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EFFECT OF ASPIRIN ON THE PROGRESSION OF ALZHEIMER'S DISEASE (AD)


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Introduction
Cholinesterase-inhibitors and memantine are licensed for the treatment for AD in the UK. However their benefits are small and more effective treatments are required. Aspirin has been suggested as a potentially useful drug in AD and we report on its effects in patients enrolled in the AD2000 RCT.

Methodology
AD2000 compared donepezil (5 or 10 mg) with placebo in AD patients with or without vascular features. Patients without either a definite contraindication to or without a definite indication for aspirin were additionally randomised between indefinite aspirin (75mg enteric coated) or aspirin avoidance. Primary endpoints were time to formal domiciliary/institutional care and progress of disability (loss of 2 of 4 basic or 6 of 11 instrumental activities of daily living). Secondary outcomes were functionality (Bristol ADL), BPSD (NPI), cognition (MMSE) and caregiver psychomorbidity (GHQ-30). Patients were followed up yearly.

Results
310 patients were randomised between 1998 and 2003. Characteristics were well-balanced: median age at randomisation 74, 50% had mild and 50% moderate AD and 6% had vascular dementia. No treatment benefit was apparent on cognition or functionality scores. MMSE scores averaged 0.13 points (95% CI 0.35 to 0.60) better, functionality 0.63 (95% CI -1.38 to 0.12, p=0.10) worse. There was no evidence of delay in progression to institutional care or higher levels of disability.

Conclusion
AD2000, the largest aspirin RCT in AD, indicates that any benefits from low-dose aspirin are small, at least in the first two years. However, since even a small clinical benefit is likely to be cost-effective, longer follow-up, and more trials are needed to assess whether aspirin has any place in AD treatment.