

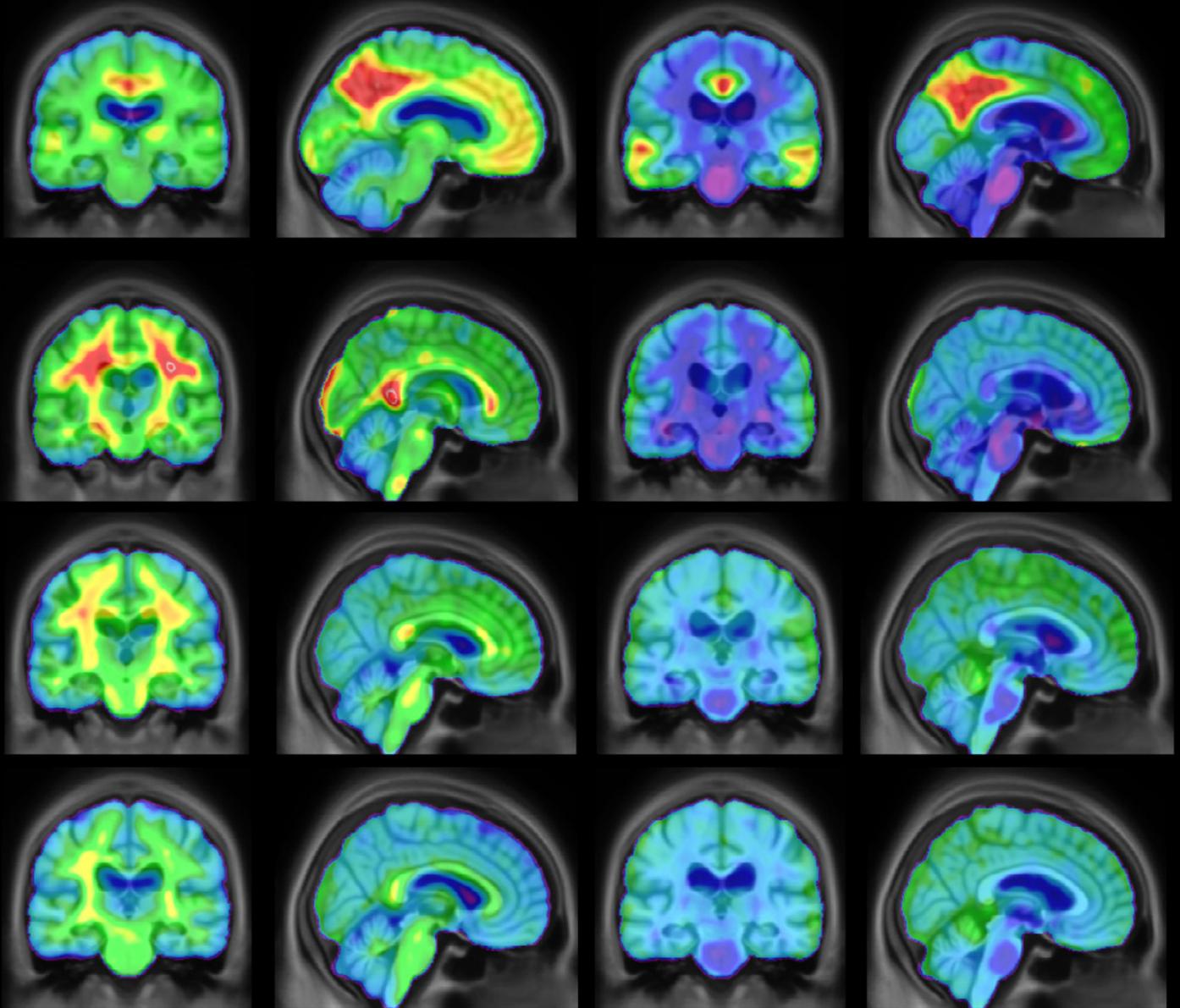


**Alzheimer's Disease  
International**

*The global voice on dementia*

# World Alzheimer Report 2021

Journey through the  
diagnosis of dementia





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## About the authors



### Serge Gauthier

Serge Gauthier is a clinical neurologist specialising in the development of new tools for diagnosis and treatments for people living with Alzheimer's disease. He was the Director of the McGill University Research Centre for Studies in Aging from 1986 to 1997, and became a senior scientist of the CIHR-Rx&D program (Canadian Institutes of Health Research and Canada's Research-Based Pharmaceutical Companies) in 1997. Dr. Gauthier is the Academic Co-Lead for the Dementia Education Program and Professor Emeritus, Neurology and Psychiatry at McGill University. His accomplishments led to him being appointed to the Order of Canada in 2014 and the National Order of Québec in 2017.



### Pedro Rosa-Neto

Pedro Rosa-Neto is a clinical neurologist with expertise in the quantification of dementia pathophysiology and preclinical diagnosis of Alzheimer's disease using biomarkers. He is affiliated with the Douglas Research Institute; le Centre intégré universitaire de santé et de services sociaux (CIUSSS) de l'Ouest-de-l'Île-de-Montréal; and the Departments of Neurology and Neurosurgery, Psychiatry and Pharmacology and Therapeutics at McGill University. He was appointed Director of the McGill University Research Centre for Studies in Aging in 2017. This was soon followed by a Professor position in Neurology at McGill University in 2019.



### José A. Morais

José A. Morais is Professor of Medicine at McGill University. He is a senior scientist at the Research Institute of the McGill University Health Centre (RI-MUHC) in the Metabolic Disorders and Complications axis. In 2009, he became Director of the Division of Geriatric Medicine, McGill University, as well as of the MUHC and Jewish General Hospital. He is also Co-Director of the Quebec Network for Research on Aging and is the Academic Lead of the Dementia Education Program of the McGill Faculty of Medicine and Health Sciences. He was the Founder and first Director of the Centre of Excellence on Aging and Chronic Disease of the RUISSS McGill from 2012–2015.



### Claire Webster

Claire Webster is a Certified Dementia Care Consultant (PAC), Certified Professional Consultant on Aging (CPCA), as well as a conference speaker and educator in the field of caring for an individual with dementia. She is Founder and President of Caregiver Crosswalk Inc., a consulting firm that provides education and support services to help individuals navigate the journey of Alzheimer's disease and/or dementia related illnesses. Claire works in collaboration with McGill University's Faculty of Medicine and Health Sciences and the Division of Geriatric Medicine. She is the Founder and Ambassador of the McGill Dementia Education Program and 'McGill Cares,' a weekly webcast series designed to support family care partners.

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## Recommendations

- Healthcare systems globally should introduce annual brain health check-ups for people over 50, facilitated by evolution in biomarkers science, along 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.
- Improved dementia training and education, plus increased time allocation for diagnosis in primary healthcare. This is with the intention of combatting a lack of skills and confidence and to remove the counter-productive time pressure on primary care doctors when dealing with a complex and sensitive diagnosis and disclosure.
- Healthcare systems must invest in, and improve, diagnostic capabilities, moving towards precision diagnosis, to eradicate high levels of misdiagnosis.
- Improved disclosure training required for clinicians to communicate a diagnosis transparently and sensitively, providing information on next steps, clinical follow up, condition evolution, treatment options and importantly direction to post diagnosis support options.
- 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.
- Healthcare systems must make culturally appropriate, translated and validated cognitive assessment tools available to increase diagnosis rates. This is with the aim of better information provision and planning, plus increased access to treatments, trials and support.
- A call for standardised, online, ethical, government adopted, cognitive assessment tools, to enable people to take initial and informed steps and to mitigate against dangerous misinformation.
- National awareness raising campaigns must address the stigma surrounding dementia, especially in some low-income countries where up to 90% of cases go undiagnosed as well as actively promote awareness of the warning signs, in line with action area two of the WHO Global action plan on dementia.
- Best practice in assessment must be recognised as a combination of cognitive testing, backed up by scan and/or cerebrospinal fluid (CSF) testing, plus preparedness and readiness to embrace emerging biomarkers.
- Improved access to scanner technology required for confirmatory diagnosis, for access to emerging treatments and ongoing monitoring, with equivalent specialist training.
- Long-term clinical follow-up for people living with dementia, as part of a holistic, post diagnosis support package, to encompass disease progression and changes in diagnosis. This includes treatment monitoring and evaluation in an era where new disease-modifying treatments are becoming available.
- As two-thirds of people with Alzheimer's disease are women, more research must be funded into precision medicine focusing on evidence-based, sex-specific measures for cognitive, clinical and biomarker testing.
- A call to educate healthcare professionals and the general public about the role of cerebrospinal fluid testing and a repositioning of this misunderstood diagnostic tool, in line with similar perspectives on epidurals.
- Clinicians must become aware and better informed about information, support and planning available via national Alzheimer and dementia associations, and the vital role they play in pre and post diagnosis support.
- Build on the innovative, often technology-based, approaches including telemedicine, which evolved rapidly during the COVID-19 pandemic. 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.
- Governments must prepare now for future pandemics to ensure that the diagnostic and treatment pathways are not disrupted at the levels experienced during COVID-19.

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