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Characterisation of AD patients in Germany: Descriptive analysis of real-world NTD registry data

Background
Alzheimer's Disease (AD) is the most common neurodegenerative disease affecting more than 1.5 million people in Germany. Reliable real-world data on patient pathways and treatment patterns of AD may help to improve primary and secondary preventive strategies. This analysis aims at gaining insights into the main characteristics, diagnostics and current therapy of AD patients in Germany in daily practice using NeuroTransData (NTD) registry data.

Methods
This retrospective analysis of NTD registry data includes patients diagnosed with AD based on ICD-10 codes relevant for AD (data cut-off October 2021). The first visit date with AD diagnosis was referred to as reference date. Latest MoCA, DemTect or MMSE scores documented within 1 year prior to reference date were employed to define subgroups by disease stage.

Results
Within the NTD registry, data of 2,092 AD patients from 39 practices across Germany were documented. Based on AD-relevant ICD-10 codes, 2,065 patients (98.7%) were diagnosed with "unspecified AD" (G30.9). When relying on documented cognitive scores, patients were staged as normal (n=223), MCI (n=431), medium stage AD (n=179 patients), medium/late stage AD (n=411), severe late stage AD (n=103) and unknown (n=745). Most relevant comorbidities (clinical diagnosis at reference date) were subcortical vascular dementia (7.89%) and depressive episodes (6.02%). At reference date, most AD patients had been tested with the MMSE, and were treated with acetylcholinesterase inhibitors (38%) or glutamate receptor modulators (15.2%).

Conclusion
Analysis revealed that an initial AD diagnosis in Germany is very often unspecified with respect to AD-relevant ICD-10 codes. This highlights the need for both a more precise diagnostic work-up and a revised coding system to allow precise coding. Particularly patients with subtle cognitive impairment preceding the clinical AD diagnosis are of interest to better understand the conversion from normal aging/MCI to manifest AD.