

The image features the Lilly ConnectAD logo centered on a textured, light-colored background with a red border. The word "Lilly" is written in a red, cursive script font, while "ConnectAD" is in a bold, red, sans-serif font. A small "TM" trademark symbol is positioned to the upper right of the "D" in "ConnectAD".

Lilly ConnectAD™

Detect · Diagnose

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Lilly ConnectAD™

Welcome to ConnectAD™, a clinical case series created by the Eli Lilly and Company Neuroscience medical education team. This series is intended to connect healthcare professionals to resources that help them detect, diagnose, and manage Alzheimer's disease.

Disclaimer

The content for this clinical case was developed in collaboration between a group of global clinicians who care for patients with Alzheimer's disease and Eli Lilly and Company.

A variety of cognitive and diagnostic tests can reasonably be used in the detection and diagnosis of Alzheimer's disease. Inclusion of specific cognitive and/or diagnostic tests in this case reflects the diversity of clinical preferences, and the use of particular diagnostic tools does not imply endorsement or recommendation by Lilly.

Learning Objectives

Through completing this course, you will have a deeper understanding of:

①

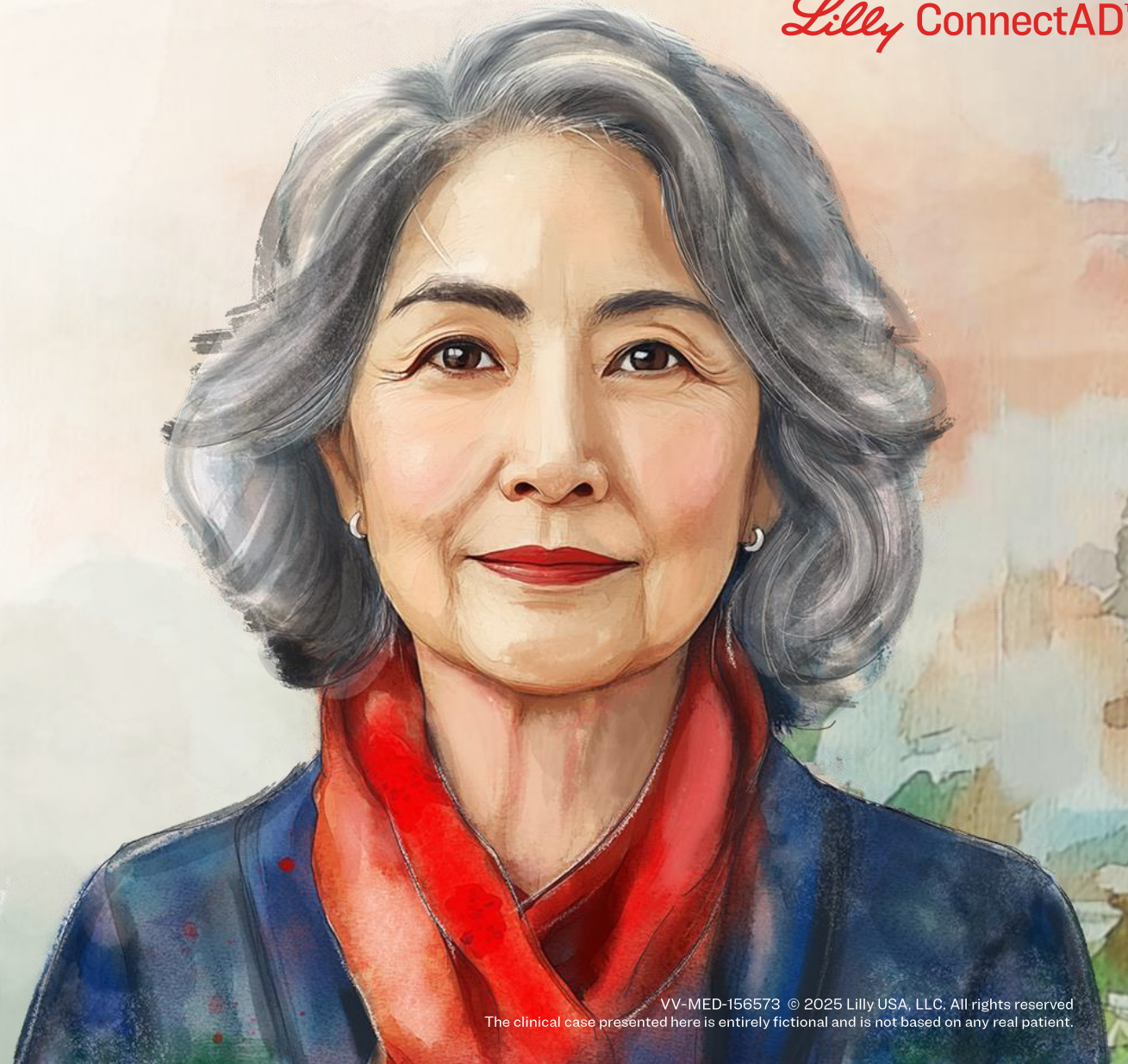
The clinical presentation of Alzheimer's disease

②

How to integrate clinical and biomarker assessments to make an accurate diagnosis of Alzheimer's disease in the earliest stages

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Connect *with Keiko*

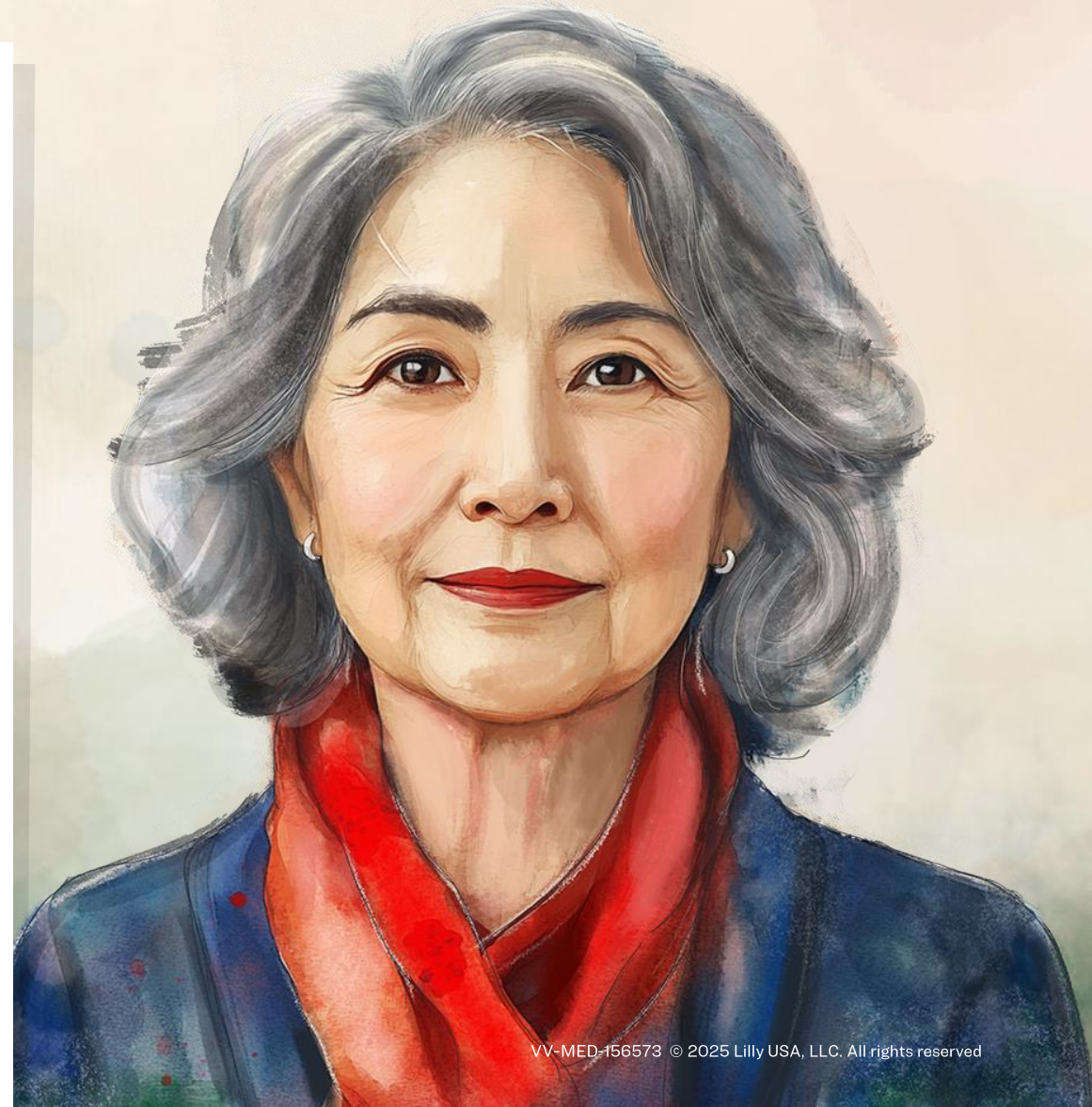


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The clinical case presented here is entirely fictional and is not based on any real patient.

Our Patient Keiko

- 74 years old
- Female
- Asian
- Married, 1 child, 2 grandchildren
- College degree
- Registered nurse (retired)
- Family history:
 - Depression
 - Anxiety



Clinical Information and History

Keiko has experienced recurrence of previously well-controlled depression over the past 3 years, with poor response to treatment.

As mood symptoms worsened over the past year, she has also experienced progressive cognitive difficulties:

- Difficulty recalling recent events and conversations
- Challenges handling medications and appointments



Clinical Information and History

Clinical history

- Depression
- Anxiety

General health

- Heart rate: 76 bpm
- Blood pressure: 130/80 mmHg

Current medication

- Selective serotonin reuptake inhibitor (SSRI)

bpm=Beats per Minute.



Initial Clinical Assessment



General neurological exam: Normal

Mental status

- Alert, insightful, good effort on testing
- Instrumental activities of daily living:
Dependent (medications, appointments)

Cognition

- MoCA: 24/30 (normal ≥ 26)
 - Word recall: 0/5
 - Figure copy: 0/1
- GDS-15: 10/15 (moderate depression)

Additional Findings

Blood work within normal limits, including:

- Complete blood count (CBC)
- Electrolytes
- Glucose
- Creatinine
- Thyroid stimulating hormone (TSH)
- Vitamin B12

Brain MRI:

- Mild diffuse cortical atrophy with superimposed moderate temporal atrophy (left side more affected than right)

CSF assay:

- $A\beta_{42}/A\beta_{40}$: Low
- P-tau: High
- T-tau: High

Given the Patient Information Presented, What is the Diagnosis?

- ① Generalized anxiety
- ② MCI due to AD
- ③ Mild dementia due to AD
- ④ Major depressive disorder
- ⑤ Other



Keiko

Given the Patient Information Presented, What is the Diagnosis?

① Generalized anxiety

② MCI due to AD

③ Mild dementia due to AD

④ Major depressive disorder

⑤ Other



Keiko

Why is Keiko Diagnosed with Mild Dementia Due to AD?

Keiko is presenting with clinical symptoms that include both mood and cognitive impairment. Clinical assessment also uncovered symptoms of functional dependence.

Several features of mood symptoms (chronic, progressive worsening, non-responsive to treatment) suggest an underlying neurodegenerative disorder as the cause, rather than isolated depression.¹

MRI findings confirmed suspicion of underlying neurodegeneration.

CSF testing provided neuropathological confirmation of an AD diagnosis.

Key Learnings in Keiko's Case (1 of 2)

Depression and dementia often co-exist in the same individual.¹ If mood symptoms are identified, clinicians should not be discouraged from exploring a simultaneous diagnosis of dementia in the appropriate clinical setting.

1. Mood impairment (especially depression) may precede the development of cognitive symptoms in neurodegenerative disorders.²
 - Data suggest that 38% of elderly patients diagnosed with depression eventually receive a diagnosis of dementia³
2. If the following clinical characteristics are seen in patients with mood symptoms, it may be indicative of dementia⁴:
 - Chronic course; identifiable with onset and progression over months to years
 - Resistance to antidepressant treatment
 - Associated progressive cognitive difficulties
3. Evaluation of dementia in the presence of mood symptoms should include assessment of neuropathological biomarkers.⁵

Key Learnings in Keiko's Case (2 of 2)

The CSF biomarker assay can be used to confirm the presence of pathology consistent with AD.¹

CSF assays:

1. Quantitatively measure the levels of A β and tau protein within the fluid of the lumbar sac.²
2. Reflect the rates of A β and tau protein production and clearance.²

Advantages include:

- Less expensive than PET by 10- to 15-fold³
- Simultaneous information on A β and tau biomarkers⁴

Limitations include:

- CSF is obtained via lumbar puncture; this is invasive and can be uncomfortable for patients⁵
- Limited availability outside of specialized clinics⁶
- Do not detect regional A β or tau deposition^{2,3}

A β =Amyloid Beta; AD=Alzheimer's Disease; CSF=Cerebrospinal Fluid; PET=Positron Emission Tomography.

1. Jack CR Jr., et al. *Alzheimers Dement.* 2024;20(8):5143-5169. 2. Jack CR Jr, et al. *Alzheimers Dement.* 2018;14:535-562. 3. Hansson O, et al. *Alzheimers Res Ther.* 2019;11(1):34. 4. Dubois B, et al. *Lancet Neurol.* 2021;20(6):484-496. 5. Lee JC, et al. *Exp Mol Med.* 2019;51(5):1-10. 6. Zetterberg H, et al. *Alzheimers Dement (Amst).* 2019;784-786.

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Thank you for
Connecting
with Keiko



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