

World Alzheimer Report 2021

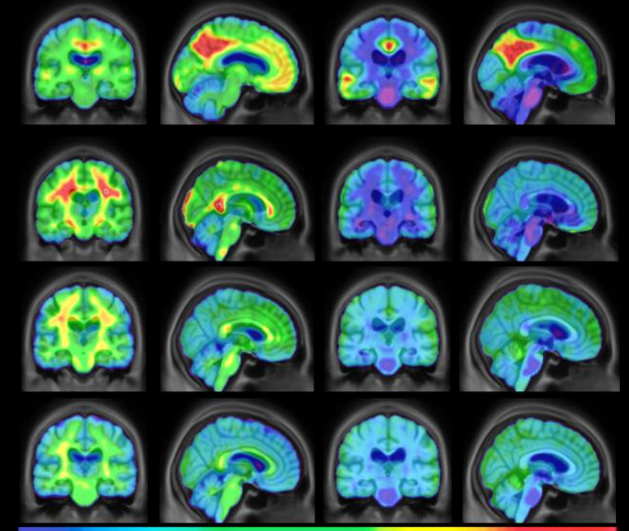
Journey through the diagnosis of dementia

Alzheimer's Disease International



World Alzheimer Report 2021

Journey through the Diagnosis of Dementia



Welcome and Introductions



Paola Barbarino

CEO,

Alzheimer's Disease International (ADI)

@AlzDisInt

About ADI



- **Established in 1984**
- **Umbrella organisation of Alzheimer and dementia associations around the world - 105 full members associations and federations, only one per country. Over 20 in development**
- **We represent you all at the WHO, the UN, OECD and other global and regional bodies**
- **Promoter of World Alzheimer's Month**
- **Publisher of the World Alzheimer Report and others**

Our vision is prevention, care and inclusion today, and cure tomorrow



New horizons in dementia: Building on hope

**35th Global Conference of
Alzheimer's Disease International**

**SAVE
THE DATE
8-10 June
2022**

London, UK and Online • www.adiconference.org



Know Dementia, Know Alzheimer's



September 2021

Know Alzheimer's
The importance of a timely diagnosis



#KnowDementia #KnowAlzheimers
#WorldAlzMonth www.worldalzmonth.org
[@AlzDisInt](https://twitter.com/AlzDisInt) [@AlzDisInt](https://www.instagram.com/AlzDisInt) [f /AlzDisInt](https://www.facebook.com/AlzDisInt)



Please interact with our social media accounts to spread the voice of World Alzheimer's Month:



[@AlzDisInt](https://twitter.com/AlzDisInt)



[@AlzDisInt](https://www.instagram.com/AlzDisInt)



[/AlzDisInt](https://www.facebook.com/AlzDisInt)

#KnowAlzheimers #KnowDementia
#WorldAlzMonth

Thanks to our Sponsors



Van Otterloo Family
Foundation



ANONYMOUS
TRUST



The Mary Oakley Foundation

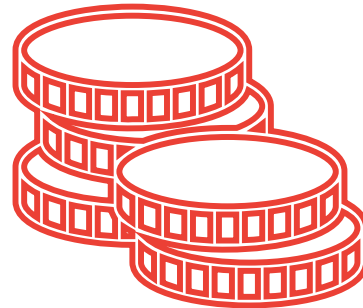


Donate



**We will not rest until dementia is properly acknowledged
as the epidemic it is .**

Your donation can help us get there faster.



www.alzint.org/donate

Speakers



Prof Serge Gauthier, Director,
Alzheimer and Related Disorders
Research Unit McGill University
Research Centre for Studies in Aging



Prof Anders Wimo,
Karolinska Institutet



Roger Marple, Person living with
dementia, Canada



Prof Pedro Rosa-Neto, Director,
McGill University Research Centre
for Studies in Aging



Prof José A. Morais, Director,
and Academic Leader of the McGill
Dementia Education Program



Prof Suvarna Alladi, National Institute of
Mental Health and Neurosciences, India



Dr Rufus Akinyemi, Deputy Director, Centre
for Genomic and Precision Medicine, College
of Medicine, Nigeria



Claire Webster, Founder and Ambassador,
McGill Dementia Education Program and
Founder and President, Caregiver Crosswalk

The global impact of dementia

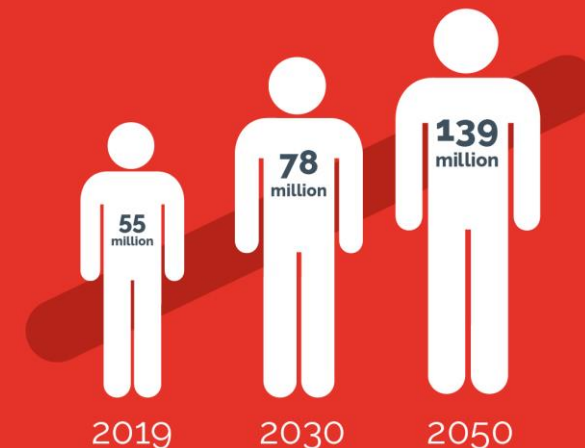


Every 3 seconds
someone in the world
develops dementia



The total estimated annual worldwide
cost of dementia is over US\$ 1.3 trillion.
This figure is forecast to rise to
US\$ 2.8 trillion by 2030*

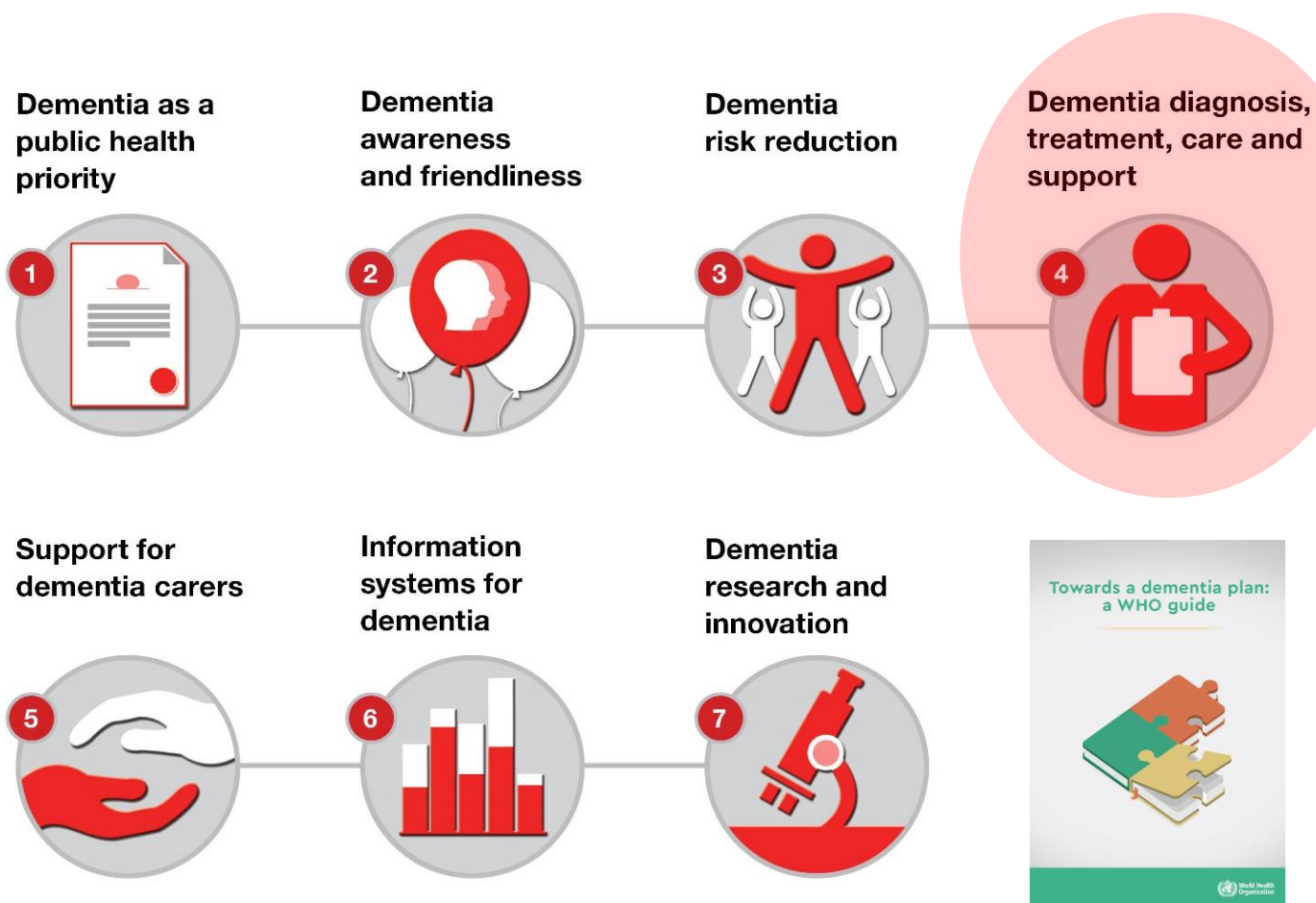
*WHO Global status report 2021



Estimated growth in number of
people with dementia 2019–2050*

*WHO Global status report 2021

WHO's Global action plan on dementia



WHO target: In at least 50% of countries, as a minimum, 50% of the estimated number of people with dementia are diagnosed by 2025



World Alzheimer's Month 2021

Know Dementia, Know Alzheimer's



- The theme for the 2021 campaign is ***Know Dementia, Know Alzheimer's*** and was all about the power of knowledge.
- During the campaign, we are shining a light on the [warning signs of dementia](#) and the importance of a timely diagnosis
- Receiving a diagnosis of dementia is often a challenging and difficult process. To add to this, the stigma surrounding dementia means that many avoid seeking a diagnosis until the very late stages of the condition. **We need to change this.**

www.alzint.org/get-involved/world-alzheimers-month/

World Alzheimer's Month 2021

Know Dementia, Know Alzheimer's



FINANCIAL TIMES

Scientists warn that Covid will accelerate 'dementia pandemic'



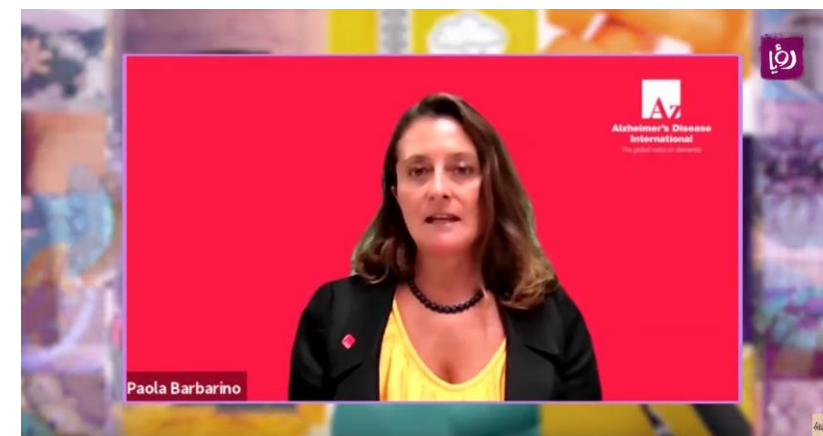
CORONAVIRUS | News

COVID-19 could serve as a 'Trojan horse' for dementia and Alzheimer's, experts say

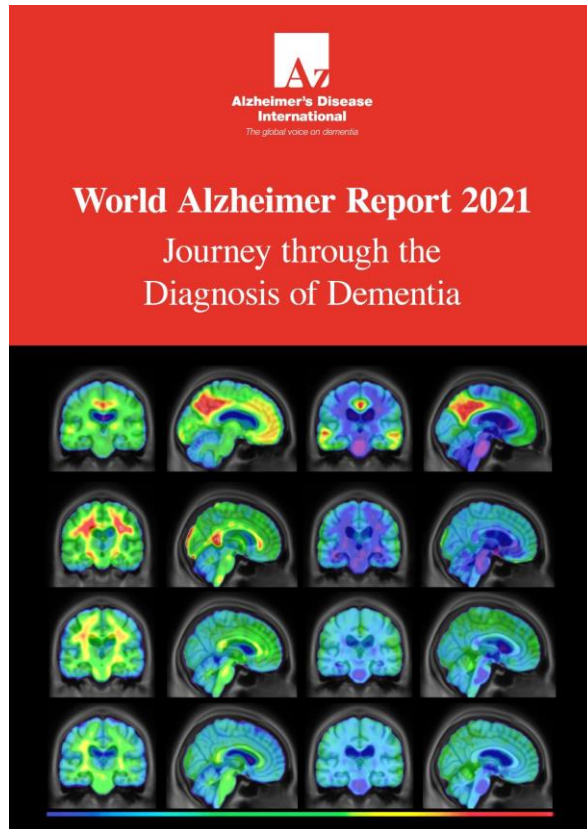
THE STRAITS TIMES

SINGAPORE

People with long Covid feared to be at risk of developing dementia



World Alzheimer Report 2021: Journey through the diagnosis of dementia



- This 2021 report is entitled: 'Journey through the diagnosis of dementia'.
- ADI commissioned McGill University, Montreal to deliver this 2021 World Alzheimer Report
- A global perspective on current dementia diagnosis practices, barriers and facilitators, emerging and imminent future impact of diagnostic breakthroughs and a robust set of recommendations required to improve the diagnosis journey across the world.

Suggested citation: Gauthier S, Rosa-Neto P, Morais JA, & Webster C. 2021. World Alzheimer Report 2021: Journey through the diagnosis of dementia. London, England: Alzheimer's Disease International.

Rates of underdiagnosis are high



Globally, ADI estimates **75%** of people with dementia are not diagnosed
That equates to **41 million** people undiagnosed



Rates of **underdiagnosis** are inversely related to the income of countries, from around **60%** in HIC to above **90%** in LMIC



55% of people said they were given inadequate information at diagnosis, a major gap in signposting from clinicians

Conversely, **98%** of Alzheimer and dementia associations stated that they provide updated diagnosis information on their websites

Stigma is correlated with underdiagnosis



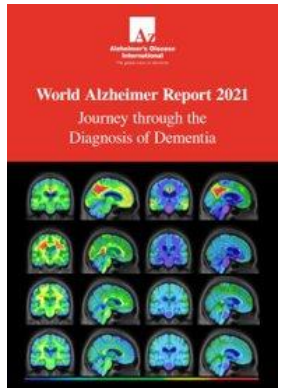
47% of people living with dementia and carers identified a lack of trained clinicians as a barrier to diagnosis

46% of people living with dementia and carers identified fear of diagnosis and stigma as barriers to diagnosis



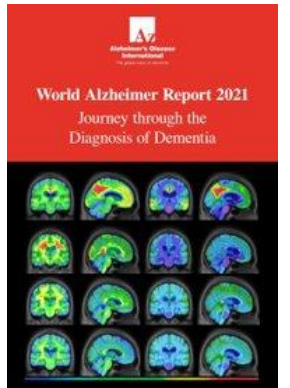
33% of clinicians in our survey believe that nothing can be done about dementia, so why bother

Selected recommendations



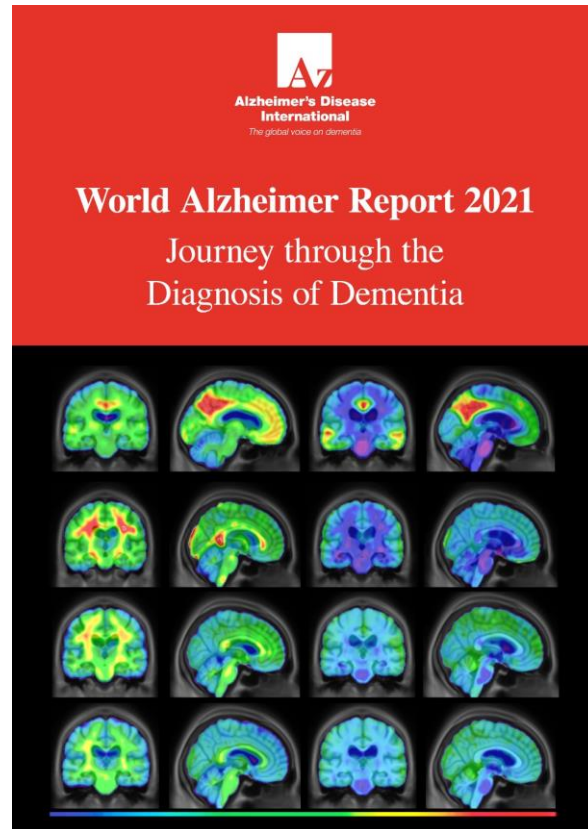
- Healthcare systems globally should introduce **annual brain health check-ups** for the over 50s, facilitated by evolution in biomarkers science, with the opportunity to promote risk reduction strategies.
- Governments globally must urgently start to **measure and record diagnosis** more accurately. Accurate measurement of diagnosis rates is the key to treatment, care and support, to healthcare system preparedness, and to challenging stigma.
- Governments must prepare for a **tsunami of demand** for healthcare services as a result of global ageing populations, improved diagnostics, including biomarkers, and emerging pharmacological treatments.

Selected recommendations



- Governments globally must recognise **the right to a timely clinical diagnosis** and put in place the capacity to deliver this, to enable better planning, treatment, care and support, in line with action area four of the World Health Organization (WHO) Global action plan on dementia.
- **Further build on the innovative**, often technology-based approaches, including telemedicine, which evolved rapidly during the COVID-19 pandemic, and research how these might best supplement, but not replace, future cognitive assessment, while acknowledging the benefits for remote or rural communities or for those unable to travel safely.

Full list of recommendations



The recommendations in full can be found at:

www.alzint.org/worldreport

Professor Serge Gauthier

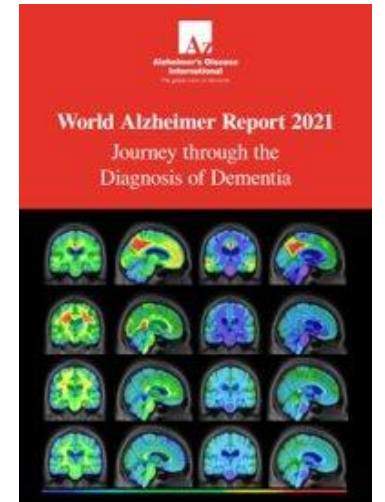


Professor Serge Gauthier

*Professor Emeritus in Neurology and Psychiatry,
Academic Lead, Dementia Education Program*

McGill University, Canada

World Alzheimer Report 2021: Journey through the diagnosis of dementia



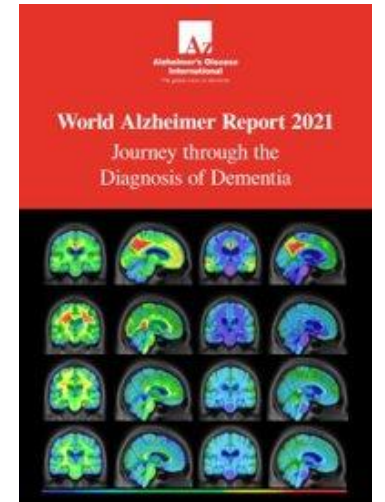
The report itself is a journey through the diagnosis of dementia, including:

Expert essays: To encapsulate a broad range of knowledge, 113 healthcare professionals and researchers were invited to submit essays within their field of expertise and to contribute to the chapters.

Surveys: The three surveys were conducted concurrently between March and June 2021 targeting people living with dementia and carers, clinicians and Alzheimer and dementia associations.

Testimonies: Individual case studies were requested from people living with dementia and 11 are included, covering all WHO regions. A larger set of videos accompanying this report can be found on ADI's YouTube channel.

World Alzheimer Report 2021: Journey through the diagnosis of dementia



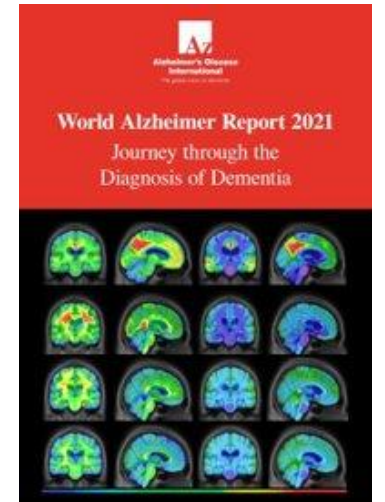
This journey is brought to life through six sections:

- **Part I:** Clinical assessment
- **Part II:** Laboratory tests
- **Part III:** Personal testimonies
- **Part IV:** Formulation of diagnosis
- **Part V:** Particular circumstances
- **Part VI:** The future of the diagnosis of dementia

World Alzheimer Report 2021: Journey through the diagnosis of dementia

The report contains survey data from a total of 3,431 respondents consisting of:

- **1,111** multidisciplinary clinicians in **108** countries (62% from high income countries and 38% from low- and middle-income countries)
- **205** people with dementia and **2,122** carers in **83** countries
- **101** Alzheimer's and dementia associations from around the world



Highlights from the clinician's survey



- Cognitive assessments are **required** for the diagnosis of dementia and to track changes over time.
- The cognitive screening tests most used by clinicians are the Mini Mental State Examination (MMSE) and the Montreal Cognitive Assessment (MoCA).
- Tests that overcome the **influence of language** differences are needed, such as the Visual Cognitive Assessment Test (VCAT).
- As a result of the COVID-19 pandemic, many clinicians have incorporated **telemedicine** into their practice.

Covid-19 has exacerbated an already complex and time pressured diagnosis pathway



90% of clinicians identified additional delays/wait times due to COVID-19

Only 35% of people living with dementia said they had in-person access to a clinician during the pandemic



Time pressures and pay per visit models for **primary care doctors** are counterproductive to a complex and sensitive dementia diagnosis



As global population ages, 75% of clinicians ranked the increasing number of people seeking a diagnosis as a major challenge in the future



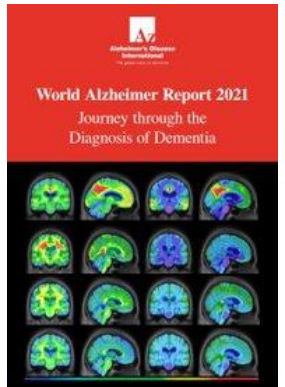
McGill

Health system preparedness needs to be improved



Globally ageing populations plus diagnostic and treatment breakthroughs will create a **tsunami of demand** for healthcare systems

Selected recommendations



- Healthcare systems must make **culturally appropriate, translated** and **validated** cognitive assessment tools available to **increase diagnosis rates**, leading to better information and planning, plus access to treatments, trials and support.
- Call for a standardised, online, ethical, government adopted, cognitive assessment tools to enable people to take initial and informed steps and to **mitigate against dangerous misinformation.**
- Improved disclosure training required for diagnosing clinicians to **communicate transparently and sensitively**, providing information on next steps, clinical follow up, condition evolution, treatment options and, importantly, direction to post diagnostic support options.

Anders Wimo



Anders Wimo

*Department of NVS, Centre of Alzheimer research,
Section of Neurogeriatrics,
Karolinska Institutet, Sweden*

New challenges and opportunities in the diagnosis of dementia



Anders Wimo, MD, PhD,

**Family physician, primary care, Bergsjö, County of Gävleborg,
Sweden**

Professor Emeritus

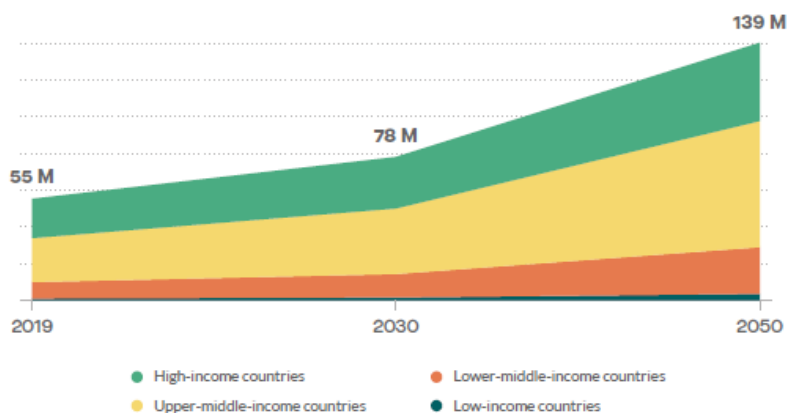
Division of Neurogeriatrics and
Aging Research Center, Karolinska Institutet
Stockholm, Sweden

Today.....WHO report on dementia



- 55 million people with dementia worldwide
- 61% live in low and middle-income-countries
- Global cost 1.3 trillion US\$
- 50% of costs by informal care
- 74% of costs in high-income countries

Number of people living with dementia in 2019, 2030 and 2050
(In million) by country income group



Primary care and diagnostic work-ups in dementia



The ideal case: The family physician (a specialist in family medicine) has been working in the area for 10 years or more, is skilled in dementia, knows the patients and families very well, each visit takes 30-60 minutes, the list is maximum 1000 patients, family informants are available, a local dementia team (the GP, nurses, social workers etc.) is at hand and a basic dementia diagnostic work-up package is used (and remunerated).

The reality (often): full waiting rooms, the list is 3,000, the commission is broad, each visit takes 5-10 minutes, the GP is paid per visit, the GPs shift and skills vary a lot, all diagnostic tools are burdening the budget.



In many countries, primary care physicians see several patients per hour, perhaps 6–10, and it is not possible to make an accurate dementia diagnosis in 10 minutes.

The new challenges



1) Disease modifying treatments (DMT) for Alzheimer Disease is coming?

The FDA (US) bomb this summer: Aducanumab (Aduhelm) got conditional approval

2) Prevention possible? – The FINGER trial and “World Wide Fingers”. Already part of primary care work

3) Consequently: The diagnostic boundary shifts from Dementia to “Pre-dementia stages”: Prodromal (mild cognitive impairment) and pre-clinical. Type of cognitive impairment is crucial (Alzheimer’s disease, vascular etc.).

The new problems



- Diagnostic capacity (RAND reports)
- Diagnostic accuracy – risks of false positive cases
 - Example: prevalence 10%, sensitivity 90%, specificity 90%: Positive predictive value: 50%
 - Blood – based biomarkers added : label “At risk”, not “Early AD” without comprehensive diagnostic confirmation (specialists). Replace MMSE with MOCA??
- If disease modifying treatments (DMT) come: who will get it? Who pays (US\$56,000/year?)
- Global access to diagnostics and DMT? (Low middle-income countries)



The diagnostic infrastructure is not prepared for a large increase in demand for pre-dementia (and early dementia) Alzheimer's disease diagnostics.

Roger Marple



Roger Marple

Canada

Professor Pedro Rosa-Neto



Professor Pedro Rosa-Neto

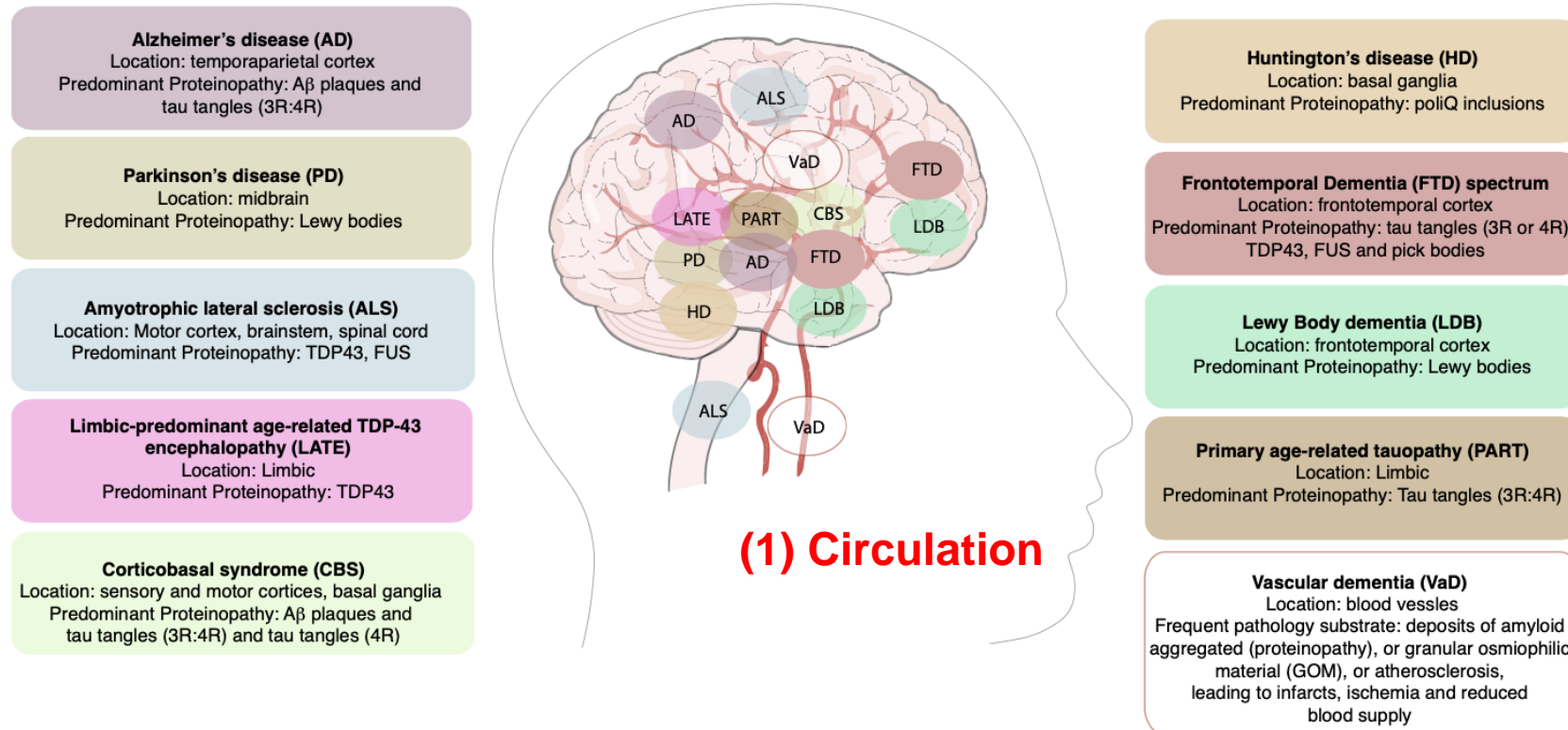
*Director, McGill University Research Centre
for Studies in Aging*

McGill University, Canada

Dementia is a late stage of brain diseases



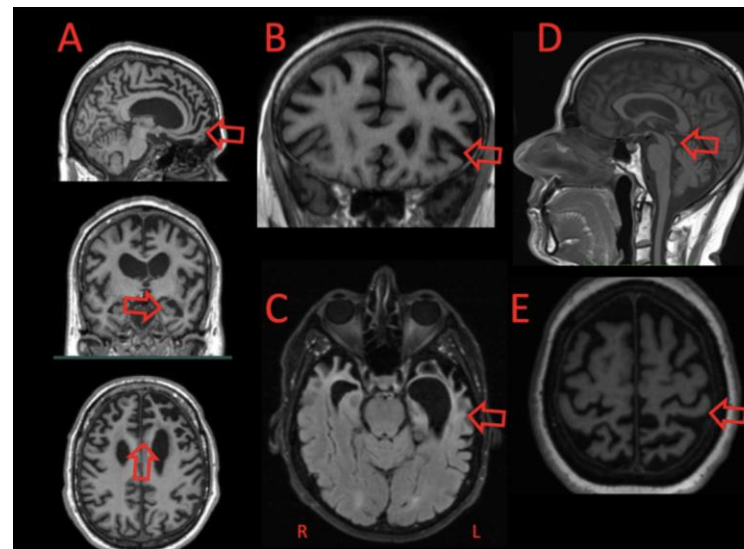
(2) Toxic effects of dysfunctional proteins in the brain



Dementia has an underlying cause



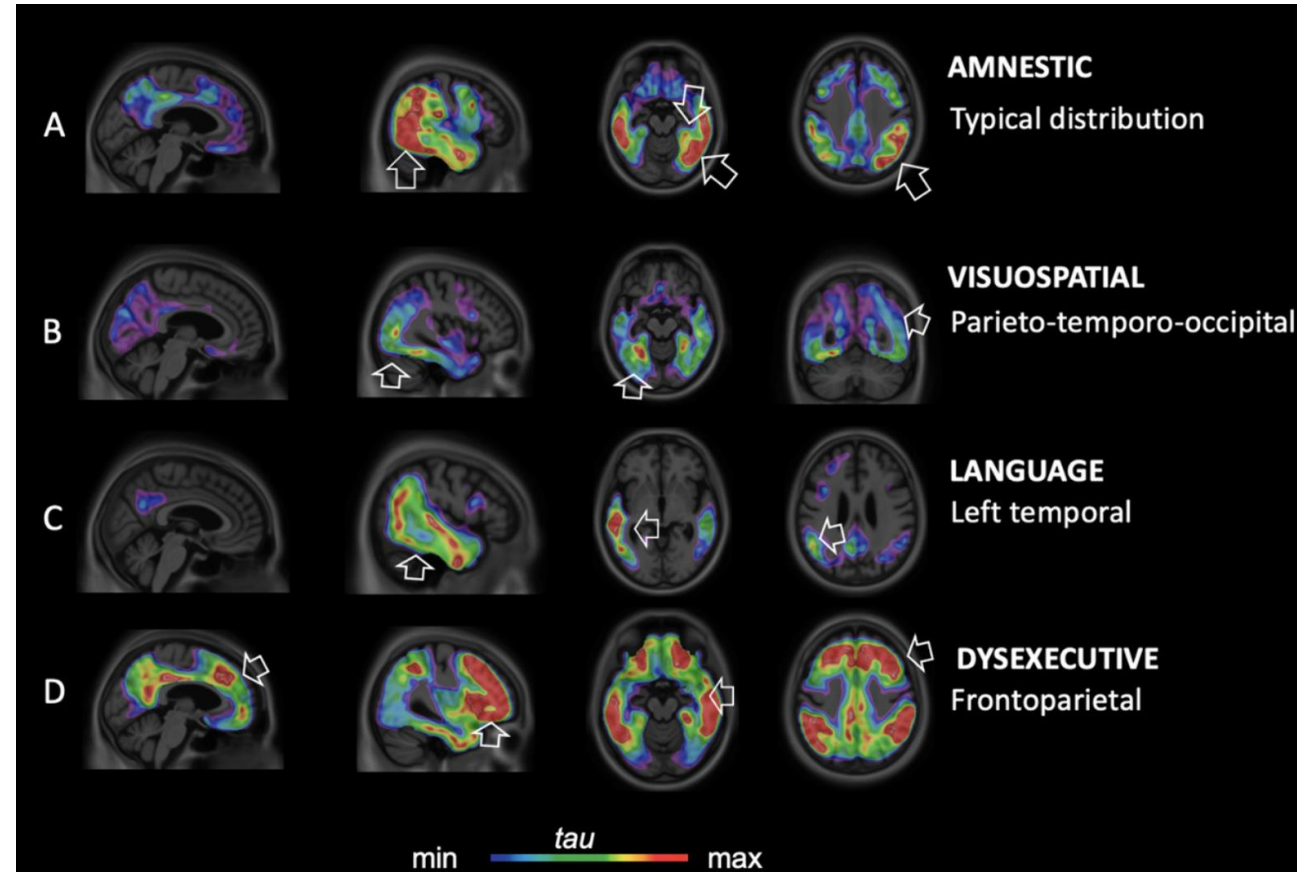
Blood tests and brain imaging to rule out reversible causes of dementia



There are multiple forms of dementia



A single brain disease can present distinct dementia symptoms.



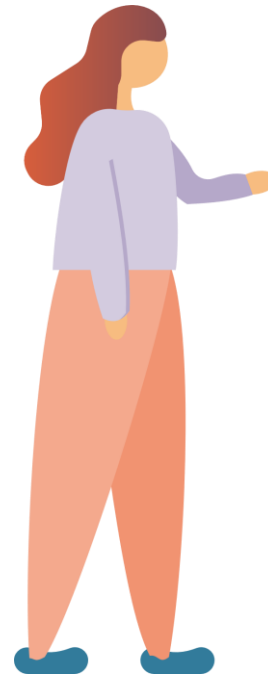
Dementia can also affect young people



Patients with young-onset dementia, including Down syndrome, require careful evaluation to rule out treatable causes of dementia among the many potential causes of dementia in that age group.

Biomarkers play a major role in ruling out Alzheimer's disease in young-onset dementia.

Young



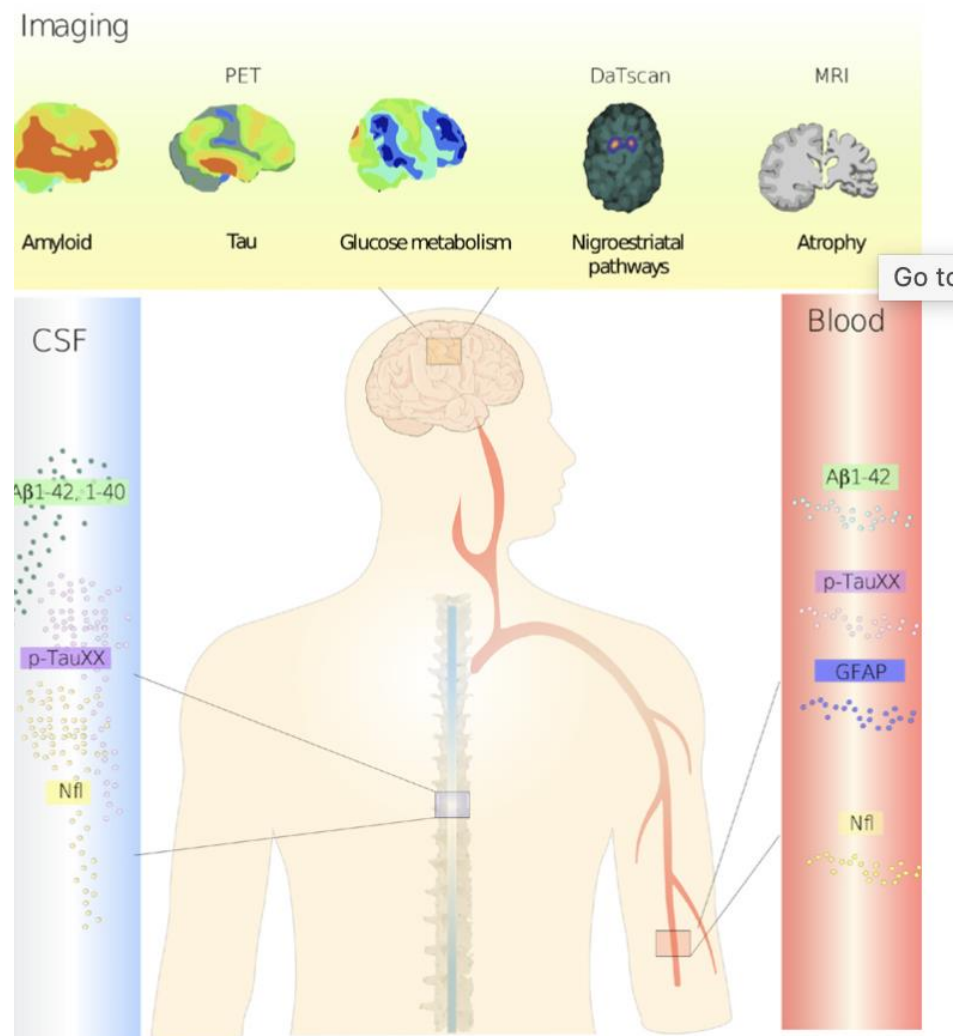
Families



Biomarkers



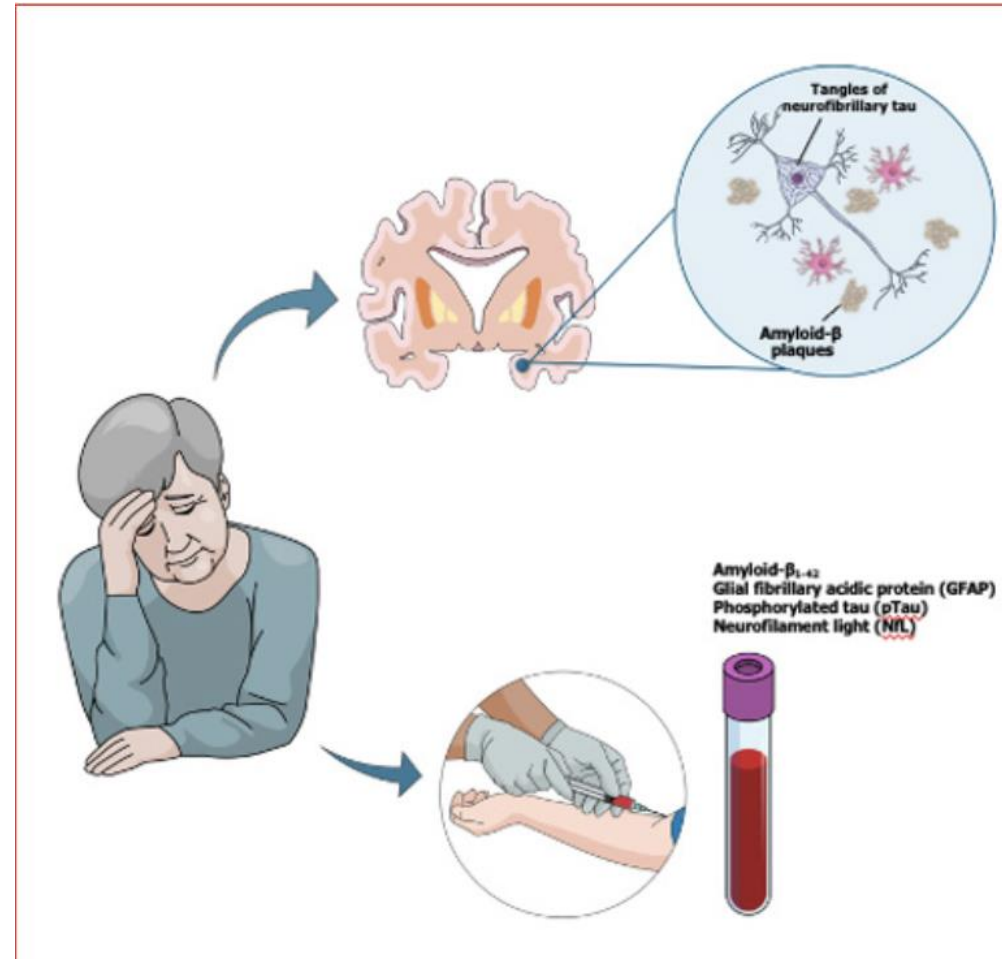
Biomarkers provide opportunities for early diagnosis and disease-modifying interventions.



Biomarkers



Blood biomarkers brings the hope of affordable, accessible dementia diagnosis globally, including to low- and middle-income countries.



McGill

Professor José A. Morais



Professor José A. Morais

*Director, Division of Geriatric Medicine
Academic Lead, Dementia Education Program*

McGill University, Canada

The role of the clinician in disclosing a diagnosis



- The diagnosis of dementia is **clinical**.
- In complex situations, the clinician should say, “The diagnosis is not yet clear.”
- Encourage the need for **follow-up visits** and additional complementary tests.

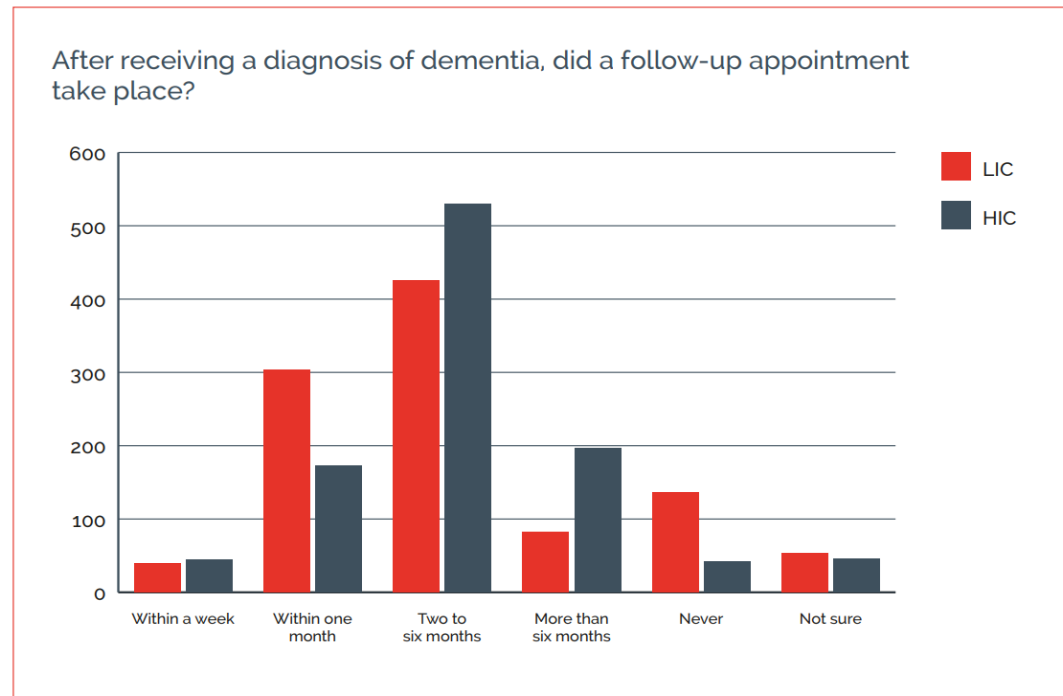


Chart 2. People with dementia and carer responses.

The challenges



In many countries, primary care physicians see several patients per hour, perhaps 6–10, and it is not possible to make an accurate dementia diagnosis in 10 minutes.

- Diagnosis is not 100% precise and **co-pathologies are common**.
- During initial assessment, it is important to rule out **treatable causes** of dementia.
- The physician's time is limited, thus additional healthcare professionals should contribute.

Gauging the patient's ability to receive the information



People experiencing cognitive decline tend to minimise their impairments.

- The problem of **anosognosia**, or “lack of awareness”
- To whom and how the diagnosis is made (e.g., person living with dementia, carer)
- Initially ask the person living with dementia and their carers what they want to know
- Dealing with a **catastrophic reaction** in response to the diagnosis

The physician's role in providing further information



- Discuss **management** of the condition.
- Provide information on **stages of dementia**.
- Discuss **safety issues** in the house and outdoors.
- Propose solving **legal issues** before the person loses capacity to decide.
- **Refer** the person living with dementia to associations and community resources.

Other aspects to cover



The clinician must ensure that the person living with dementia and their carers receive the best available care and support.



Among the many potential biases that can influence us as clinicians, there exist those inherent or underlying ones we carry that may significantly impact our diagnosis and treatment, namely our attitude towards such factors as sex, gender and ethnocultural differences.



Professor Suvarna Alladi



Professor Suvarna Alladi

*National Institute of Mental Health and
Neurosciences,
Bangalore, India*

An Indian Perspective

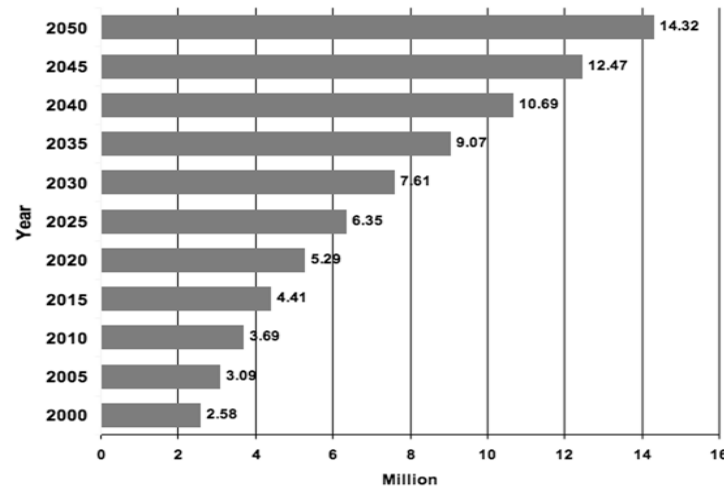
Dr Suvarna Alladi, Prof of Neurology, National Institute of Mental Health and Neurosciences (NIMHANS),
President, Alzheimer's and Related Disorders Society of India (ARDSI) Hyderabad Chapter
Jayeeta Rajagopalan, Early Career Researcher (ECR), Strengthening Responses to Dementia in Developing Countries,
National Institute of Mental Health and Neurosciences (NIMHANS)

Early diagnosis of dementia: A complex problem requiring a multidimensional approach for India

“ Much of the increase will take place in low and middle income countries. In 2015, **58% of all people with dementia live in LMICs rising to 68% in 2050** “

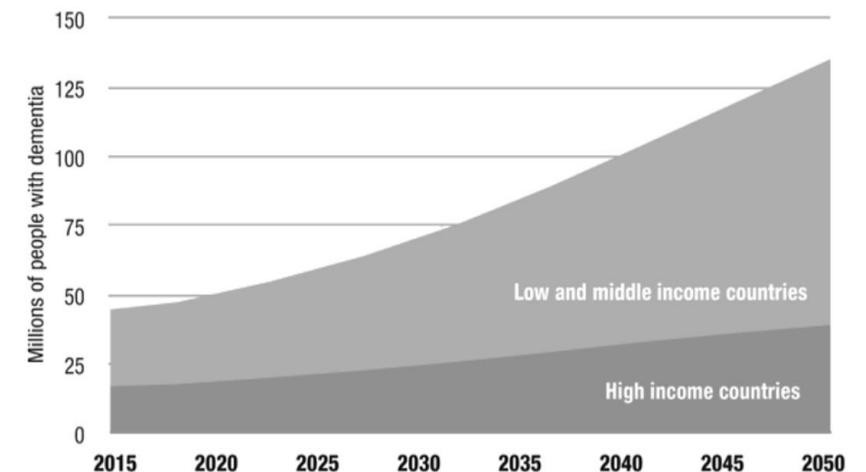
Demographic transition

Estimation of number of people with dementia over 60 years
in India between 2000 and 2050



Dementia in India Report (ARDSI, 2010)

Number of people with dementia in low and middle income countries
compared to high income countries



World Alzheimer Report (ADI, 2015)

Dementia Diagnosis in India

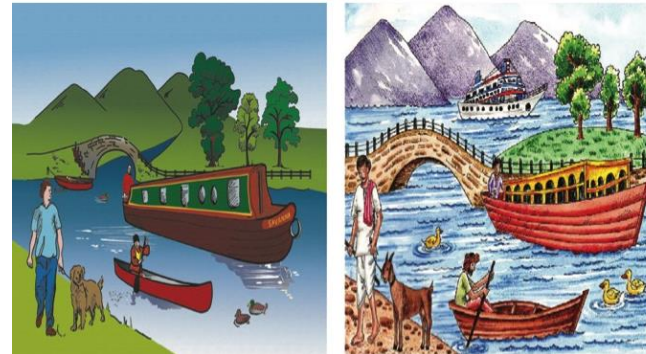
- Low awareness and stigma associated with dementia delaying diagnosis.
- Lack of sufficient dementia specialized professionals.
- Diversity in socioeconomic factors impacting access to health care services.
- Linguistic diversity: few culturally validated cognitive tests available.
- Around 100 memory clinics across the country.
- Out of pocket expenditures accounting for majority of Total Health Expenditures
- COVID-19 pandemic has further complicated dementia diagnosis. While telemedicine initiatives were started, difficulties in conducting cognitive tests via virtual platforms remain.

Heterogeneity in health seeking behaviors as a result of **diversity in socioeconomic, cultural and demographic factors** affect whether persons with dementia receive any diagnosis at all

Early diagnosis of dementia: A complex problem requiring a multidimensional approach for India


Linguistic, Cultural and Educational Diversity

Considering the linguistic diversity in India with **122 major languages** and **1599 other languages** being spoken, the **Indian Council of Medical Research developed Neuro Cognitive Tool-Box (ICMR-NCTB)** for diagnosis of dementia in 5 Indian languages: Hindi, Bengali, Telugu, Kannada, Malayalam.



Journal of the International Neuropsychological Society (2019), 1–15
Copyright © INS. Published by Cambridge University Press, 2019.
doi:10.1017/S1355617719001127

Standardising Dementia Diagnosis Across Linguistic and Educational Diversity: Study Design of the Indian Council of Medical Research-Neurocognitive Tool Box (ICMR-NCTB)

Gowri K. Iyer^{1,2}, Avanthi Paplikar³, Suvarna Alladi^{1,3,*} , Aparna Dutt^{4,5}, Meenakshi Sharma⁶, Shailaja Mekala^{1,7}, Subhash Kaul^{1,8}, Aralikatte Onkarappa Saroja⁹, Gollahalli Divyaraj¹, Ratnavalli Ellajosyula¹⁰, Amitabha Ghosh⁴, Roopa Hooda¹¹, Sunita Justus¹², Rajmohan Kandukuri¹, Arfa Banu Khan⁹, Robert Mathew¹³, P.S. Mathuranath^{3,12}, Ramsekhar Menon¹², Ranita Nandi⁴, Jwala Narayanan¹⁰, Ashima Nehra¹¹, M.V Padma¹¹, Apoorva Pauranik¹⁴, Subasree Ramakrishnan³, Prerana Sabnis^{10,15}, Lekha Sarath¹², Urvashi Shah¹⁶, Manjari Tripathi¹¹, P.N. Sylaja¹², Ravi Prasad Varma¹², Mansi Verma¹¹, Feba Varghese³: ICMR Neurocognitive Tool Box Consortium

Iyer, Alladi et al., 2019, Journal of International Neuropsychological Society
Paplikar, Alladi et al., 2020, Annals of Indian Academy of Neurology
Paplikar, Alladi, et al., 2021 Archives of Clinical Neuropsychology

Ayushman Bharat

HOSPITAL ADMISSIONS

2,11,19,031

Progress since launch

*As of 12th September, 2021

34,966

Progress in last 24 hours

*As of 11th September, 2021 at 11.59 P.M.



India

Total No. Of Health And Wellness
Centres(HWC)




76,663

- Two-pronged approach
- Public health insurance scheme that **provides families a coverage of up to 5 lakh per year for secondary and tertiary hospitalization** for the socioeconomically disadvantaged groups.
- The Government is transforming existing primary health care infrastructure into health and wellness centers with the aim of providing **comprehensive primary care**.
- **A total 150,000 HWCs** to be set up by December 2022
- A step towards **universal health coverage**

Early diagnosis of dementia: A complex problem requiring a multidimensional approach for India

Key Takeaways

- Dementia diagnosis is complex influenced by a wide range of factors in the Indian setting.
- Strategies that take into account the diversity and limited resources available are urgently needed.
- Crucial that persons with dementia and their families are placed at the centre of these efforts.
- Increasing awareness about symptoms will be crucial to improving diagnosis rates.
- As a part of this years World Alzheimer's month theme '**Know Dementia, Know Alzheimer's**', multiple activities are being conducted to raise awareness among the general public as well as health care professionals such as talks, webinars and memory cafe.



WORLD ALZHEIMER'S MONTH
SEPTEMBER 2021
Organized By
Alzheimer's & Related Disorders Society of India
ARDSI, Mysuru Chapter

Know Dementia: Know Alzheimer's
14.09.2021, 3 PM

Pick It Up Early
Dr. Pratibha Pereira
Secretary, PAGE, Mysuru
Professor & Head, Dept. of Geriatrics,
JSS Medical College & Hospital, Mysuru

Dementia: What Everyone Needs to Know
Dr. Amit Dias
Asst. Professor, Dept. of Preventive & Social Medicine
Goa Medical College,
Founder Secretary
The Dementia Society of Goa (ARDSI-Goa)

Zoom Link:
Meeting ID: 864 1918 5507
Passcode: ardsimysz

Logos: Alzheimer's Society India, South India, Viroka Foundation, Arundhati, GSS Yoga



ARDSI Calcutta Chapter presents

**KNOW DEMENTIA,
KNOW ALZHEIMER'S**

19th September, 2021
6:00 PM - 8:30 PM

Join us on Zoom!
Meeting ID: 819 5381 8043
Passcode: 627787

6 PM - 6:10 PM	Welcome Speech Nilanjana Maulik, Secretary, ARDSI Calcutta
6:10 PM - 6:30 PM	Welcome Address - Alzheimer's disease: the importance of early diagnosis Dr. Amitabha Ghosh, President, ARDSI Calcutta
6:30 PM - 6:45 PM	Global and Regional context of dementia D Y Suharya, Regional Director, Alzheimer's Disease International
6:45 PM - 7:00 PM	Dementia Scenario in India - Challenges and the way forward Meera Pattabiraman, Chairperson, ARDSI National
7 PM - 7:20 PM	Importance of study participants in research on prevention of dementia: A USA perspective Dr. Chandramallika Basak, Professor, UT Dallas, USA
7:20 PM - 7:40 PM	Disease burden of dementia and diagnostic challenges in the community Dr. Atanu Biswas, Professor, Bangur Institute of Neurosciences and IPQME&R, Kolkata
7:40 PM - 8 PM	Caregiving for Dementia Dr. Nishi Pulugurtha, Associate Professor of English, Brahmananda K C College, Kolkata
8 PM - 8:25 PM	Q & A
8:25 PM - 8:30 PM	Vote of Thanks

Supported by
Donep-M/M Forte
Sustains Memory, Fortifies
Donep
Improving Brain Health, Transforming Lives

Dr. Rufus Akinyemi



Dr. Rufus Akinyemi

*Neuroscience and Ageing Research Unit, Institute
for Advanced Medical Research and Training,
College of Medicine,
University of Ibadan, NIGERIA*



The challenges of diagnosing dementia in Africa

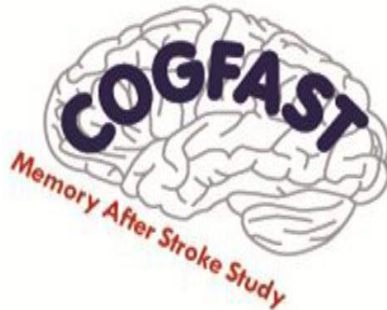
Rufus O. Akinyemi MBBS, MSc, PhD, MWACP, FMCP, FGBHI.

Deputy Director, Centre for Genomic and Precision Medicine

Senior Research Fellow, Neuroscience and Ageing Research Unit, IAMRAT

College of Medicine, University of Ibadan, Nigeria.

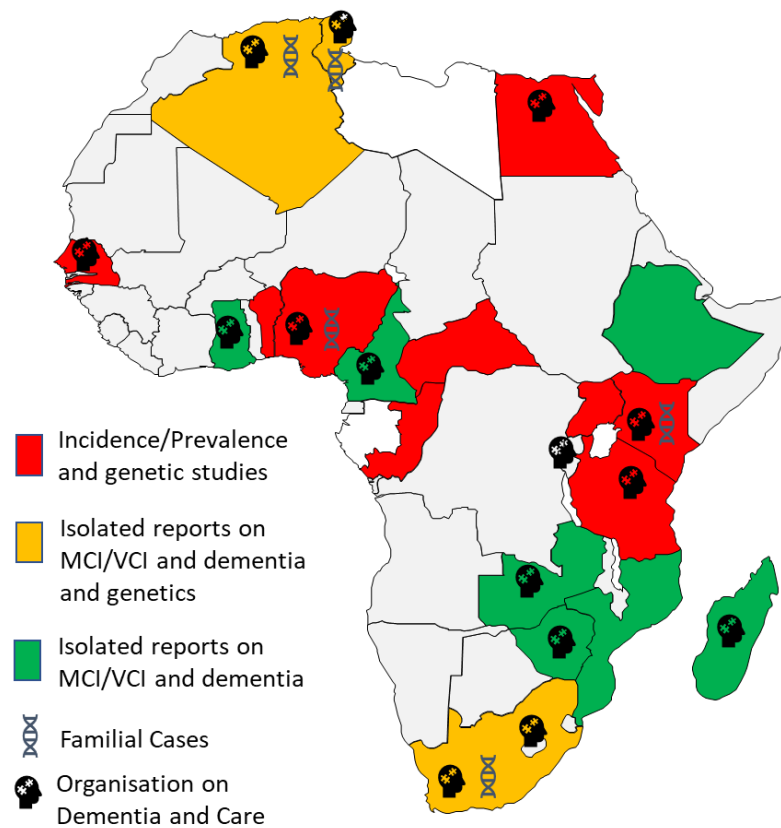
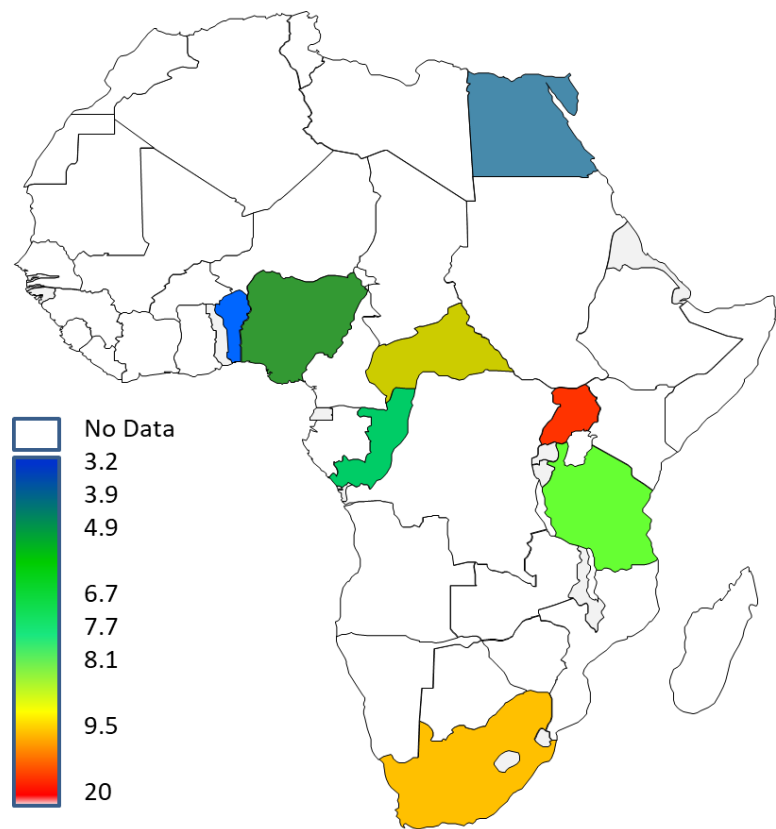
Consultant Neurologist, Dept of Medicine, University College Hospital, Ibadan, Nigeria.



African elderly
population is
increasing!



Variation in prevalence estimates of dementia in Africa





Challenges of diagnosing dementia in Africa

The Challenges



The Future: African Dementia Consortium

Africa-led international
dementia consortium for
research and care

Deep phenotypic,
genetic and socio-
demographic, imaging
and multiomics
database

Set up an online portal and
bio-banking system for
data sharing and
collaboration

Capacity building and
educational framework to
support training including
dementia diagnosis

Develop stakeholders
platform
Promote translational
research
Dementia ELSI



Claire Webster



Claire Webster

Founder and Ambassador, Dementia Education Program, McGill University / Founder and President of Caregiver Crosswalk Inc.

McGill University, Canada

My Journey Has Led Me Here...

*“Good luck,
Mrs. Webster!”*



“I deeply believe that if I had been properly educated upon my mother’s diagnosis and told that I would need support, I would have been a better caregiver to my mother. I was frustrated and did not understand her behaviour.”

Claire Webster, Certified Dementia Care Consultant

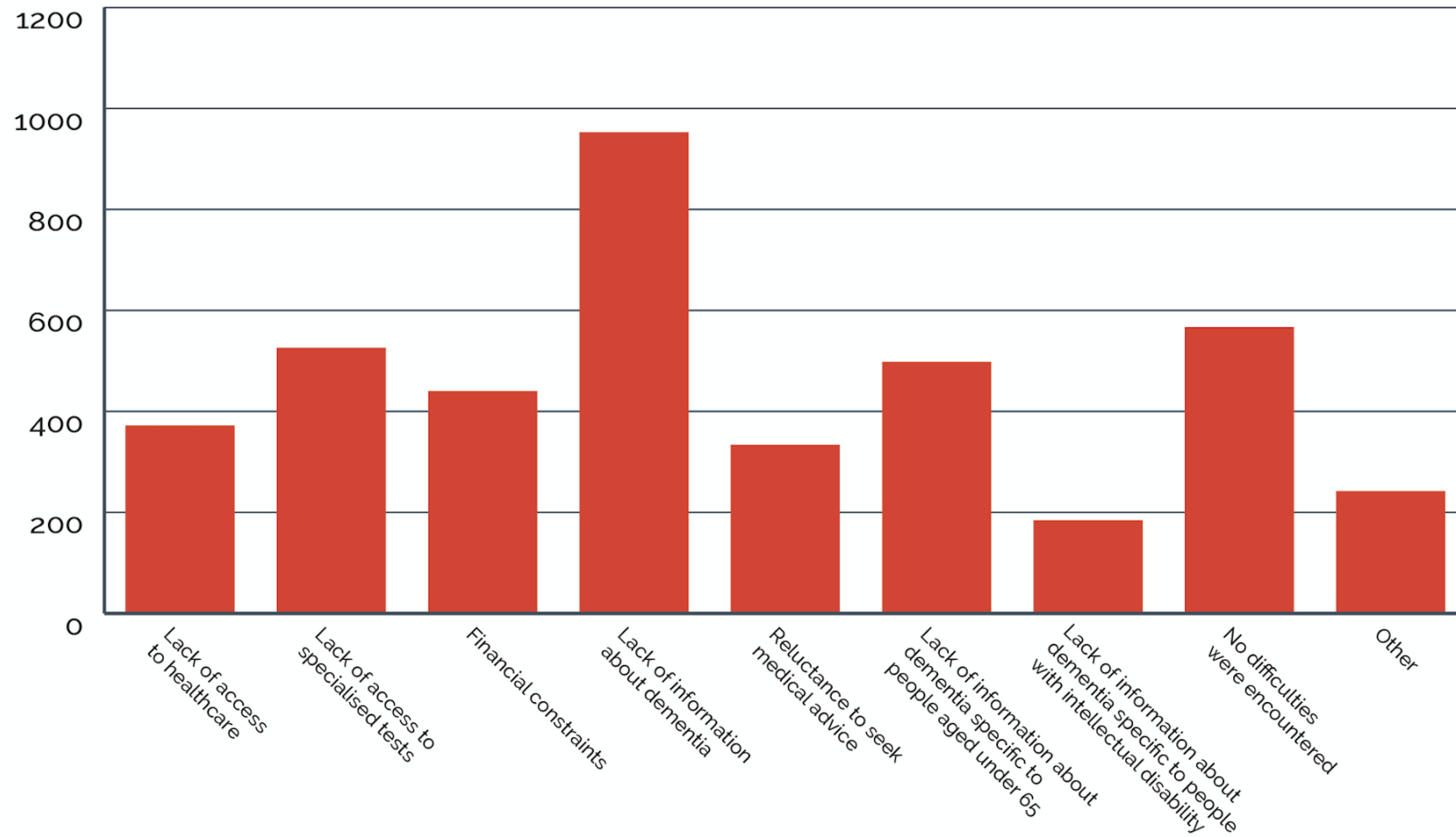


McGill



A lack of education about a dementia diagnosis will have a significant impact on the quality of care as well as safety of the individual and their carer(s).

What difficulties were encountered as part of receiving the diagnosis of dementia?





10 warning signs of dementia



www.alzint.org

If these signs are new, they may be a sign of dementia.
Dementia is not a normal part of ageing.
Speak to your doctor or contact your dementia and Alzheimer association.

Navigating the Journey of Dementia After a Diagnosis
A Prescription of Education and Support



Accept
Educate
Plan Ahead
Navigate
Advocate

Chapter 16



McGill

Understanding the impact of COVID-19 on people with dementia and their carers

Chapter 21

World Alzheimer Report 2022: *Post Diagnostic Management & Support - A Prescription of Care*

- A natural history of dementia and stage specific general management – pharmacological and non-pharmacological approaches.
- Impact of dementia on the care partner(s) including young carers.
- Caregiving customs and challenges among diverse cultures.
- *An analysis of the curriculum of medical and allied healthcare professions around the world in post-diagnostic management and support from a person/patient centered approach, as well as best practices.*
- Latest research in preventing cognitive decline.
- Government strategies and policies to support persons living with dementia and care partners.

Questions



@AlzDisInt
#ADlwebinar

Closing remarks



Paola Barbarino

CEO,

Alzheimer's Disease International (ADI)

@AlzDisInt

WEBINAR

Innovations in diagnosis and diagnostics

A WORLD ALZHEIMER REPORT 2021 WEBINAR

Tuesday 19 October
1pm London | 8am New York



Register at <https://bit.ly/3EYmESe>



**Alzheimer's Disease
International**

The global voice on dementia

THANK YOU.

Follow ADI on Twitter and Instagram [**@AlzDisInt**](#) | Like us on Facebook [**/alzdisint**](#)

Visit our website: [**www.alzint.org**](http://www.alzint.org)

