



Evaluating the Feasibility and Acceptability of Goal Attainment Scaling (GAS) in Heterogeneous Alzheimer’s Disease Populations

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► Background

Personalized outcome assessments, such as Goal Attainment Scaling (GAS), capture patient- and caregiver-relevant changes often missed by standardized measures in heterogeneous Alzheimer’s disease populations. Understanding respondent and clinician burden, and feasibility in clinical and trial settings, is essential for scalable implementation.

This study evaluated the feasibility, acceptability, and time burden of GAS from patient/caregiver and clinician perspectives across two Alzheimer’s-related populations.

► Methods

Set & Scale Goals

Rank

Rate Attainment

Feasibility outcomes included goal quantity and quality, interview duration, and attrition. Acceptability and perceived burden were assessed via caregiver/patient and interviewer surveys and open-ended questions. Open-ended responses were analyzed thematically.

► Results

Study 1: Caregivers (n=24) highlighted five themes:

enhanced communication and shared understanding with clinicians

practical, life-relevant goals

clarity in prioritizing goals and engagement

improved caregiver awareness

a sense of achievement

Study 2: Caregivers (n=33) reported high acceptability: 94% reported positive experiences and meaningful goals, 91% valued improved communication, and 30% gained new insights into their loved one’s condition.

► Methods

Data come from two prospective, non-interventional studies. Both studies used a 58-item inventory spanning cognition, behaviour, daily function, executive function, and physical symptoms.

Study 1: compared inventory-assisted GAS (GASi) with open-ended GAS (GASo) in 26 older adult patient–caregiver dyads across three memory clinics.

Study 2: evaluated a standardized, inventory-facilitated GAS protocol in 46 individuals with Down syndrome–associated Alzheimer’s disease and their caregivers.

► Results

All dyads successfully set multiple goals, mean 2.7 goals, 93% follow-up completion in Study 1 and 3 goals and 96% follow-up completion in Study 2.

In Study 1, mean baseline interview times were 28.5 ± 11.7 (GASi) and 27 ± 9 minutes (GASo), and 13.8 ± 4.9 and 15.8 ± 7.8 minutes at 3-month follow-up.

In Study 2, initial goal-setting interviews averaged 38.6 ± 10.4 minutes, with decreasing durations for follow-up interviews (17.9 ± 9.5 minutes at Month 3; 14.5 ± 4.7 minutes at Month 16), indicating reduced burden over time.

► Discussion and Conclusion

GAS with inventory-assisted approaches was feasible, efficient, and well-tolerated across heterogeneous Alzheimer’s disease populations. Using GAS appears to strengthen communication, engagement, and understanding of patient and caregiver needs. These data support its use as a scalable, patient-centered outcome assessment.

► Acknowledgements