Objective
To analyse and present the outcome of longitudinal change in ADL function and cognition in patients treated with galantamine for two years.

Methods and Subjects
The Swedish Alzheimer Treatment Study (SATS) is an open, long-term, multicentre study in a routine clinical setting. Patients with the diagnosis of Alzheimer’s Disease received the cholinesterase inhibitor galantamine. The 122 patients were assessed with several functional and cognitive rating scales including IADL, PSMS, FAST, MMSE, and ADAS-cog at baseline and every 6 months for a total period of two years.

The expected rate of IADL decline in untreated patients has been calculated using a linear equation as presented by Green et al.[1,2]:
\[ \Delta \text{IADL} = 10,124 - 0.332 \times \text{IADL}_{\text{Bas}} \]
in which \( \Delta \text{IADL} \) is the annual rate of decline of IADL and \( \text{IADL}_{\text{Bas}} \) is the IADL score at baseline.

A two-step cluster analysis was performed to reveal any natural groupings (clusters) of the patients based on the ADL scores at baseline.

Results

IADL H Ability to handle finances
IADL A Ability to use telephone
IADL C Food preparation

New patients also decline significantly faster in the long-term outcome of PSMS score compared to the other group; IADL and FAST scales do not show this difference.

The patients in cluster 1 are more cognitive impaired at baseline than the other group and have lower percentage of apoE4-carriers. No significant differences in gender, duration, age at investigation or mean dose of galantamine during the study was observed. The cluster 1 patients also decline significantly faster in the long-term outcome of PSMS score compared to the other group; IADL and FAST scales do not show this difference.

Conclusions
The instrumental ADL scale in the galantamine treated patients showed a faster decline of function compared to the other scales, but significantly less than expected by using the mathematical model by Green et al.

Increasing strength in the linear correlation between the three ADL scales as well as cognition was observed during the two years of the study.

Cluster analysis based on ADL scores at baseline, identified two subgroups: with different cognitive ability, dissimilar proportion of apoE4-carriers and rate of change in basic functional decline.

References List

Contact address: Carina Wattmo, Biomedical statistician, PhD student, Clinical Memory Research Unit, Department of Clinical Sciences, Malmö, Lund University, Sweden.