

AD IN 3D

KEY TAKEAWAYS



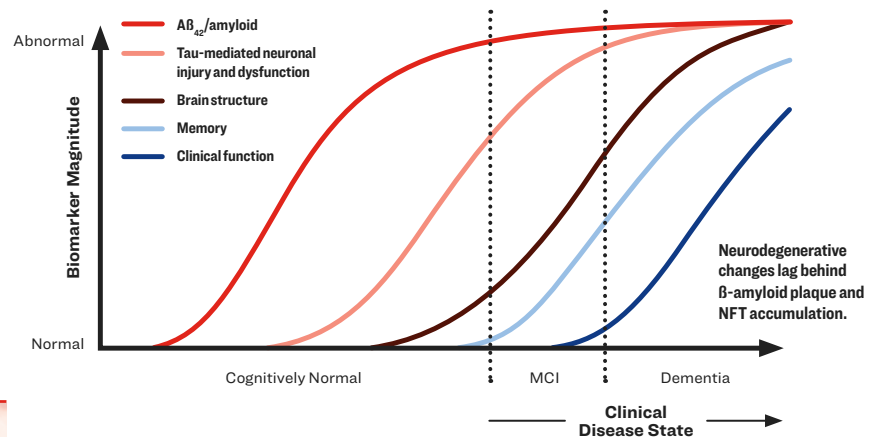
1 Alzheimer's Disease (AD) Is a Looming Healthcare Crisis

- AD is a progressive neurodegenerative disorder known to impact cognition, function, and behavior¹
- Exposure to various factors throughout life can increase one's risk for developing AD²
- Globally, AD is estimated to affect 22% of people aged 50 years and older³
- In the United States, the projected prevalence of AD dementia is expected to almost double between 2025 and 2060⁴

2 AD Is Defined by Neuropathology^{1,5}

- AD is characterized by two abnormal protein aggregates:
 - Extracellular beta amyloid plaques
 - Intracellular neurofibrillary tangles containing hyperphosphorylated tau
- These protein accumulations contribute to neurodegeneration

AD pathology is thought to begin ~20 years before clinical symptoms^{1,5,6}



3 The AD Continuum Consists of 6 Progressive Stages⁷

The stages range from asymptomatic to severe dementia. Note that neuropathology is present at each of these stages of AD.

Stage 1 Preclinical AD	Stage 2 Preclinical AD	Stage 3 AD With MCI	Stage 4 AD With Mild Dementia	Stage 5 AD With Moderate Dementia	Stage 6 AD With Severe Dementia
No impairment	Performs in normal range on cognitive tests. May experience subjective changes in cognition or changes in mood	Impaired cognition. Complex ADLs may be difficult. Independence is maintained	Progressive cognitive and mild functional impairment on instrumental ADLs	Progressive cognitive and moderate functional impairment on basic ADLs requiring assistance	Progressive cognitive and functional impairment. Complete dependence for basic ADLs



**Visit the
AD in 3D website
to learn more**

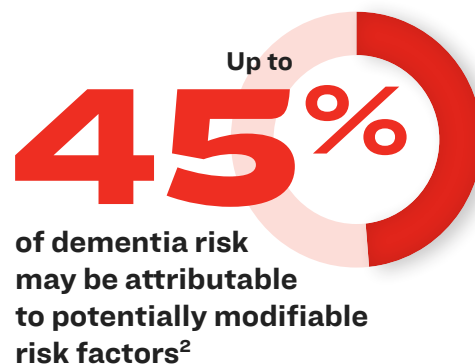
AD^{IN} 3D

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4 Opportunities for Impact: Potentially Modifiable Risk Factors

- While nonmodifiable risk factors such as age, family history, and genetics contribute to the risk of Alzheimer's disease (AD),⁸ up to 45% of dementia risk may be attributable to modifiable factors,² such as:
 - Education level
 - Physical activity
 - Hearing loss
 - Conditions such as hypertension, obesity, and diabetes
- To mitigate patient risk, consider:⁹⁻¹²
 - Counseling patients on brain health and dementia risk starting in midlife
 - Employing tools to identify at-risk patients (eg, CAIDE risk score)
 - Applying multidomain intervention strategies



5 Risk Reduction Recommendations¹⁰

For clinicians to address brain health and prevent cognitive decline in patients aged 45 years and older.

					
Neurovascular Risk Management	Physical Activity	Sleep	Nutrition	Social Activity	Cognitive Stimulation
Manage hypertension or diabetes according to guidelines	Assess annually; develop a plan that fits with the patient's lifestyle	Assess quantity/quality; encourage 7-8 hrs daily (including naps)	Assess annually; counsel on value of a healthy diet	Assess annually or after major life events; suggest strategies for enhancing social connection	Ask patients about cognitive activity; provide suggestions as needed

Learn more about cognitive health at: medical.lilly.com/us/diseases/cognitivehealth

CAIDE=Cardiovascular Risk Factors, Aging and Incidence of Dementia

1. Porsteinsson AP, et al. *J Prev Alzheimers Dis*. 2021;8:371-386. 2. Livingston G, et al. *Lancet*. 2024;404(10452):572-628. 3. Gustavsson A, et al. *Alzheimers Dement*. 2023;19:658-670. 4. Rajan KB, et al. *Alzheimers Dement*. 2021;17:1966-1975. 5. Aisen PS, et al. *Alzheimers Res Ther*. 2017;9(1):1-10. 6. Jack CR Jr, et al. *Lancet Neurol*. 2013;12(2):207-216. 7. Jack CR Jr, et al. *Alzheimers Dement*. 2024;20(8):5143-5169. 8. Alzheimer's Association. *Alzheimers Dement*. 2024;20(5):3708-3821. 9. Visser LNC, et al. *Alzheimers Res Ther*. 2021;13:170. 10. Sabbagh MN, et al. *Alzheimers Dement*. 2022;18(8):1569-1579. 11. Solomon A, et al. *Alzheimers Res Ther*. 2021;13:171. 12. Ngandu T, et al. *Lancet*. 2015;385(9984):2255-2263.

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