett Wunsch, Occupational therapist

Department of Community Medicine and Rehabilitation,
Geriatric Medicine, Umeå University
Sture Eriksson, MD, PhD, assoc prof
Birgitta Näsman, MD, PhD
Liselotte Mannberg, research nurse

Department of Geriatric Medicine, University Hospital
Linköping
Anne Ekdahl, MD
Anita Källman, reg nurse
Ingrid Hellström, reg nurse

Memory Clinic, Academic Hospital, Uppsala
Lena Kilander, MD, PhD
Monika Söderin, reg nurse

Karolinska Institute, NEUROTEC, Karolinska University
Hospital, Huddinge-Stockholm
Maria Eriksdotter Jönghagen, MD, PhD, assoc prof
Christina Sjödin, research nurse

Department of Geriatric Medicine
Cognitive Section Danderyds Hospital
Michaela Grut , MD, PhD
Marie Rydén , MD
Eva Molin, reg nurse

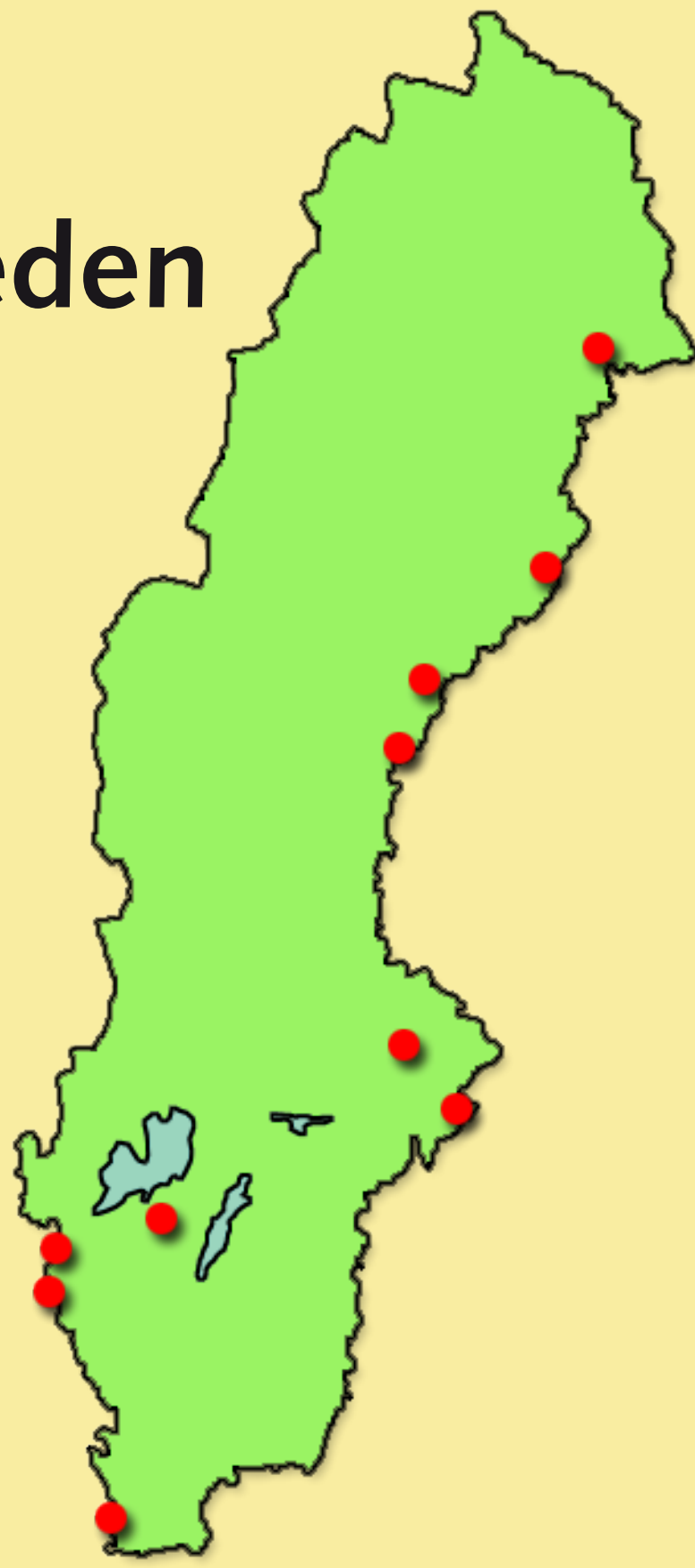
Clinical Memory Research Unit
Department of Clinical Sciences, Malmö
Lund University
Lennart Minthon, MD, PhD, assoc prof
Åsa Wallin, MD
Carina Wattmo, biomedical statistician, B Sc, reg nurse
Annacarin Björkman, studycoordinator
Cecilia Dahl, studycoordinator

Institute of Neuroscience. Section of Psychiatry,
Göteborg / Sahlgrenska University Hospital, Mölndal
Anders Wallin, MD, PhD, prof
Mikael Jonsson, MD
Kerstin Gustavsson, research nurse

Memory Clinic Uddevalla Hospital Uddevalla
Hasse Olofsson, MD
Berit Holm, reg nurse

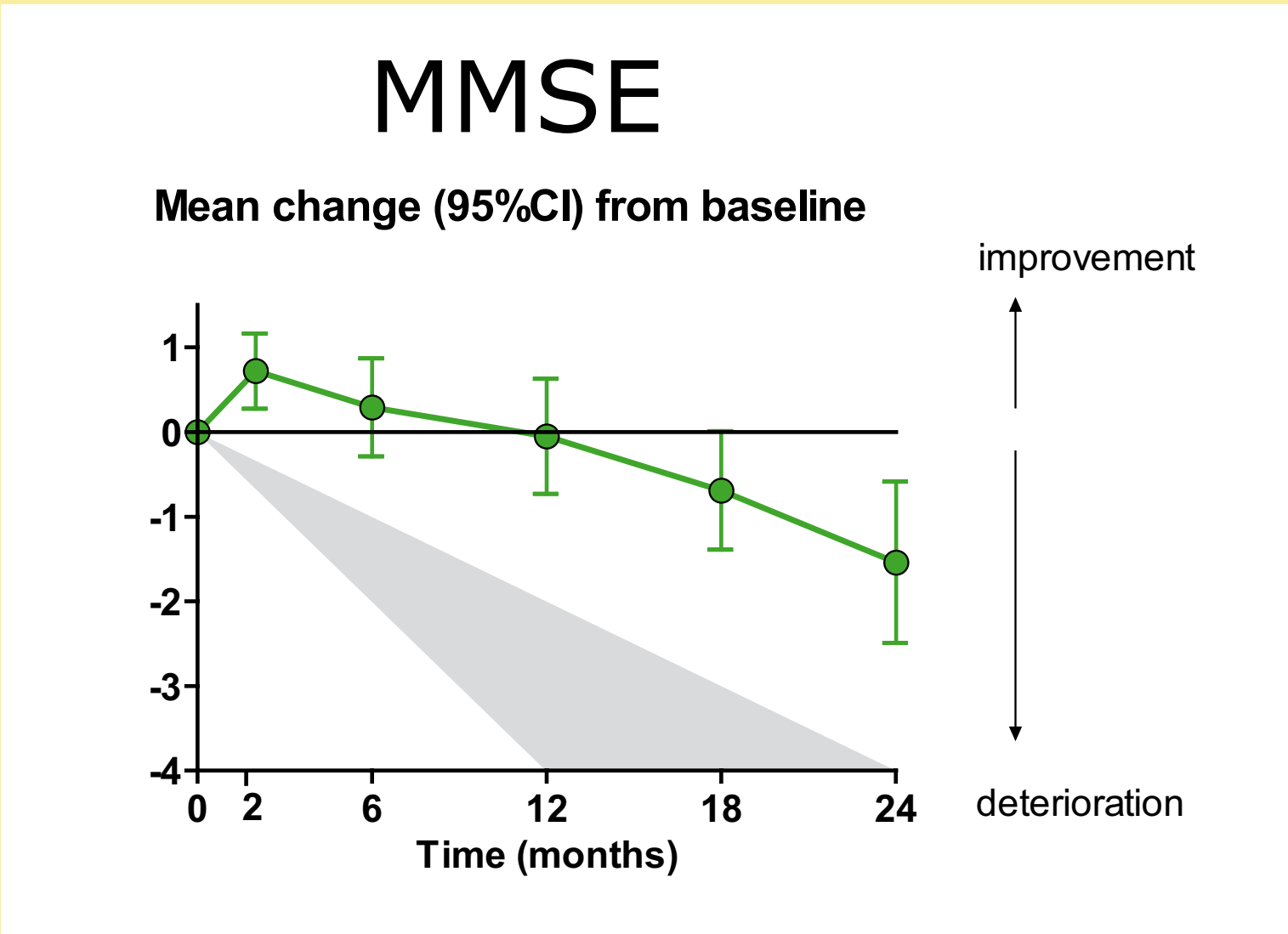
Steering Committee
Lennart Minthon (PI)
Niels Andreasen
Sture Erikson
Annacarin Björkman

Sweden

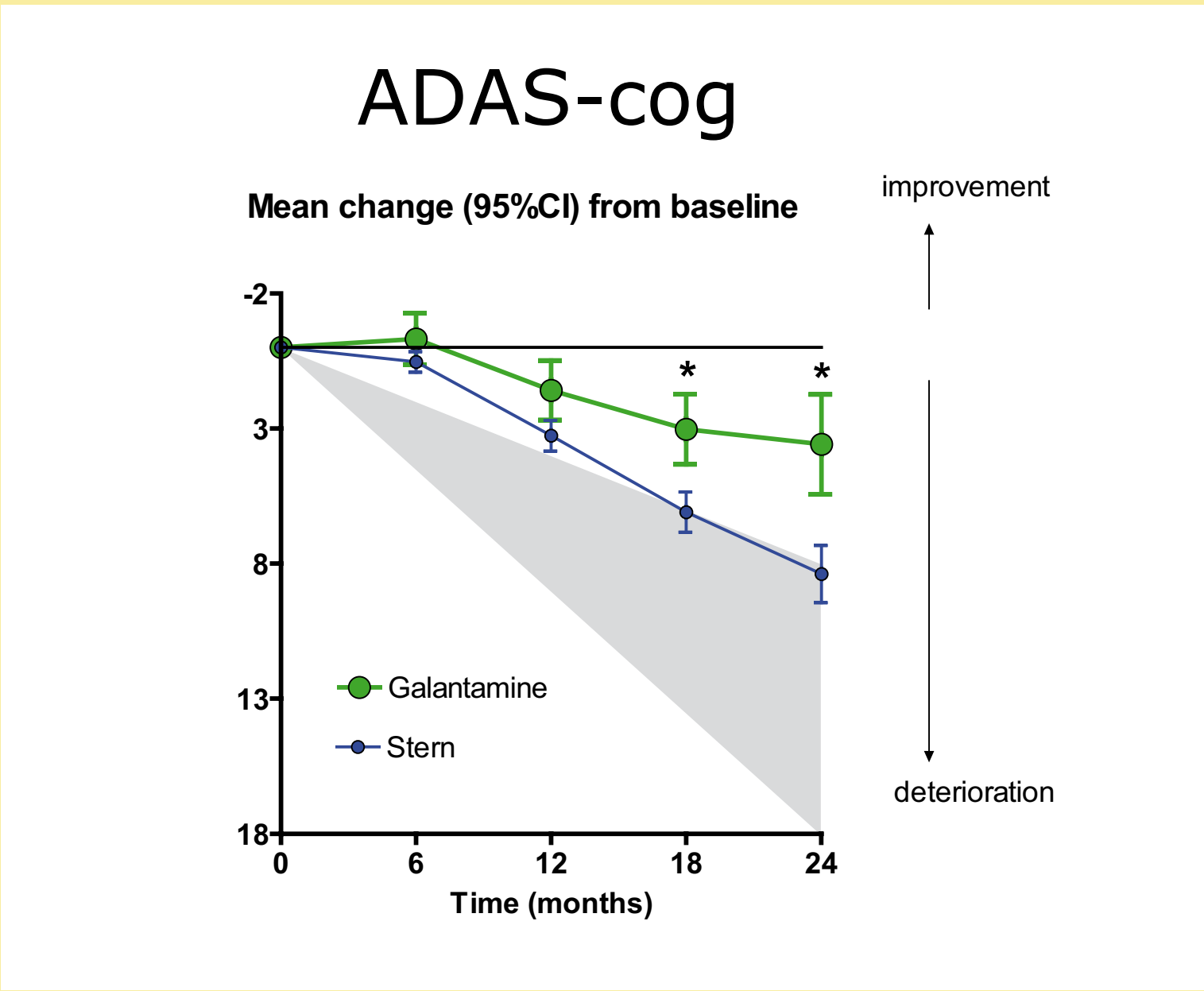


Results

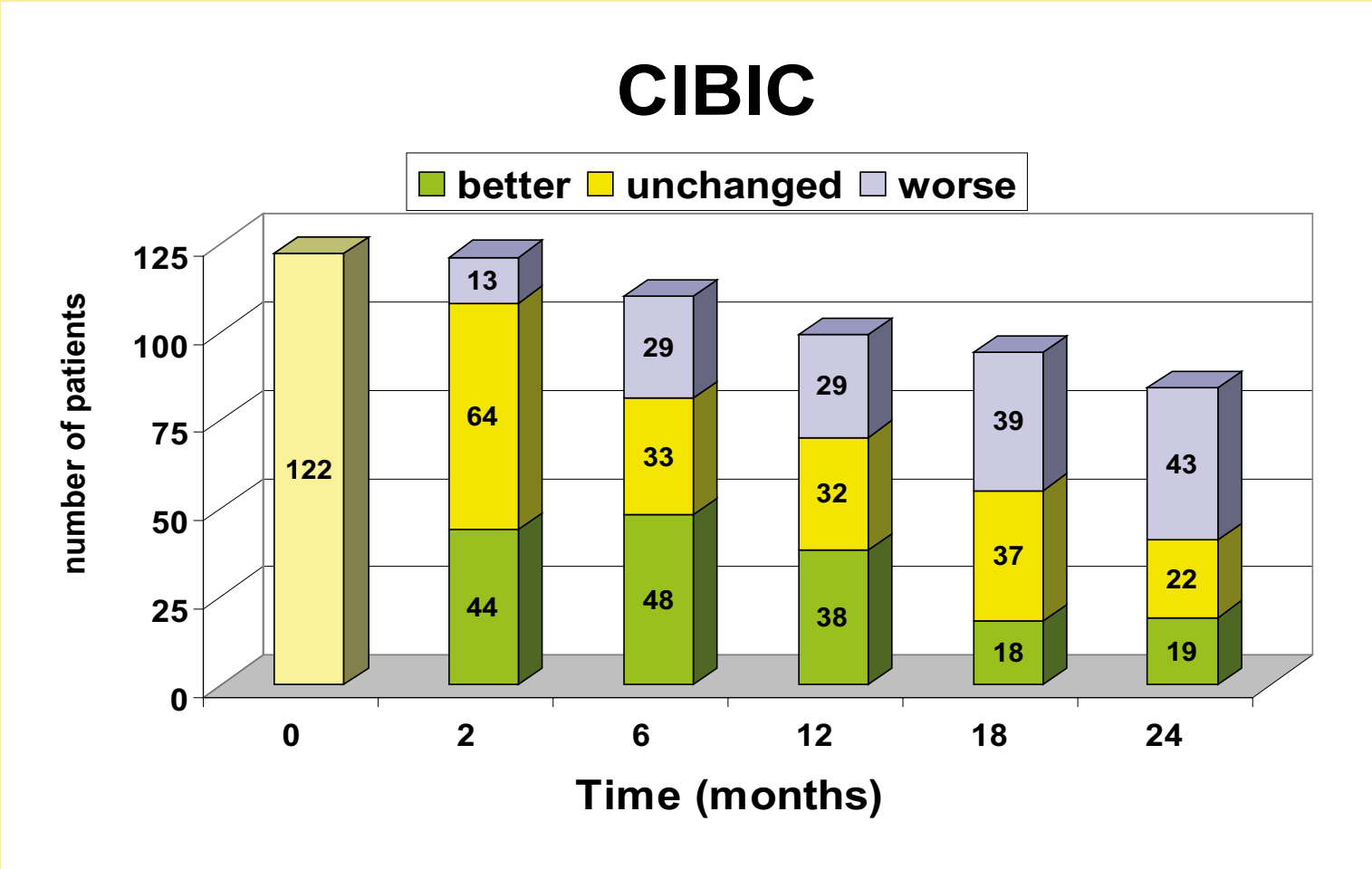
The mean galantamine dose was 15.5 - 19.8 mg/day.



The mean MMSE score remained above baseline for one year. After two years of treatment the total mean decline from baseline in MMSE-score was 1.6 points (95% CI, 0.6 - 2.6). (Shaded area 2-4 points/year, expected decline).



The ADAS-cog rise after 18 months (3.0 points) and two years (3.8 points) was significantly better than the score predicted by the Stern equation (6.1 points and 8.3 points). (Shaded area 4-9 points/year, expected decline).



Half of the patients were considered unchanged or better in the CIBIC-rating after two years of treatment. After two years 94 patients (78%) remained in the study.