

## CASE STUDY: SOUVENAID® AND CLINICAL TRIAL PARTICIPATION IN MILD COGNITIVE IMPAIRMENT (MCI) DUE TO ALZHEIMER'S DISEASE (AD)

Case Study Provided by Professor Michael Woodward, Specialist Geriatrician



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### KEY TAKEAWAY:

- Early intervention was likely to have **helped maintain cognitive stability** and independence over four years.
- **Commencing Souvenaid®** and participating in a clinical trial gave the patient and caregiver a sense of agency, despite his diagnosis.

## BACKGROUND

Eric is an 85-year-old male, who initially presented with memory concerns at 81 years of age.

- Married for 56 years, has 3 children.
- Successful career in IT and systems analysis before retiring at 64.
- High level of daily function, little caregiver burden.

### Medical History:

- Atrial fibrillation with ablation, elevated cholesterol, bilateral

hip replacements, fractured left neck of femur, a prior lacunar infarct, and gastro-oesophageal reflux.

- Delirium following influenza A
- Left upper limb parkinsonian tremor

**Regular medications:** dabigatran, simvastatin, vitamin D and pantoprazole.

**Family history:** Dementia - Great aunt, Memory concerns - mother and maternal grandmother.

## DIAGNOSIS

Over 7 years prior to assessment, the patient exhibited progressive cognitive changes, as seen in **Figure 1**. Eric's wife reported concern for his declining memory and confusion, however reported very little care burden. Eric's assessment demonstrated:

- Montreal Cognitive Assessment (MoCA) score of 27 revealing short-term memory deficits.
- MRI showing white matter ischemia and grade 2/4 hippocampal atrophy
- Amyloid PET strongly positive for amyloid plaques.

**Diagnosis of MCI due to AD (with possible vascular and Lewy body contributions)**

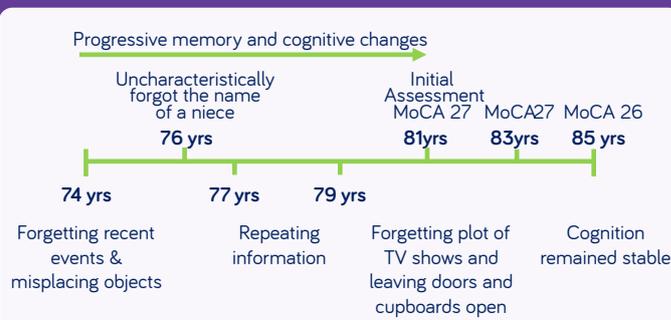
The diagnosis was shared sensitively, emphasizing that he was not yet in the dementia stage.

## MANAGEMENT

Initial management included:

- Commencement of Souvenaid®
- Referral to clinical trials for early AD
- Provision of lifestyle change education, including Dementia Australia and Forward With Dementia website.

After starting his care plan Eric felt brighter, more alert and remained cognitively and functionally stable. 1 year after diagnosis, a neurologist diagnosed Eric with early Parkinson's disease and initiated levodopa therapy. Eric was also accepted into a semaglutide trial for AD (allowing those with a vascular contribution).



**Figure 1:** Eric's cognitive timeline from onset of symptoms to the present day

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 Professor Woodward. 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

The patient has remained cognitively and functionally stable over 4 years. MoCA scores stayed consistent, as shown in **Figure 2**, with no significant decline. He continues to live independently, manage technology, and maintain social engagement. The patient appears to have responded well to the whole care package, including Souvenaid®. Satisfaction with taking Souvenaid® has been considerable for both Eric and his wife, and Eric plans to continue using Souvenaid® indefinitely. The use of Souvenaid® and participating in the clinical trial has provided both Eric and his wife with a sense of agency.



**Figure 2:** Eric's Montreal Cognitive Assessment (MoCA) scores from diagnosis, where AD management strategies were commenced, to 4 years later.

## CONCLUSION

This case highlights the benefit of early intervention in MCI due to AD. Souvenaid®, combined with clinical trial participation and supportive care, provided a sense of control and optimism for both patient and caregiver. Souvenaid® was well tolerated and the patient and carer were very satisfied with the medical drink, Eric plans to continue to take it indefinitely.

## 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

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