

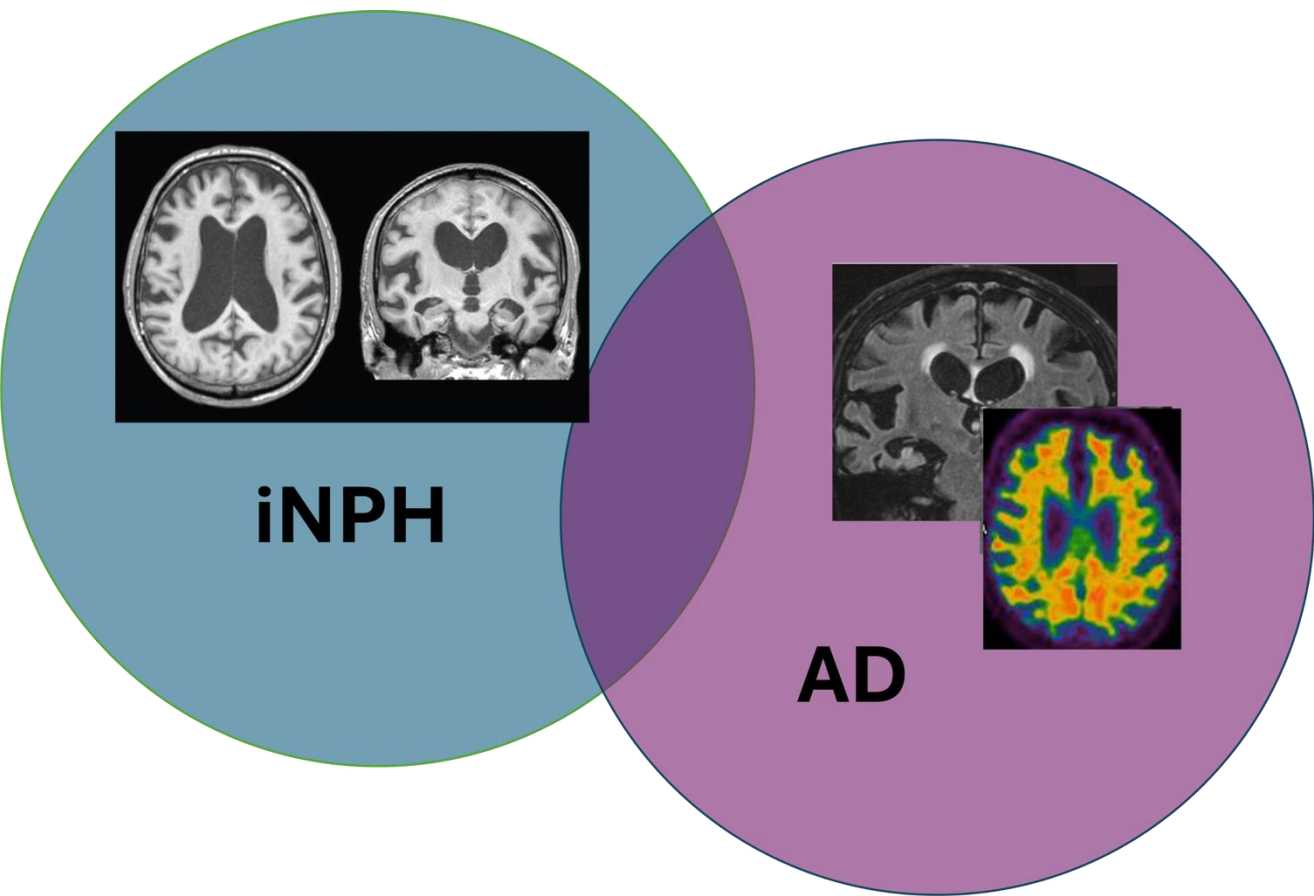
Anti-amyloid drugs for patients with idiopathic Normal Pressure Hydrocephalus and comorbid Alzheimer's disease?



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INTRODUCTION	METHODS	RESULTS	CONCLUSIONS	Table 1																																																																																
Idiopathic normal pressure hydrocephalus (iNPH) is often associated with Alzheimer’s disease (AD). Although the presence of any degenerative comorbidity constitutes an exclusion criterion for anti-amyloid therapy (AAT), the frequent co-occurrence of these two conditions, coupled with the potential reversibility of iNPH, may warrant a dedicated assessment. Here, we aimed to identify the prevalence and characteristics of iNPH patients with AD-positive biomarkers potentially eligible for AAT.	We retrospectively identified iNPH patients referred to Leenaards Memory Center of the Lausanne University Hospital (Switzerland) from May 2019 to December 2023, according to international guidelines. We retrieved: - Demographic, clinical, CSF and MRI data - AD positive status, defined as A+T+. - Variables to assess inclusion and exclusion criteria for anti-amyloid drugs (following AD Clarity clinical trial criteria).	Eighty-one patients were included. Figure and Table 1 show the prevalence of eligible and not-eligible patients for ATT. Among ineligible patients, 2 (18%) had more than 4 microbleeds at brain MRI, 1 (9%) for CDR>1 and 1 (9%) had active anticoagulant treatment. Clinical and radiological features were similar between iNPH patients eligible or ineligible to treatment (Table 1). iNPH with/without AD <table><tr><th>Category</th><th>Percentage</th></tr><tr><td>iNPH-AD</td><td>13.6%</td></tr><tr><td>iNPH</td><td>85.4%</td></tr></table> iNPH-AD: AAT eligibility <table><tr><th>Category</th><th>Percentage</th></tr><tr><td>iNPH-AD eligible</td><td>8.9%</td></tr><tr><td>iNPH non-eligible</td><td>91.1%</td></tr></table>	Category	Percentage	iNPH-AD	13.6%	iNPH	85.4%	Category	Percentage	iNPH-AD eligible	8.9%	iNPH non-eligible	91.1%	- Among iNPH patients with AD comorbidity, the majority could be eligible to AAT according to Clarity AD criteria. - Apart from iNPH radiologic signs, the main exclusion criteria were based on imaging findings, as in previous studies. - We found similar percentage (~ 9%) of patients excluded due to dementia severity and/or anticoagulant treatment. - It is essential to develop a clinical strategy to stratify the therapeutic approaches for these patients.	Demographic and clinical characteristics of iNPH patients eligible for AAT and iNPH patients not eligible for AAT. <table><tr><th></th><th>iNPH AD positive biomarkers eligible (N=7)</th><th>NPH AD positive/negative non eligible (N=74)</th><th>p value</th></tr><tr><td>Age (mean±SD)</td><td>83.6±3.3</td><td>78.5±5.0</td><td>.050</td></tr><tr><td>Females (N, %)</td><td>2 (28.6%)</td><td>34 (45.9%)</td><td>.377</td></tr><tr><td>Duration of illness</td><td>24.0 (36)</td><td>48.0 (36)</td><td>.252</td></tr><tr><td>Follow-up (months)</td><td>18.0 (12.0)</td><td>12.0 (15.0)</td><td>.468</td></tr><tr><td>Shunting procedure (N, %)</td><td>2 (28.6%)</td><td>28 (37.8%)</td><td>.573</td></tr><tr><td>BMI (kg/m2) (mean±SD)</td><td>25.2 (3.5)</td><td>26.8 (4.5)</td><td>.284</td></tr><tr><td>CDR</td><td>1.0 (0.5)</td><td>0.5 (0.5)</td><td>.104</td></tr><tr><td>MMSE</td><td>20.0 (8)</td><td>26.0 (7)</td><td>.059</td></tr><tr><td>Radscale total</td><td>7.0 (3)</td><td>7.0 (1)</td><td>.626</td></tr><tr><td>Evans index</td><td>2.0 (0)</td><td>2.0 (0)</td><td>.570</td></tr><tr><td>Narrow sulci</td><td>1.0 (2)</td><td>0.0 (1)</td><td>.277</td></tr><tr><td>Sylvian fissures</td><td>1.0 (1)</td><td>1.0 (1)</td><td>.405</td></tr><tr><td>Focally enlarges sulci</td><td>0.0 (1)</td><td>0.0 (0)</td><td>.463</td></tr><tr><td>Temporal horns</td><td>2.0 (1)</td><td>2.0 (1)</td><td>.816</td></tr><tr><td>Callosal angle</td><td>0.0 (1)</td><td>0.0 (1)</td><td>.299</td></tr><tr><td>Periventricular white matter</td><td>1.0 (1)</td><td>1.0 (1)</td><td>.796</td></tr></table> ALZHEIMER'S ASSOCIATION AAIC>26		iNPH AD positive biomarkers eligible (N=7)	NPH AD positive/negative non eligible (N=74)	p value	Age (mean±SD)	83.6±3.3	78.5±5.0	.050	Females (N, %)	2 (28.6%)	34 (45.9%)	.377	Duration of illness	24.0 (36)	48.0 (36)	.252	Follow-up (months)	18.0 (12.0)	12.0 (15.0)	.468	Shunting procedure (N, %)	2 (28.6%)	28 (37.8%)	.573	BMI (kg/m2) (mean±SD)	25.2 (3.5)	26.8 (4.5)	.284	CDR	1.0 (0.5)	0.5 (0.5)	.104	MMSE	20.0 (8)	26.0 (7)	.059	Radscale total	7.0 (3)	7.0 (1)	.626	Evans index	2.0 (0)	2.0 (0)	.570	Narrow sulci	1.0 (2)	0.0 (1)	.277	Sylvian fissures	1.0 (1)	1.0 (1)	.405	Focally enlarges sulci	0.0 (1)	0.0 (0)	.463	Temporal horns	2.0 (1)	2.0 (1)	.816	Callosal angle	0.0 (1)	0.0 (1)	.299	Periventricular white matter	1.0 (1)	1.0 (1)	.796
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Figure 1. Prevalence of iNPH patients with comorbid AD and of AAT-eligible patients