Ochsner Health

Ochsner Neurocognitive Program

Understanding Alzheimer's Disease

What Is Alzheimer's Disease?

Alzheimer's disease is the most common cause of progressive cognitive impairment and dementia. It is **one cause of dementia**, not a synonym for it. The disease affects how brain cells communicate over time due to abnormal protein changes that disrupt brain networks, not just memory.

Symptoms may involve memory, thinking, language, or behavior, and daily function becomes affected as these networks weaken.

How Alzheimer's Disease Presents

Alzheimer's disease can present in different ways depending on which brain networks are most affected.

- Some people notice memory changes first
- Some notice changes in language, visuospatial, or executive function

How Alzheimer's Is Diagnosed

Evaluation begins with clinical history and cognitive testing to understand how thinking changes affect daily life. Blood-based biomarkers can screen for Alzheimer-related protein changes and help guide next steps.

When needed, confirmatory testing may include spinal fluid (CSF) analysis or specialized brain imaging (PET scans) to assess amyloid or tau proteins and clarify whether Alzheimer's disease is the underlying cause.

What This Means?

Alzheimer's disease is a condition that unfolds over time and affects people differently. While it is progressive, care focuses on preserving independence, supporting safety, and maintaining quality of life through ongoing monitoring and support.

Key Points

- Alzheimer's is a disease that can cause dementia, not a synonym for dementia
- Symptoms vary depending on which brain systems are affected
- Alzheimer's disease is associated with abnormal amyloid and tau proteins in the brain
- These protein changes can begin years before symptoms appear
- Biomarkers may be detected through brain imaging, blood tests, or spinal fluid testing
- Biomarkers help clarify the underlying cause of cognitive symptoms
- Test results must be interpreted in the context of function and clinical evaluation

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Why Alzheimer's Disease Presents Differently

One Disease. Different Patterns.

Alzheimer's disease is **one disease**, that can present in many **different ways**.

What makes Alzheimer's look different from person to person is **which part of the brain is affected first and most strongly**. Different brain systems control different abilities—such as memory, attention, language, vision, behavior, and movement.

Because of this, the **first and most noticeable symptoms** can vary, even though the underlying disease is the same.

Memory

- Trouble remembering recent conversations or events
- Repeating questions or stories
- Misplacing items and having trouble retracing steps

Attention & Executive

- Difficulty focusing or staying on task
- Trouble planning, organizing, or multitasking
- Feeling overwhelmed by things that used to feel manageable

Language

- Trouble finding the right word
- Pausing or losing track while speaking
- Difficulty following longer conversations

Visuospatial

- Trouble reading or judging distance
- Getting lost in familiar places
- Difficulty recognizing objects, faces, or visual patterns

Behavior & Personality

- Changes in motion or emotional response
- Acting more impulsive or less socially aware
- Increased apathy, anxiety, or irritability

Movement & Coordination

- Clumsiness or trouble using one hand
- Difficulty with everyday movements (buttoning, using tools)
- Feeling stiff, slow, or awkward with certain actions

Key Points

- Alzheimer's disease is one disease, but it can affect **different brain areas** resulting in different symptoms
- **Early symptoms often look different** from person to person
- Over time, multiple brain systems are usually affected
- **Some patterns have medical names**. These are explained in more detail in via the QR code below.

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Understanding Anti-Amyloid Therapy

What Is Anti-Amyloid Therapy?

Anti-amyloid therapy is a newer treatment option for **early Alzheimer's disease**. It is designed to reduce **amyloid**, a protein that slowly builds up in the brain years before memory symptoms appear.

This treatment focuses on **brain biology**, not just symptoms.

What Does It Do?

Anti-amyloid medications are antibodies given through an IV infusion. In people with very early Alzheimer's disease, anti-amyloid therapy may:

- Reduce amyloid buildup in the brain
- Slow decline modestly
- Help some people stay in a milder stage longer

It does **not** cure Alzheimer's disease or restore lost memory. Benefits are typically measured in **months**, though when started very early, benefits may extend longer. Long-term effects are still being studied.

What Is Treatment Like?

Treatment includes:

- IV infusions every 2–4 weeks
- Frequent Scheduled MRI scans and blood work
- Ongoing clinic visits and monitoring

This is a long-term care pathway, not a one-time treatment.

What Is Treatment Like?

Anti-amyloid therapy is **not right** for everyone. Some people have a higher risk of serious side effects, including brain swelling or bleeding. Before starting treatment, careful screening with brain imaging and other tests helps identify who may be at higher risk. When people are appropriately screened and monitored, the risk of serious complications can be significantly reduced.

What This Means

Anti-amyloid therapy may be helpful for some people, but it involves ongoing monitoring and uncertainty. Choosing to begin—or not begin—treatment can both be appropriate, guided by individual goals, values, and quality of life.

Key Points

- Anti-amyloid therapy is for **early Alzheimer's disease** only
- It targets amyloid protein in the brain
- It may slow decline modestly, but it is not a cure
- Memory and function do not return
- Treatment involves IV infusions and regular MRI monitoring
- Brain swelling or bleeding can occur and is monitored closely
- This is a personal decision based on goals and quality of life

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Who Is Eligible for Disease-Modifying Therapy — and Why

Anti-amyloid treatments such as **lecanemab** and **donanemab** are designed for **early Alzheimer's disease**. They may slow decline modestly but do not cure the disease or restore lost memory.

The key question is not simply *"Is amyloid present?"*
It is *"Is this the right stage, and is it safe?"*

Who May Benefit

Treatment is most appropriate for people who:

- Have **Mild Cognitive Impairment (MCI)** or **mild Alzheimer's dementia**
- Have **confirmed amyloid positivity**
- Have **low–moderate tau burden**
- Have **safe MRI findings**
- Are medically stable and able to complete regular MRI monitoring
- Have a reliable care partner

Who Is Not a Good Candidate

Treatment is generally not recommended for people who:

- Have moderate or advanced dementia
- Have recent stroke or uncontrolled seizures
- Take blood thinners
- Have multiple prior brain bleeds or significant vascular disease on MRI
- Cannot undergo MRI monitoring

If cerebral amyloid angiopathy is present, risks may outweigh benefits.

Genetics and Risk

APOE status influences side-effect risk, not certainty of benefit

APOE (Apolipoprotein E) is a gene involved in amyloid clearance and brain health. The **APOE-ε4** variant is associated with higher Alzheimer's risk and plays an important role in treatment safety. Most ARIA cases are mild and detected early through routine MRI monitoring. APOE-ε4 does **not** eliminate potential benefit from treatment.

Knowing APOE status helps guide monitoring and shared decision-making. It modifies risk—it does not predict outcome.

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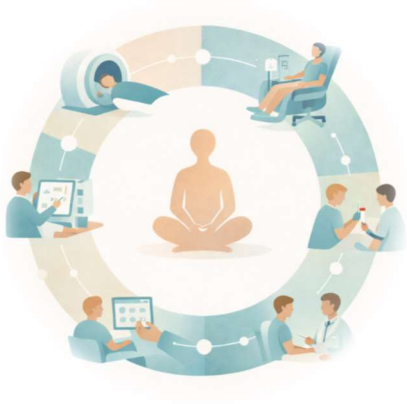
What to Expect Along the Anti-Amyloid Therapy Pathway

Quick Guide: What to Expect

Anti-amyloid therapy is used for **early Alzheimer's disease**. It lowers amyloid in the brain and may **slow decline modestly**, but it is **not a cure** and does not restore lost memoRY.



Before starting treatment, your diagnosis must be confirmed with amyloid testing (often spinal fluid/CSF or PET imaging). A recent MRI with specialized sequences is required to check for bleeding risk. Your provider will review your medical history, current medications (especially blood thinners or frequent NSAID use), vascular risk factors, and sometimes APOE genetic status to determine your personal risk for side effects.

Treatment is given by IV infusion and requires structured MRI monitoring to screen for ARIA (brain swelling or bleeding), which is most common early in therapy. Most serious complications are uncommon, but careful monitoring is essential.

Infusion Schedule

- **Lecanemab (Leqembi®):** Infusion every 2 weeks; MRI at baseline and before the 3rd, 5th, 7th, and 14th infusions.
- **Donanemab (Kisunla™):** Infusion every 4 weeks; MRI at baseline and before the 2nd, 3rd, 4th, and 7th infusions.

Monitoring Schedule

Anti-amyloid therapy is not "set and forget." It requires ongoing safety and benefit monitoring:

- **MRI monitoring** is mandatory to screen for ARIA, even if you feel well. Most ARIA occurs in the first 6 months.
- **Symptom monitoring**: Call immediately for severe or prolonged headache, new confusion, weakness, speech or vision changes, or seizure-like symptoms. Go to the emergency department if symptoms are severe or persistent.
- **Clinic visits every ~3 months** to review side effects, daily function, medications, and overall benefit–risk balance.
- **Cognitive screening every 6 months**, often required by insurance for continued coverage.
- **Formal cognitive testing annually** to assess longer-term trajectory.
- Some programs monitor **blood biomarkers** (such as p-tau, GFAP, or NfL) to track response and safety.
- Repeat **amyloid PET imaging around 12–18 months** may be considered to guide long-term decisions, especially with donanemab, where therapy may be paused if amyloid is sufficiently reduced.

Learn More?

Call your provider immediately if you develop severe or prolonged headache, new confusion, weakness, speech changes, or seizure-like symptoms. Go to the emergency department if symptoms are severe or persistent.

This is a monitored, long-term treatment pathway. Therapy continues only if the benefit–risk balance remains appropriate.

Infusion Suite Locations

We offer a variety of infusion services as cancer treatment options. At our convenient locations, our staff strives to make the infusion experience as comfortable as possible for our patients.

1. **Ochsner Medical Center**
   The Gayle and
   Tom Benson Cancer Center
   1516 Jefferson Hwy., 5th Floor
   New Orleans, LA 70121
   504-842-3910
   M-F, 7am - 7pm | Sat, 8am - 2pm

2. **Ochsner Baptist – A Campus of Ochsner Medical Center**
   Ochsner Health Center –
   Baptist Napoleon Medical Plaza
   2820 Napoleon Ave., Suite 210
   New Orleans, LA 70115
   (Located behind outpatient pharmacy)
   504-842-9914
   M-F, 8am - 4:30pm

3. **Ochsner Health Center – Kenner**
   200 West Esplanade Ave., Suite 200
   Kenner, LA 70065
   504-464-8615
   M-F, 8am - 4:30pm

4. **St. Tammany Cancer Center – A Campus of Ochsner Medical Center**
   900 Ochsner Blvd., 3rd Floor
   Covington, LA 70433
   985-249-2383
   M-F, 8am - 6:30pm

5. **Slidell Memorial Hospital Regional Cancer Center**
   1120 Robert Blvd. | Slidell, LA 70458
   985-280-2902
   M-F, 7am - 5pm

6. **Ochsner Medical Center – West Bank Campus**
   2500 Belle Chase Hwy., 2nd Floor
   Gretna, LA 70056
   504-207-2727
   M-F, 8am - 4:30pm | Sat by appt
   (if staff available

7. **Leonard J. Chabert Medical Center**
   1978 Industrial Blvd., 4th Floor
   Houma, LA 70363
   985-873-2729
   M-Th, 7am - 5:30pm | Fri, 7am - 3:30pm

8. **Ochsner Medical Center – Hancock**
   149 Drinkwater Blvd.
   Bay St. Louis, MS 39520
   1st floor of Ochsner Medical Center
   228-467-3946
   M-F, 8am - 4:30pm

9. **Terrebonne General Medical Center**
   8166 W Main St., 2nd Floor
   Houma, LA 70360
   985-857-8093
   M-F, 8am - 4:30pm

10. **Ochsner Medical Complex – The Grove**
    10310 The Grove Blvd.
    Baton Rouge, LA 70836
    225-761-5409
    M-F, 8am - 5pm

11. **Ochsner Cancer Center – Baton Rouge**
    17050 Medical Center Dr., 1st Floor
    Baton Rouge, LA 70816
    225-761-5410
    M-F, 8am - 5pm

12. **Ochsner Lafayette General Medical Center**
    Ochsner Cancer Center of Acadiana
    1211 Coolidge Blvd., Suite 100
    Lafayette, LA 70503
    337-289-8400
    M-F, 8am - 5pm

13. **Ochsner CHRISTUS Health Center – Lake Area**
    4150 Nelson Rd., Building G, Suite 2
    Lake Charles, LA 70605
    337-656-7872
    M-F, 8am - 5pm

14. **St. Charles Parish Hospital**
    1057 Paul Maillard Rd., Suite 1300
    Luling, LA 70070
    985-785-6242
    M-F, 8am - 5pm

15. **Ochsner LSU Health Shreveport – Feist-Weiller Cancer Center**
    1501 Kings Hwy.
    Shreveport, LA 71103
    318-813-1000
    M-F, 8am - 4pm

Ochsner Cancer Institute