

Eligibility Criteria of Anti-Amyloid Therapies: How Many Patients Are Able to Do It in a Cross-Sectional Study?

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Background

Anti-amyloid therapies (AAT) — **donanemab** and **lecanemab** — slow clinical progression in Alzheimer's disease (AD). However, strict inclusion/exclusion criteria, together with the high cost of medication, screening and follow-up, sharply limit how many patients can actually receive them. This is a major barrier in low-income settings such as Brazil. We assessed how many real-world patients in a public memory clinic would be eligible for AAT, and discuss the implications.

Methods

500 patients evaluated in a public memory clinic of the Brazilian Public Health System (SUS). **97 (19.4%)** had dementia due to AD by clinical criteria. **All patients underwent:**

- Mini-Mental State Examination (MMSE)
- Brain MRI — structural + vascular burden (Fazekas score)
- Assessment of comorbidities and risk factors

AD patients were then screened for AAT eligibility using clinical (**MMSE ≥ 20**) and radiological (**Fazekas ≤ 2**) thresholds, per the Donanemab Appropriate Use Recommendations (Rabinovici et al.) and Brazilian Academy of Neurology guidance.

Results

Of 97 AD patients, **26 (≈26.8%)** met the main eligibility criteria for AAT — only **5.2%** of all 500 patients seen in the clinic.



Cohort characteristics

Table 1. Demographics and clinical features by group

	Total (n=500)	AD (n=97)	AAT-eligible (n=26)
Mean age, y (SD)	70.17 (11.38)	77.08 (8.72)	76.77 (8.54)
Female, n	313	63	14
Male, n	187	34	12
Mean Fazekas (SD)	1.54 (1.04)	1.41 (1.14)	1.23 (0.86)
Mean MMSE (SD)	20.22 (6.55)	17.10 (5.82)	23.00 (2.0)

Conclusion

In a real-world Brazilian public-health setting, current AAT eligibility criteria restrict the therapy to a **small minority** of patients. ApoE genotype and other criteria could not be assessed given the limitations of the public clinic, so the truly eligible fraction may be **even smaller**. These findings underscore the need to clarify clinical criteria and to expand resources for AD evaluation — especially early-stage diagnosis — so that more patients in low-income countries such as Brazil can benefit from AAT.

References
Rabinovici GD, et al. Donanemab: Appropriate Use Recommendations. 2025. Brazilian Academy of Neurology. Guidance on anti-amyloid therapies. AAIC 2026 · Abstract #2026-A-10639 · Contact: Francisco Durand da Costa — NeuroCogLab, InsCer