ALZHEIMER’S DISEASE TESTS EU READINESS

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With the support of
Alzheimer’s disease and other dementias affect each individual in different ways but early detection is always key for effective treatment.

According to Alzheimer’s Europe, 7.8 million EU citizens lived with dementia in 2018, out of which Alzheimer’s disease makes up between 60 and 80% of these cases of dementia.

Experts warn that the numbers are expected to double unless serious action is taken to raise awareness among citizens, health professionals and policymakers.

At the same time, critics suggest that EU health systems should invest more in infrastructure to detect the disease as early as possible.

Ahead of World Alzheimer’s Day on 21 September, EURACTIV and its partners are publishing a Special Report looking at the different challenges the disease presents at the EU level, but also in France, Germany, Italy, Czech Republic, and Slovenia.

This European Special Report was a joint publication between EURACTIV’s network partners in Germany, France, Italy, Czechia, and Slovenia.
EU unprepared to tackle Alzheimer’s disease as new treatments progress

More research, better diagnosis: what France can improve in the fight against Alzheimer

Germany urged to boost early testing to tackle Alzheimer’s disease

More data and awareness needed to fight Alzheimer’s disease, Czech experts say

Early detection of Alzheimer’s a wish, not yet a reality in Slovenia

Italy delays €15 million ‘dementia fund’ while disease costs billions
EU unprepared to tackle Alzheimer’s disease as new treatments progress

By Sarantis Michalopoulos | EURACTIV.com

European Union countries are still lagging behind in tackling Alzheimer’s disease despite calls by the World Health Organisation for urgent action as cases in the European region are expected to double.

At the same time, the lack of proper infrastructure in national health systems across the bloc presents a challenge for the rollout of promising new therapies.

Alzheimer Europe, an NGO which represents dementia patients, estimates that in 2018, 7.8 million EU citizens lived with dementia, of whom two-thirds were women. Alzheimer’s disease (AD) makes up between 60 and 80% of these cases of dementia.

Jean Georges, Alzheimer Europe’s executive director, said these numbers have been increasing due to Europe’s ageing population, and are expected to double in future.

"Without a significant change in how AD and other types of dementia can be treated and prevented, we would expect the numbers of people with dementia to almost double by 2050 to 14.3 million. It should therefore be clear that urgent pan-European action is needed to support dementia research and care,” he told EURACTIV.

THE UPCOMING DRUG

The US Food and Drug Administration approved last June Aduhelm (aducanumab) for the treatment of AD, targeting the early stages of the disease. Its authorisation has triggered strong reactions in the US, with divisions even within the FDA.

Critics point out its high cost, estimated at about €48,000 annually.

Read the article also in French, German, Czech, Slovenian, Italian.

An estimated 100,000 people in Croatia suffer from dementia, and 70% of them have Alzheimer’s disease. [Shutterstock/Chinnapong]
The drug has also been submitted for approval to the European Medicines Agency (EMA) and is under late-stage review.

However, even if this drug, or another innovative therapy, is approved, critics suggest that Europe's health systems are not ready to take advantage of their potential.

According to an Alzheimer Europe survey of more than 1,400 carers in five European countries (Czech Republic, Finland, Italy, Netherlands, and Scotland), there are significant delays in diagnosing Alzheimer: It took on average 2.1 years to receive a diagnosis (ranging from 1.6 years in the Czech Republic and Italy to 2.5 years in Scotland).

For Georges, a lack of awareness by patients’ families, but also of health care professionals, the denial and the perceived stigma of the affected people, as well as infrastructure problems with long waiting times to access specialists or specialised diagnostics such as brain scans, are among the main barriers.

"With new treatments hopefully focusing on the earlier stages of AD (e.g. at the mild cognitive impairment or the mild dementia stage), these challenges will be further exacerbated," stressed Georges.

The governments, he added, would need to invest in awareness campaigns, medical training of GPs and specialists, whilst also developing the specialist infrastructure necessary for people to receive a timely diagnosis and get access to new treatments.

Asked by EURACTIV if Europe would be ready to make use of aducanumab, a European Commission spokesperson replied that the executive is not in a position to comment on individual products while they are subject to a pending marketing authorisation application.

**AD DEVELOPS 20 YEARS BEFORE SYMPTOMS**

The European Federation of Pharmaceutical Industries and Associations (EFPIA) commented in an emailed response that health systems in most EU member states are not prepared for the introduction of disease-modifying medicines.

“Much more investment is required in diagnostic facilities and in treatment pathways and more trained staff will be required to diagnose, treat and monitor the progress of dementia patients,” EFPIA said, adding that special focus must be put on screening people for early cognitive impairment and dementia.

For the pharmaceutical industry, Europe should also invest significantly in raising awareness over the disease, which says is developing 20 years before symptoms.

“The public needs to be aware of this fact to identify symptoms as early as possible. Even healthcare professionals need training in order to identify AD at earlier stages.”

The pharma industry said strong leadership is needed to push AD as the next healthcare policy priority: “This should start at the European level and cascade down to national healthcare systems”.

The civil society and the industry call for the development of a European action plan similar to the Beating Cancer Plan to ensure that dementia becomes a priority in the EU4Health and Horizon Europe programmes.

Asked if the executive is considering pushing forward an EU-wide plan on AD, a European Commission spokesperson said the focus is on overall health promotion and disease prevention instead of having disease-specific strategies, combined with efforts to strengthen national health systems.

“The Commission is aware of the burden on health and well-being as a consequence of Alzheimer disease. It has adopted a comprehensive approach to address non-communicable diseases, including mental and neurological disorders,” the Commission spokesperson said.

Referring to the EU Pharmaceutical Strategy, the spokesperson said it recognises that “treatments for important diseases, for example, neurodegenerative diseases and paediatric cancers are still lacking”.

“This obviously includes Alzheimer disease. It is part of the strategy to reflect on a better pharmaceutical policy framework to stimulate innovation in areas of unmet needs.”

The official also said it was still premature to say if the EU4Health Work Programme 2022 would include AD explicitly, as there are ongoing discussions with member states.

“A positive opinion in the EU4Health programme committee is necessary for the adoption of the programme,” the EU official said, adding that the Commission is expected to adopt the work programme by the end of 2021.
More research, better diagnosis: what France can improve in the fight against Alzheimer

By Mathieu Pollet | Originally published on EURACTIV.fr

Although associations and scientists are pleased that France has taken up the issue of Alzheimer’s with several consecutive plans, they regret that the momentum has since been lost.

“We had a head start thanks to the 2008-2012 plan, which our European counterparts envied us. Today we are stagnating,” said Benoit Durand, deputy director of the France Alzheimer organisation.

Launched under the presidency of Nicolas Sarkozy, after the fight against the disease was declared a “great national cause” of year 2007, the plan put on the table €1.6 billion over 5 years, including €200 million for research with the creation of a foundation of scientific cooperation – now the Alzheimer’s Foundation.

There are more than 1.1 million people with Alzheimer’s disease or related disorders in France today – and that number could rise to 2,240,000 by 2050 according to Alzheimer Europe. [Shutterstock/Photographee.eu]

There are more than 1.1 million people with Alzheimer’s disease or related disorders in France today - and that number could rise to 2,240,000 by 2050 according to Alzheimer Europe. [Shutterstock/Photographee.eu]

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Another plan was released in 2014 and proposed to encompass all neurodegenerative diseases (NDD) – including Alzheimer’s, Parkinson’s or multiple sclerosis. Like the previous strategy, this plan proposed a comprehensive approach to the challenges posed by the disease.

The latest arrival, the 2021-2022 neurodegenerative disease roadmap, seeks to extend measures “for which incompletion or the need for ownership require continued efforts”. It also seeks to initiate the Aging and Autonomy reform, which has been postponed several times since 2019, and which should address the needs of people suffering from loss of autonomy.

MORE RESEARCH

“There is absolutely no funding to support research,” said Maï Panchal, scientific director at the Fondation Vaincre Alzheimer. “We are not lagging behind, but we are stagnating,” she told EURACTIV.

Panchal explained that calls for specific Alzheimer’s projects, namely those carried out by the French National Research Agency (ANR), have become rarer as national plans have followed one another.

“A researcher at INSERN [National Institute of Health and Medical Research], CNRS [National Center for Scientific Research], or in public laboratories, is paid by the state, but if there are no associations or foundations like us, they can’t do anything,” Panchal emphasised, pointing out that it is organisations like hers that “give money to buy the equipment, to pay for a thesis student, to pay for a young researcher to work on the subject”.

“Associations and foundations are the biggest funders of Alzheimer’s research,” Benoit Durand from France Alzheimer confirmed to EURACTIV.

“It is absolutely necessary to invest in research. Unfortunately, we feel that this is not the current priority,” Panchal noted.

Funding more research is becoming more crucial as Alzheimer’s disease is “a textbook case of scientific misjudgement,” according to Catherine Malaplate, a researcher specialising in the early stages of the disease and its diagnosis.

“For a very long time, we relied on a hypothesis – that the disease was due to the accumulation of amyloid plaques in the brain – which was wrong, with pharmaceutical companies focusing on a target that was not the right one,” she told EURACTIV.

“We still need to put more investment in basic research today to be perfectly sure that we are looking in the right place”, she added.

The hospital biologist also called for a rethink on how to approach Alzheimer’s research: “We may forget that this is a disease that affects older people and we tend to test drugs on young animals. From a young mouse to an elderly man, there are many differences,” she noted.

TREATMENTS AT A DEAD END

Although “diagnosis has made enormous progress” thanks to biomarkers in particular, investing more in research is essential, Mai Panchal said.

“One person in two is not diagnosed”, observed Benoit Durand. “We still have an under-diagnosis, which is not specific to France, because these are very complex diseases,” added Catherine Malaplate.

“Once a neuron has died, it is difficult to go back. Hence the interest of early diagnosis,” stressed the researcher, while treatments are at a “dead end”.

Until May 2018, four substances used in the treatment of the disease were still covered by social security: donepezil, memantine, rivastigmine and galantamine.

But after an official opinion from the French High Authority for Health (HAS) in 2016, which noted a lack of clinical relevance, the Ministry of Health decided not to reimburse these drugs anymore. The reinstatement of these drugs to the list of reimbursable products is “not planned”, the Ministry of Health told EURACTIV.

This decision was not well received by some associations. While Benoit Durand acknowledged the variable effectiveness among the four drugs concerned, he regretted that the government had “forgotten the effectiveness that there could be on certain related diseases, including Lewy body disease,” noting that “when it is delisted, the prices are no longer the same.”

Even in the absence of effective drug treatments, the earlier a patient is managed, the more caregivers can try to stabilise their condition, and their autonomy. “In the mild stage, there is a lot to be done. In the severe

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MISDIAGNOSIS

Today, if clinical examination is facilitated by science, diagnostic can still take some time, particularly at the early stage of the disease.

“General practitioners are definitely on the front line in the detection of the disease, but remain very reluctant to establish an early diagnosis,” explained the scientific director of the Alzheimer’s foundation, specifying that they “want to avoid errors, the stigmatisation of the patients by society and the appearance of depression at the announcement of the diagnosis”.

“It is not so much the fault of general practitioners. They are reluctant, of course, but above all they don’t have the time to learn about this disease,” she added.

Benoit Durand confirmed this “lack of information from general practitioners”. That’s why, in 2018, the organisation he heads, France Alzheimer, collaborated with the College of General Medicine to develop training on this subject, and make a guide available to doctors.

But that is not enough. “The problem is also the medical desertification and the lack of doctors or neurologists in some places” that can lead to periods between “a year and a year and a half” before obtaining a definitive diagnosis.
Germany urged to boost early testing to tackle Alzheimer’s disease

By Oliver Noyan | Originally published on EURACTIV.de

Germany has already launched numerous initiatives to combat Alzheimer’s disease but needs to catch up in early detection, which could become essential for future medical treatment, researchers and medical experts told EURACTIV.de.

According to a report by the German Alzheimer Society, around 1.6 million people in Germany are currently suffering from dementia, with around 300,000 new cases every year.

Due to changing demographics and a steadily ageing society, the number of people affected is expected to increase to between 2.4 and 2.8 million by 2050, the report says.

Until now, the German approach to dementia has mainly focused on treating the symptoms and enabling social and community participation for those affected.

A new drug that for the first time addresses the causes of Alzheimer’s disease – which accounts for about two-thirds of all dementia cases – could open up new possibilities for treatment, for which early detection, however, is still crucial.

THE CURRENT STATE OF THE FIGHT AGAINST ALZHEIMER’S DISEASE

Germany has launched a number of initiatives in recent years to prepare for the growing number of dementia patients.

Particularly with the National
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Dementia Strategy, which was adopted in July 2020, the German government hopes to sustainably improve the living situation of dementia patients and “create sustainable structures for the future,” a Health Ministry spokesperson told EURACTIV.

The strategy was developed in close cooperation with more than 70 stakeholders and is “nationwide in scope, anchored in partnership, binding in its goals and long-term in nature,” the spokesperson added.

In total, the strategy contains 27 goals and more than 160 measures to ensure the social participation of people with dementia, to support relatives and those affected and to further develop the medical and nursing care of people with dementia.

In addition, the Ministry of Health conducts annual monitoring to assess the implementation status and to make adjustments to the strategy.

Germany also performs well in terms of medical infrastructure and is “among Europe's frontrunners,” says Lutz Frölich, head of the Central Institute for Mental Health.

This is particularly evident from a comparison with other EU countries. According to a report by RAND, Germany currently has around 24 dementia specialists per 100,000 inhabitants, more than three times as many as France and 30% more than Italy.

But, as Frölich pointed out, more needs to be done especially when it comes to raising awareness.

“The national dementia strategy in Germany is mainly centred on the nursing care of dementia patients,” Frölich told EURACTIV, stressing that more emphasis should be placed in particular on “general information for the population regarding early diagnosis and the chances of therapy”.

EARLY DETECTION AND NEW TREATMENT

Early detection is particularly crucial to the treatment of Alzheimer’s disease.

“It is certainly the most important and hottest topic of all in clinical Alzheimer’s research,” Frölich told EURACTIV.

While in early detection, Germany relies on the use of psychological tests to determine the extent and type of cognitive impairment, completely new methods for diagnosing Alzheimer's have been developed particularly in the last ten years.

While ten years ago the definitive medical detection of Alzheimer's disease was only possible post mortem, so-called biomarker tests now make it possible to reliably detect the proteins responsible for Alzheimer's disease - so-called amyloid plaques - allowing a diagnosis even before the onset of memory impairment.

Yet in Germany these tests are currently only carried out in exceptional cases due to the high costs involved. “Early detection of Alzheimer’s dementia in the form of screening people without symptoms is not considered useful due to the still insufficient therapeutic prospects,” the Ministry of Health told EURACTIV.

This could change with new treatment methods allowing earlier detection than the psychological testing methods currently being used in Germany.

The medical options for treating Alzheimer’s have developed rapidly in recent years. While treatment in the past was primarily focused on combating the symptoms, a new immunisation therapy now for the first time makes it possible to combat the causes.

Although the new drug has not yet been approved in the EU, scientists are confident:

“Immunisation against amyloid actually does not look bad,” said Christian Haass, professor of biochemistry at the Biomedical Centre of the University of Munich. According to him, several studies have already demonstrated the degradation of amyloid through the formation of antibodies.

Until now, the biggest challenge has been convincing payers that biomarker diagnostics offer real added value.

With this new immunisation method, the situation is now “paradigmatically different,” said Frölich, as “proving the clinical relevance of biomarker diagnostics hinges on treatment options.”

However, this new treatment method also has a catch: in order to be fully effective, the treatment would have to start before symptoms

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of memory loss appear.

“At the moment, the big problem is that immunisation starts far too late. We know that the disease starts a good 20 years before the doctor detects memory symptoms, in which it already irreversibly damages the brain,” Haass told EURACTIV, stressing the “urgent need for reliable tests for early detection”.

CHALLENGES FOR INFRASTRUCTURE

If immunisation therapy for Alzheimer’s disease were to be approved in the EU, the medical care system would face enormous challenges, both with the biomarker diagnoses, which would have to start much more broadly and earlier, and the immunisation treatment itself.

Treatment and diagnosis are expensive, raising questions about who would bear the costs.

The immunisation treatment method is estimated to be around €48,000 per person. Meanwhile, the biomarker tests cost between €1,500 and €4,000, depending on the method. As testing has to be widely available to detect the disease before symptoms appear, this would amount to huge sums.

Furthermore, many neurologists lack the necessary skills to perform the lumbar puncture required for diagnosis via the biomarker tests, which decreases the capacity to make them widely available.

However, another medical innovation could remedy the situation, as biomarkers can now also be detected in the blood, which would not only make diagnosis much easier, but would also help to reduce costs.

Although Frölich said that blood tests still lack “the clinically broad investigations”, the tests could be used in particular for early screening.

“At the moment, not all diagnostics will be based on blood testing, but you can screen people in advance and only need to do the more complex diagnosis on about 20%,” Frölich explained.

New strategies must also be developed for the new immunisation therapy itself to ensure the care of Alzheimer’s patients, as affected patients would have to be supplied with intravenous infusions over several months. In addition, the course of the infusion must be monitored by means of MRI examinations and tested for side effects.

In order to help the German health system cope with the increased effort, new models of cooperation must be developed in which hospitals, dialysis centres, general practitioners and outpatient memory clinics work together in close cooperation.

“Then we would have a division of labour that would not overburden anyone, but would still have more patients passing through,” said Frölich.

Although this cooperation would require a great deal of communication, “one should not underestimate the innovative strength of the medical colleagues,” he said. “It’s not witchcraft”.

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Low public awareness and the fact that many patients consider dementia symptoms as signs of ageing are among the main obstacles of Alzheimer’s disease diagnoses in Czechia. The government has already adopted an action plan aiming for a change.

The number of patients diagnosed with Alzheimer’s disease is constantly rising in Czechia. According to the Czech Institute of Health Information and Statistics (IHIS), around 102,000 people with diagnosed dementia were living in the country in 2017, while 60% of them were officially diagnosed with Alzheimer disease.

Experts estimate that the number of people with dementia could be much higher – even 142,000– because there are still people with dementia who were not officially diagnosed with this disease. IHIS has found that 72% of cases are diagnosed. However, most cases are detected at a later stage when it is too late to offer patients effective treatment and slow down the progression of the disease.

Despite the alarming numbers, there is still a lack of data about Alzheimer disease in Czechia.

“We face a lack of information about the incidence, diagnostic processes and we do not know in which phase doctors detect the disease,” said Martina Mátlová, director of the Czech Alzheimer’s Society.

“We know nothing about regional
disparities, thus nothing about potential inequalities in healthcare access,” she told EURACTIV.cz.

CZECH SCIENTISTS HOPING FOR AVAILABLE BLOOD TESTS

However, the situation “is improving” when it comes to diagnosis, Mátlová said.

In 2017, the Czech Alzheimer Society joined an EU research project led by non-profit organisation Alzheimer Europe, which focuses on the diagnosis of dementia and experience of informal carers across five European countries: Czechia, Finland, Italy, the Netherlands and Scotland.

“Almost half of the Czech respondents said it would be better to make the diagnoses earlier,” Mátlová noted.

And what are the barriers to earlier diagnoses? According to carers, the main problem is the low awareness about dementia and the fact that many patients consider dementia symptoms as signs of ageing. Moreover, patients are often not willing to find help.

“We can learn from the UK, the Netherlands or Nordic states. Besides early diagnoses and enhancing public awareness, it is important to provide post-diagnostic support, which is currently insufficient,” said Mátlová.

Early diagnosis of the disease is vital for potential effective treatment. Czech scientists hope that tests that could detect the disease from blood samples could be available in Europe soon.

Until then, Czech scientists are trying to improve the diagnostic capacities of general practitioners and pharmacists.

Aleš Bartoš, head of Memory Clinic and Department of Cognitive Disorders at the National Institute of Mental Health, emphasised that Czechia is unique in how it engages pharmacies in Alzheimer’s diagnostic processes.

“A big advantage is the pharmacy environment,” said Bartoš adding that patients are simply used to go to pharmacies, and they feel more comfortable there than in doctor’s offices.

“Therefore, it is more likely that they will examine their memories there (in pharmacy),” Bartoš explained.

“Pharmacists are professionals who are used to communicate with seniors daily. That’s why patients feel more comfortable, and it is not so stressful for them,” Bartoš added.

ACTION PLAN WILL SUPPORT RESEARCH AND CARERS

In April 2021, the Czech government approved the National Action Plan for Alzheimer’s Disease and Related Illnesses.

According to the Czech Health Ministry, the plan was created in cooperation with the Labour and Social Affairs Ministry in response to the increasing prevalence of dementia.

The plan for the period 2020-2030 should also react to the need to actively support education and availability of early diagnosis and health and social support for people living with dementia and their carers.

“The main shortcoming is the low level of awareness in the general population, as well as the low availability of educational programmes focused on dementia for non-medical professions, but especially for informal carers,” the document reads.

The plan contains specific measures, such as establishing a permanent position of National Coordinator for Dementia.

It also includes pilot studies on risks factors, including the creation of a network of monitoring centres to gather data about risks faced by people living with dementia – for example, monitoring escapes from home.

New technologies like automatic reminders of medication use that could help people with dementia will also be supported.

A new online portal will be established together with a campaign to raise awareness about Alzheimer disease. The portal will serve as a source of information to various target groups, including general practitioners, social workers or carers.

The Czech health ministry told EURACTIV.cz that the implementation of the plan is expected to cost €25 million.

However, there is no dedicated budget associated with the plan. “Funding will initially be dealt with on a project basis,” the ministry said.
Early detection of Alzheimer’s a wish, not yet a reality in Slovenia

Anja Gorenc | originally published on sta.si

Early detection of Alzheimer’s disease is a stated objective of health policy in Slovenia, but it remains largely unattained. Serious financial outlays and systemic action will be required to successfully deploy an early detection system and treatment of the disease. EURACTIV’s partner Slovenian news agency (STA) reports.

Štefanija Lukič Zlobec, the head of the Alzheimer awareness association Spominčica, estimates there are 33,000-34,000 dementia patients in Slovenia, whereby three quarters of those with early signs of the disease are undiagnosed and do not receive proper support or treatment. [Shutterstock/Ocskay Mark]

Figures on how many people have Alzheimer’s, responsible for 60% of all dementia cases, are hard to come by. A dementia registry planned in the national dementia management strategy does not exist yet, which leaves experts with guestimates at best.

Those diagnosed typically have such advanced dementia that it is no longer possible to mitigate symptoms with anti-dementia drugs.

“Because the symptoms are so mild at the beginning and individuals do not see a doctor, most diagnoses come at a more advanced stage of the disease, when they already have

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serious problems and soon become dependent on others,” she says.

**SLOW PROGRESS**

There has been some headway in recent years. Dr Martin Rakuša, a neurologist at the University Medical Centre Maribor who works with dementia patients, says that “we have overcome the nihilism that grandma has dementia and there is nothing we can do about it.”

“If we can give a 75-year-old five years of relatively cognitively useful life, we have done a lot. Such a person can function normally in the home environment,” he says.

An awareness-raising campaign by Spominčica in 2017-2018 resulted in a slight increase in the number of people getting treatment. Alas, its effect has already waned, according to Rakuša.

**LACK OF STAFF, EXPENSIVE DIAGNOSTICS**

But even if there is sufficient awareness among the population about the need to see a doctor at the first sign of dementia, little will be achieved unless there are enough doctors to treat them.

“If they have to wait for treatment for too long, it’s of no use as everyone knows they have to see a doctor as soon as memory problems appear,” says Rakuša.

There are only 150 neurologists in Slovenia and about twice as many psychiatrists, but very few clinical psychologists treat and diagnose Alzheimer’s disease and dementia.

Since 2018 GPs can treat dementia with anti-dementia drugs without a prior diagnosis by specialist neurologists or psychiatrists, but in their role as the gateway to secondary healthcare, they are chronically overstretched.

The situation is likely to improve with the emerging new network of mental health centres for adults and specialist departments at the secondary level in accordance with the National Mental Health Resolution 2018-2028, but this is still a work in progress.

Diagnostics have been improving fast, according to Rakuša. In both primary and secondary care, doctors diagnose Alzheimer’s either with lab analyses of cerebrospinal fluid or with MR and CT scans of the brain.

Scanning is less invasive, but it is significantly more expensive: a single CT scan costs €2,000, a cerebrospinal fluid analysis costs just a few hundred euros.

“The question is who will pay. About 50,000 people have moderate or subjective cognitive disorders, examining everyone would cost €2,000 apiece,” Rakuša says.

Biomarkers in the blood are a significant recent advancement in Alzheimer’s diagnostics and hold great promise as a screening technique. In future, GPs could prescribe exams for specific biomarkers, which would show whether a person has a greater risk of developing Alzheimer’s.

Alas, biomarker tests are not conducted in Slovenia yet. According to Rakuša, they are expensive, at about €1,000 per test, and were such a screening programme to be introduced; special laboratories would also be needed, costing hundreds of times as much.

**EMERGING DRUGS HIGHLIGHT NEED FOR FASTER DIAGNOSTICS**

At present, a cerebrospinal fluid analysis can take months because to save money, samples are analysed in batches rather than individually. Once a diagnosis is made, treatment can start immediately with existing anti-dementia drugs.

“But once a biopharmaceutical is available, if we indeed get it next year, waiting for months for the results of a cerebrospinal liquid test will not be acceptable,” Rakuša says.

A new anti-dementia drug called Aducanumab, the first drug that not only treats symptoms but targets the underlying causes of Alzheimer’s has already received accelerated approval by the US Food and Drug Administration. The European Medicines Agency has not reached a decision yet.

But to ensure sufficient capacity for early diagnosing of Alzheimer’s, in terms of staff and diagnostics, requires serious financial injections and systemic action, according to Rakuša.

“If you compare the overall cost of care for a single dementia patient with the price of diagnostics, diagnostics is cheap,” he says, pointing to financial savings and the benefits to families of people functioning generally in the home environment instead of being committed to an institution.

Similarly, Lukič Zlobec says that each person with advanced dementia required three to four caregivers,
typically family members.

“Dementia is the most expensive disease in the world. It is long-lasting, families are exhausted, and there are no effective drugs as yet. It is important for the country to adopt a strategy in which it will determine how we are going to address these things.”

**STRATEGY COMING UP**

The Health Ministry says a dementia strategy covering the period until 2030 will be finalised by December. It will come with two-year action plans and estimates of financial needs.

One of the strategy’s goals will be to set up a national dementia registry, which is crucial since good data is needed to plan and implement health policy.

But as Rakuša points out that before the registry is set up, it is necessary to tackle staffing issues and diagnostics, or the registry itself will be in vain.

The need for good data and targeted policies is highlighted by growing outlays. The national health insurer issued prescriptions for dementia-related drugs and services worth €4.4 million last year, and it paid hospitals almost €680,000 for the treatment of 102 dementia patients.

Alas, these are just the direct costs. The overall costs are just rough estimates, but they are all an order of magnitude higher. A 2010 study by researchers led by Jure Bon estimated the total direct and indirect costs of all brain diseases, not just dementia, at almost €2.5 billion.

**DEMENTIA AND COVID**

The COVID-19 pandemic has made the situation even worse, warns Lukič Zlobec. For many, the condition deteriorated due to social isolation. But beyond that, it is becoming increasingly clear that COVID-19 itself affects the brain.

Rakuša notes that cognitive decline is typical in patients with severe COVID-19, but similar effects can be observed with any severe viral infection. It is not clear, however, why patients who have had COVID-19 report “brain fog”.

So far, SARS-CoV-2 has not been isolated in the cerebrospinal fluid, which means it does not act as a neurotoxin. Yet the cytokine storm, a frequent condition in severe covid cases, damages veins, including those in the brain.

Images of such patients’ brains show characteristic changes: reduced metabolism in the frontal lobe, says Rakuša. Luckily, most patients recover entirely, but a certain percentage of patients will have permanent brain damage.
Italy delays €15 million ‘dementia fund’ while disease costs billions

By Daniele Lettig | Originally published on EURACTIV.it

Italy invests as little as it can in dementia even though the disease costs billions to its economy, experts told EURACTIV Italy.

Italy’s national plan to tackle dementia was approved in 2014 but no funding had been secured until late 2020, when the Italian parliament approved the so-called ‘Dementia Fund’, setting aside €15 million for three years (2021-23).

According to Vanacore, the Scientific Director of the ISS Dementia Observatory, the decree of the Italian health ministry on the distribution criteria will be hopefully approved in the coming days, six years after the publication of the National Plan for the Management of Dementia (PND).

“These delays are inexplicable: even 2021 is about to end without funding,” said Vanacore.

He said the ‘Dementia Fund’ represents the most significant public health operation ever approved in Italy, however, he stressed that the funding is meager, especially if we consider “that the direct and indirect costs of dementia in Italy are estimated at €12 billion annually”.

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However, Vanacore noted that a similar fund for autism at the beginning was also financed with €15 million, which then became €40 million yearly.

According to the most recent data of the NGO Alzheimer Europe, in Italy, the number of people affected by forms of dementia in 2018 totalled 1,28 million.

The assessment, diagnosis and treatment of these pathologies is entrusted to 579 Centers for Cognitive Disorders and Dementias (CDCD). But their allocation differs significantly according to the regions, which in Italy have the power to manage the organisation of the health system at the local level.

Patrizia Spadin, president of AIMA, the first NGO in Italy to deal with dementia, told EURACTIV Italy, that Italy “makes a bit of money available, and invests as little as it can” on dementia care.

The CDCDs, she added, “was born thanks to the goodwill of hospitals or local clinics, and for this reason too, they are poorly distributed. There has never been a structured commitment from the government to invest in personnel, equipment and the creation of a network”.

In fact, the 2014 National Plan for the Management of Dementia (PND) has so far been accepted by only 15 out of 20 Italian regions.

Yet in theory, the plan should be updated every three years, but only now a new version is being worked on, Vanacore said.

**THE NEW DRUG**

The updated version will include the results of the studies on the new drug Aduhelm (aducanumab), which, Vanacore recalled, has been approved on a conditional basis: by 2029, the manufacturer Biogen will have to conduct a new study that documents the clinical efficacy of the drug.

“Knowing that this will probably not be the definitive solution, the approval of aducanumab was a great event”, according to Patrizia Spadin, president of AIMA, the first NGO in Italy working in the area of dementia care.

“This result will give strength to all the research, because it is the first novelty in 20 years” for the treatment of Alzheimer’s, Spadin told EURACTIV.

“The fact that there is still no evidence of clinical benefit”, that is, the removal from patients’ brains of amyloid plaques believed to be one of the most likely causes of Alzheimer’s-induced cognitive degeneration, “has sparked much criticism in medical journals, even if many cancer drugs have been approved with the same procedure”, Vanacore said.

“There are also safety problems because an important number of patients undergoing this treatment had small cerebral haemorrhages,” he added.

Another aspect to consider, according to Vanacore, is the fragility of the diagnostic category of ‘mild cognitive impairment’ (MCI), the condition of the patients on which aducanumab focuses.

The registration studies of the drug, in fact, involve 80% of patients diagnosed with MCI and 20% of patients with mild dementia.

MCI is a clinical condition characterised by a slight difficulty in one or more cognitive domains (for example, memory, attention or language): those affected face difficulties in delivering complex tasks that before they always performed without difficulty, such as managing their financial affairs. But day-to-day activities are not compromised.

“Current diagnostic criteria are unable to intercept a person with a very early stage of dementia”, Vanacore said.

“Therefore in 1999 it was introduced the category of MCI, which is considered the irreversible beginning of a process that will lead to dementia. In the scientific literature on this issue, however, cases of patients returning to normal are frequent: for example, because they received a diagnosis of MCI when their mood was influenced by the loss of a loved one”.

For this reason, the clinical studies on aducanumab “also include not only people with MCI”. For Vanacore, “it takes a great deal of expertise to make a diagnosis of MCI, and consequently the decision to use the new drug “will have to be evaluated with great attention”.

**AN ITALIAN STUDY**

In Italy, there are about 900,000 patients with MCI. Given these uncertainties relating to
aducanumab – explained Vanacore – “a unique research” is underway. It aims to identify the audience of patients “in whom the probability that MCI will convert into overt dementia is higher”, to whom the national health system will reimburse the treatment with the new drug.

The project, called ‘Interceptor’, plans to evaluate 400 people with MCI to “a biomarker assessment”, that is, neuropsychological tests and instrumental examinations, and then assess their clinical evolution over time. In those who convert to a state of dementia, the study will try to identify, through statistical models, which are the predictive biomarkers of this evolution.

The identified combination of biomarkers, Vanacore said, “will be included in the determination of the Italian Medicines Agency” (AIFA) on the reimbursement of aducanumab and other new drugs that will be authorised for marketing. In other words, the cost of treatment with the new drug will be reimbursed only to patients with values in line with the combination of biomarkers identified by the study.

“The results”, added Vanacore, “will arrive not before than the second half of 2023, while it is likely that aducanumab could be commercialised as early as next year. AIFA will therefore have to manage a transition phase”.

**THE DIAGNOSIS ISSUE**

Once approved in Italy, aducanumab “will be usable only by a small percentage of patients with Alzheimer, especially in an initial phase of the disease”, explained to EURACTIV Mario Possenti, general secretary of the NGO Federation Alzheimer Italy, part of Alzheimer Europe.

“This raises the issue of diagnosis, which must be more than certain. In Italy, as in other countries, one of the problems is having it at a fairly early stage”, he said.

According to Possenti, the reasons are “the social stigma that still persists towards the disease and the waiting times in CDCDs”. On average, it takes 1.6 years to get a diagnosis of dementia in Italy.
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