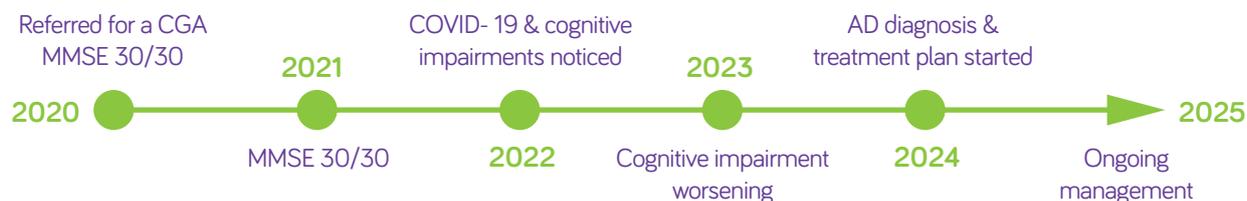


# CASE STUDY: SOUVENAID® ALONGSIDE DONEPEZIL IN EARLY ALZHEIMER'S DISEASE

Case Study Provided by Dr Mark Hohenberg, Specialist Geriatrician



Rather listen? Scan the QR code to hear Dr Hohenberg discuss the case study



## KEY TAKEAWAY:

- Souvenaid® was easy to incorporate into the patient's day and was well tolerated alongside medication.
- Early identification of Alzheimer's disease, followed by prompt initiation of pharmacological and non-pharmacological interventions was key to supporting the patient's memory and cognitive function.

## BACKGROUND

Isabelle, a 76-year-old retired office worker, was referred for a Comprehensive Geriatric Assessment in 2020 to help manage multiple medical issues. She experienced cognitive changes following a COVID-19 infection in May 2022, which initially improved but worsened by late 2023. In early 2024, testing and emerging functional decline confirmed a diagnosis of Alzheimer's disease (AD).

## DIAGNOSIS

Blood tests and clinical examinations did not reveal any reversible causes of cognitive impairment. Isabelle had structural neuroimaging:

- MRI of the brain that demonstrated cortical atrophy and minor subcortical small vessel disease.
- FDG-PET of the brain confirmed significant hypometabolism in regions that correspond to areas affected by AD.

Isabelle had functional impairments in two of the six neurocognitive domains. Cognitive screening was completed using Montreal Cognitive Assessment (MoCA), which are shown in Figure 1.



Figure 1: Isabelle's MoCA scores from 2022 to 2025, Alzheimer's diagnosis and management strategies commenced early 2024. MoCA version depicted as v7.1-3, different versions designed to reduce practice effects in repeated testing. Normal scores are  $\geq 26/30$ .

## MANAGEMENT

The diagnosis of AD was explained to Isabelle, and she was provided with links to access post-diagnostic programs. Isabelle appreciated conversations on non-pharmacological approaches. She was started on donepezil, initially at 5mg and later increased to 10mg, in accordance with evidence-based standards of care. Isabelle was offered Souvenaid® to support her nutritional needs and began using it immediately through the Souvenaid® Connections program. The patient, who has lactose intolerance, has continued taking one bottle of Souvenaid® liquid daily since early 2024 without any adverse effects, consistent with its suitability for individuals with lactose intolerance due to its low lactose content.

For healthcare professionals only. Souvenaid® is a food for special medical purposes for the dietary management of early Alzheimer's disease and must be used under medical supervision. This case study has been anonymised, and consent for sharing this case study was obtained by the author Dr Hohenberg. This case study reflects one individual's experience with Souvenaid® and is provided for educational purposes only. It does not constitute clinical guidance or a recommendation for practice. Clinicians should rely on their own judgement and expertise in patient care.

## OUTCOME

Isabelle showed both subjective and objective cognitive improvement, successfully managing vascular risk factors and adopting evidence-based AD interventions. Isabelle's MoCA scores improved after intervention in 2024, and can be seen in Figure 1. She continues to demonstrate no objective evidence of frontal executive dysfunction with improvements in memory but continued mild impairment in language.

Isabelle reported feeling "tremendous" and "bubbly" after starting her AD management plan, with no significant adverse effects except for occasional vivid dreams, attributable to higher dose donepezil. She found the Souvenaid® easy to drink and incorporate into her daily life. She has sustained feelings of subjective improvement through to mid-2025 when she was last seen in clinic.

## CONCLUSION

AD management includes both pharmacological and non-pharmacological strategies and for Isabelle, non-pharmacological approaches have helped to support her memory and cognitive function, and improved her outlook on life. Souvenaid® has been an important part of her journey with AD, she plans to continue taking it for as long as it provides benefit to her.

## WHAT IS SOUVENAIID®?

A medical nutrition drink, developed for early Alzheimer's disease, including mild cognitive impairment.<sup>1</sup> Souvenaid® contains a unique combination of nutrients, formulated to nutritionally support the growth of brain connections<sup>2</sup>



**FUNDING:**  
Potential funding available as part of Support at home or through NDIS\*

**WHERE TO BUY:**  
Direct from Nutricia, in pharmacy or through medical wholesalers

**SHOWN TO BE SAFE AND WELL TOLERATED:**  
when Souvenaid® Liquid is used alone or alongside common Alzheimer's disease medications<sup>3-6</sup>

## YOUR SOUVENAIID® TOOLKIT

### MEMORY HUB

- Download the product fact sheet
- Access our cognitive screening tool
- Request a sample
- Understand potential Souvenaid® funding.
- Learn about MCI from experts with a CPD masterclass



### SOUVENAIID® EVIDENCE

#### WATCH

- Listen to Professor Michael Woodward discuss the evidence



#### READ

- Download the Souvenaid® evidence booklet



For more information, our **Careline team** of expert dietitians can provide free product support and general nutrition advice  
**Email: [nutriciacareline@danone.com](mailto:nutriciacareline@danone.com) | Phone: 1800 438 500** - (Mon - Fri, 9am to 5pm AEST)

**References:** 1. Van Wijk N et al. J Alzheimers Dis 2014; 38: 459-479 2. Sijben et al. OCL 2011;18:267-270 3. Scheltens P et al. Alzheimers Dement 2010; 6: 1-10.e1 ab 4. Scheltens P et al. J Alzheimers Dis 2012; 31: 225-236 5. Soininen H, et al. Alzheimer's Dement. 2021;17:29-40 6. Shah RC et al. Alzheimers Res Ther 2013; 5: 59

For healthcare professionals only. Souvenaid® is a food for special medical purposes for the dietary management of early Alzheimer's disease and must be used under medical supervision. This case study has been anonymised, and consent for sharing this case study was obtained by the author Dr Hohenberg. This case study reflects one individual's experience with Souvenaid® and is provided for educational purposes only. It does not constitute clinical guidance or a recommendation for practice. Clinicians should rely on their own judgement and expertise in patient care.