

IMPROVING EARLY DETECTION AND DIAGNOSIS OF ALZHEIMER'S DISEASE

ABOUT ALZHEIMER'S DISEASE (AD)



AD is the most common form of dementia; it is a relentless neurodegenerative condition which robs people of their memory, their independence, their relationships and, ultimately, their lives.



Alzheimer's disease is a significant and growing public health issue that severely impacts individuals, their loved ones, and societies². It also represents a substantial burden on European economies, as well as on national healthcare and social care systems. The total costs to society in the EU are expected to triple by 2050, reaching over 600 billion EUR³.



These staggering costs consist mainly of a significant burden of informal, unpaid caregiving and lost productivity⁴. The impact of this devastating disease falls inequitably on women, who are not only at greater risk of AD than men but are also more likely to act as caregivers⁵.



It affects close to 7 million people in the European Union alone and is expected to almost double by 2050¹.

UNLOCKING THE POTENTIAL OF EARLY DETECTION AND ACCURATE DIAGNOSIS

- Currently, the detection, diagnosis and treatment of AD relies on a system that remains focused on the late stage of the disease, despite now having a better understanding of the disease progression. **The healthcare systems in the EU are currently not equipped to diagnose AD early and accurately⁶.**
- The opportunity to prevent or delay the cognitive decline due to AD lies in detecting earlier than is common today⁷. **Obtaining a timely and accurate clinical diagnosis may provide patients a greater chance to benefit from treatments when they could be more beneficial**, or to participate in clinical trials. It can help clinicians to manage other related conditions, as well as allowing patients and their families more time to plan for the future⁸.
 - **Advancements in biomarker testing can prevent false-negative diagnoses of AD**, and support earlier detection and diagnosis, enabling earlier access to preventive measures and treatment for those affected. This may improve their quality of life and potentially reduce long-term care costs⁹.
- Frustratingly, there remains wide variances in clinicians' knowledge, attitudes and approaches to the early detection and diagnosis of AD¹⁰. Too often, **capacity and reimbursement challenges also leave clinicians to rely on tools that only measure cognitive and functional decline once the disease has progressed**, rather than diagnostic and biomarker tests which could identify the hallmarks much earlier and ensure biological confirmation of the AD diagnosis¹¹. In addition, diagnostic tools such as cerebrospinal fluid tests (CSF) and amyloid positron emission tomography scans (PET), as well as relevant facilities are limited, costly, and under-utilised¹².
- Training of clinicians, especially in primary care, should be prioritised to support timely detection of symptoms.
- Policymakers should drive national, EU and international policies that can improve the lives of people living with AD and **ensure health systems are better prepared to support early detection and accurate diagnosis now**, and when future innovative detection and diagnostic tools and therapies become available¹³.



Considering the above, there is a strong need to support the creation of a new environment that will:



Recognise and act upon the benefits of early detection of AD.



Improve local, regional and national access to already available and essential biomarker-based confirmatory diagnostic tests, as well as supporting the implementation of less invasive, cheaper and simpler blood-based biomarker tests.



Develop guidelines for the standardised adoption and implementation of advanced diagnostic tools to be implemented in clinical practice.

We call on all EU Institutions to:

- Support the call from the European People's Party to implement an Alzheimer's Disease and Dementia Plan, welcomed by the European Brain Council and Alzheimer Europe, that sets a strategic direction to make dementia an EU health, social and research priority.
- Support awareness campaigns and calls about the importance of a timely and accurate AD diagnosis, in collaboration with national and European patients organisations, care partners and family associations, health professionals and other relevant stakeholders.

We call on Members of the European Parliament (MEPs) to:

- Join and support the [European Alzheimer's Alliance](#) and become active advocates for dementia policies at European and national levels.

Read more on how to rethink the detection and diagnosis of AD in the EBC/EFPIA White Paper "[Rethinking AD](#)".

ABOUT THE EFPIA AD PLATFORM

With the global population aging rapidly and the lack of effective diagnostic tools and treatments, AD has become a significant public health concern worldwide, impacting patients, their families, and caregivers profoundly. One sector cannot win the fight against Alzheimer's alone. Finding ways to treat, slow or prevent the disease requires collaboration, partnership and novel approaches. This is why a number of EFPIA member companies have joined forces in the EFPIA Alzheimer's disease Platform. The Platform's aim is simple: To ensure a brighter today and tomorrow for people with Alzheimer's disease.

Endnotes

- 1 Alzheimer Europe, Prevalence of dementia in Europe. Available at [Prevalence of dementia in Europe | Alzheimer Europe \(alzheimer-europe.org\)](#). Last accessed: March 2024.
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- 3 Table 3, Cimlér R, Maresova P, Kuhnova J, Kuca K. Predictions of Alzheimer's disease treatment and care costs in European countries. *PLoS One*. 2019 Jan 25;14(1):e0210958. doi: 10.1371/journal.pone.0210958. PMID: 30682120; PMCID: PMC6347248. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6347248>
- 4 Alzheimer's Disease International. Dementia Statistics. Available at: <https://www.alzint.org/about/dementia-facts-figures/dementia-statistics>
Last accessed: July 2022; Abbas A, Monfared T, Byrnes MJ. The Humanistic and Economic Burden of Alzheimer's Disease. *Neurol Ther*. 2022. doi.org/10.1007/s40120-022-00335-x.
- 5 Alzheimer's Research UK. Women and dementia a marginalised majority. Available at: <https://www.alzheimersresearchuk.org/wp-content/uploads/2015/03/Women-and-Dementia-A-Marginalised-Majority1.pdf>. Last accessed: July 2022.
- 6 Idem.
- 7 Biagioni MC, Galvin JE. Using biomarkers to improve detection of Alzheimer's disease. *Neurodegener Dis Manag*. 2011 Apr;1(2):127-139.
- 8 Bradford A, Kunik ME, Schulz P, et al. Missed and delayed diagnosis of dementia in primary care: prevalence and contributing factors. *Alzheimer Dis Assoc Disord*. 2009 Oct-Dec; 23(4):306-14; Rasmussen and Langerman. *Alzheimer's Disease – Why We Need Early Diagnosis*. *Degenerative Neurological and Neuromuscular Disease*. 2019;9 123–130.
- 9 Lee, S.A.W., Sposato, L.A., Hachinski, V. et al. Cost-effectiveness of cerebrospinal biomarkers for the diagnosis of Alzheimer's disease. *Alz Res Therapy*. 2017;9, 18. Available at [Cost-effectiveness of cerebrospinal biomarkers for the diagnosis of Alzheimer's disease | Alzheimer's Research & Therapy | Full Text \(biomedcentral.com\)](#). Last accessed March 2024.
- 10 Aminzadeh F, Molnar FJ, Dalziel WB et al. A Review of Barriers and Enablers to Diagnosis and Management of Persons with Dementia in Primary Care. *Can Geriatr J*. 2012; 15(3): 85-94.
- 11 EFPIA, Alzheimer's Disease Health System Readiness – The Time to Act is Now, September 2020. Available at: <https://efpia.eu/media/554727/efpia-ad-platform-health-system-readiness.pdf>. Last accessed: July 2022.
- 12 European Brain Council, EFPIA, Rethinking Alzheimer's Disease, Detection and Diagnosis, March 2023. Available at [RETHINK-AlzheimerDisease-Report_DEF3_HD_rvb_03042023.pdf \(braincouncil.eu\)](#). Last accessed: March 2024.
- 13 Idem.