Donepezil and Alzheimer disease

Statement at the 24th meeting of the WHO Expert Committee on the selection and use of essential medicines on behalf of people living with dementia delivered by Wendy Weidner on behalf of Alzheimer Disease International and the National Institute of Health Research Global Health Dementia Prevention and Care Group (lead Professor Louise Robinson, Newcastle University).

Dear Expert Committee on the selection and use of essential medicines, Dear Delegates,

I am delivering this statement on behalf of Alzheimer Disease International, the global federation of Alzheimer and dementia associations with 105 members across the world who represent people living with dementia, their families, and carers.

Every three seconds, someone in the world develops dementia. There are over 55 million people with dementia worldwide, potentially reaching 139 million by 2050. Two thirds live in lower- and middle-income countries. Dementia is a leading cause of disability and dependency, and the 7th leading cause of death globally. It is predicted that the annual global cost of dementia will increase to almost 3 trillion USD by 2030. In 2017, the World Health Organization (WHO) recognised dementia as a global health priority when member states voted unanimously to adopt the Global action plan on dementia.

There are few medications to help alleviate symptoms. The main drug group is the acetylcholinesterase inhibitors. Our application is focused on donepezil (Aricept) due to the quantity and quality of evidence available and because our recent survey of 39 countries showed it to be the first drug of choice.

As George Rook, a dementia advocate living with Alzheimer’s disease puts it:

“Donepezil made a dramatic, huge improvement to my brain. Within 48 hours everything had speeded up back to normal, after slowing down over recent years. It has been a wonder drug for me.”

For clinical effectiveness, donepezil has the most consistent positive effects on cognition in mild to moderate Alzheimer disease dementia, with growing evidence of benefit in moderate to severe disease. The 2022 World Alzheimer Report concluded that, based on evidence from multiple, high quality research
trials, these drugs should be a ‘core component of dementia care’ worldwide and were cost effective.

The WHO has found unacceptable inequalities in access to these drugs between lower- and middle-income countries, compared to higher income countries. Only 26% of lower- and middle-income countries included these drugs in national schemes for full cost reimbursement, compared to 76% of higher income countries. This places additional financial burden on populations who are often already disadvantaged in terms of health care access.

Keith Oliver, another dementia advocate who has taken dementia medication for 10 years, told us:

“I am convinced that without the medication, the prediction of my consultant at point of my diagnosis that at best I would have five good years before requiring high levels of care, would have happened. At this point I am still disproving her prognosis.”

We believe that everyone diagnosed with dementia, has a right to safe, effective, and cost-effective treatment. A decision to include donepezil on the essential medicines list will give many people living with Alzheimer disease dementia, regardless of their geographic and socioeconomic status, equal access to an effective, safe, and affordable drug, potentially improving the lives of millions of people worldwide.