

LETHE-AT: Recruitment flow of a Personalized Digitally Supported Intervention for Adults at Increased Risk for Cognitive Decline in Austria

6432

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LETHE AT shows early feasibility of a centralized digital to clinical recruitment pathway that reduces avoidable screening burden and enriches for adults at increased risk for cognitive decline.

INTRODUCTION	METHODS	Preliminary RESULTS	CONCLUSIONS	REFERENCES
Dementia is an increasing public-health challenge in Austria, with approximately 150,000 people currently affected and more than 290,000 projected to be affected by 2050.¹ An estimated 45% of dementia cases may be attributable to 14 potentially modifiable risk factors creating a window for prevention before objective cognitive impairment is established.² However, memory-clinic care remains largely focused on symptomatic disease rather than personalized risk reduction. LETHE-AT addresses this implementation gap by testing a digitally supported, coach-guided multidomain intervention tailored to individual risk profiles, preferences, and adherence needs.	LETHE-AT is an 18-month, multicenter, randomized controlled trial (Vienna, Graz, Innsbruck) enrolling 300 adults aged 55–75 years with at least three of the 14 modifiable risk factors defined by the Lancet Commission. Participants are stratified by site, sex, and age band and randomized 1:1 to intervention or control. Cognitive eligibility is assessed sequentially to include subjective cognitive decline (SCD) while excluding mild cognitive impairment (MCI. The modified Telephone Interview for Cognitive Status (mTICS; required score $\geq 33/50$)³ is administered remotely during prescreening, broadening access and reducing on-site burden. Participants passing prescreening then undergo on-site assessment with the Montreal Cognitive Assessment (MoCA; required score $\geq 26/30$), capturing visuospatial and executive domains not assessable by telephone.	Online-registrations (n = 509) ↓ Prescreening completed (n = 279) ↓ Screening completed (n = 96) ↓ Baseline completed (n = 29) Registration Exclusions Waitinglist (n = 103) Age (n = 34) SCD criteria (n = 16) Distance (n = 29) Other (n = 48) Prescreening Exclusions Risk factors (n = 30) Technical (n = 8) Patient history (n = 8) mTICS (n = 4) other (n = 6) Screening Exclusions Riskfactors (n = 15) MoCA (n = 8) Age (n = 1) Other (n = 3)	Early implementation signal. LETHE-AT has established an operational digital-to-clinical recruitment pathway across three Austrian study sites, with participants progressing from online registration to telephone prescreening, site-based screening, and baseline assessment. By filtering ineligibility before in-person visits, this workflow reduces avoidable clinical screening burden and supports recruitment of a risk-enriched cohort. Stratified randomization by site, sex, and age band is used to maintain longitudinal group balance. Next phase. Recruitment is expected to be completed by October. LETHE-AT will then move from cohort assembly to delivery of selected modules across its six intervention domains, including hearing support, cognitive engagement, and structured social interaction.	¹ Gesundheit Österreich GmbH, Hrsg. Österreichischer Demenzbericht 2025. Wien: Gesundheit Österreich GmbH; 2025. ² Livingston G, Huntley J, Liu KY, et al. Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission. <i>Lancet</i>. 2024;404(10452):572-628. doi:10.1016/S0140-6736(24)01296-0. ³ Castanho TC, Portugal-Nunes C, Moreira PS, et al. Applicability of the Telephone Interview for Cognitive Status (Modified) in a community sample with low education level: association with an extensive neuropsychological battery. <i>Int J Geriatr Psychiatry</i>. 2016;31(2):128-136. doi:10.1002/gps.4301.
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