France

Research conducted in 01/10/2025

France maintains a prominent role in global Alzheimer's research and features a dense national network of approximately 400 specialised memory clinics. In 2018, the state delisted the main symptomatic Alzheimer's medications from public reimbursement, judging their medical benefit to be insufficient. While the government promised to reinvest the estimated €90 million in annual savings into non-pharmacological support systems, France Alzheimer reported that this reallocation never materialised. Following the disappointing evaluation of previous frameworks, the government recently launched the National Strategy for Neurodegenerative Diseases 2025–2030. This new strategy aims to finally overhaul home care and improve caregiver compensation.

Highlights

Health system **Universal, Social Insurance (Mixed Provision)**
ADI member association(s): **France Alzheimer et maladies apparentées**
National dementia plan: **National Strategy for Neurodegenerative Diseases 2025 - 2030**
Dementia plan funding: **Funded plan**
Dementia prevalence rate: **1393**
Dementia incidence rate: **246**
Population: **66727177**
Median age: **42**
Health expenditure (% of GDP): **12**

Diagnosis

In France, Alzheimer's disease assessment begins with a GP and cognitive screening, followed by referral to a specialist or Memory Clinic for multidisciplinary evaluation with MRI and, if needed, CSF or amyloid-PET testing. GPs use MMSE, MoCA, and other brief tests, while mobile geriatric teams support older adults. However, access is uneven, with specialist waits of five to nine months in underserved areas, leading to long diagnostic delays. Imaging and advanced biomarkers are limited, genetic testing is highly targeted to rare cases, and public insurance covers most costs, though private assessments require out-of-pocket payment.

Diagnosis pathway

In France, suspected Alzheimer's disease is first assessed by a GP through an initial consultation and cognitive screening, with subsequent referral to a specialist neurologist or a hospital-based Memory Clinic. Diagnosis is then managed by a multidisciplinary team, combining comprehensive neuropsychological assessment with MRI to detect hippocampal changes and rule out alternative pathologies. For non-typical or uncertain cases, additional biomarkers, such as cerebrospinal fluid testing or amyloid PET imaging, may be used.

The Alzheimer's disease diagnosis pathway begins with a general practitioner (GP), who conducts an initial interview and cognitive screening after a person or their family, reports persistent symptoms. If cognitive disorders are suspected, the GP refers the person to a specialised, hospital-based Memory Clinic or a private neurologist. At the Memory Clinic, a multidisciplinary team usually led by a neurologist or geriatrician performs a comprehensive evaluation. This includes in-depth neuropsychological testing to assess multiple cognitive domains. A brain magnetic resonance imaging (MRI) is systematically used to identify hippocampal atrophy and to exclude other pathologies like tumours or vascular damage. For atypical or complex cases, advanced biomarker tests are employed, such as a lumbar puncture to analyse cerebrospinal fluid (CSF) for amyloid and tau proteins, or a positron emission tomography (PET) scan to directly visualise amyloid plaques in the brain. In 2025, a multidisciplinary group led by the French Society of Geriatrics and Gerontology and the Federation of Memory Centres has published a roadmap for diagnosing and referring patients, reflecting recent advances.

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Wait times

Status: Long wait time

Despite generally fast access to GPs nationwide, dementia care in France is often slowed by limited specialist availability. Nearly 30% of the population lives in areas with doctor shortages, where neurology appointments can take five to nine months, and rural patients frequently need to travel to neighboring cities for care. These bottlenecks lead to long diagnostic timelines, as only about one-third of patients receive a diagnosis within six months, while many wait nine months or longer. This places France among the countries with the longest delays in dementia diagnosis.

Access to a GP has a median wait of 3 days across the country, while specialist visits are even more constrained. It is important to note that 30% of the French population lives in a geographical area in which it is very difficult to receive treatment from a healthcare professional due to the lack of doctors nearby. As a result, waiting times for GP and specialist appointments in these areas can be long. For example, the neurology department at the Pitié-Salpêtrière hospital in Paris quotes an average waiting time of 5 to 9 months for a non-urgent first appointment. In rural regions, access is further constrained and often requires travel to other cities. As for neuroimaging, the most recent comprehensive data from 2017 reported an average wait of 28 days for an urgent MRI scan.

One study showed that 35% of people are diagnosed within 6 months from first symptoms of Alzheimer's disease, while 39% diagnoses take more than 9 months. A systematic review of dementia diagnosis times across various countries found that France had a significant proportion of people experiencing delays exceeding 6 months in receiving a dementia diagnosis. This delay is among the highest reported.

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Diagnosis cost

Status: Mostly or fully covered
French public health insurance largely covers dementia care for patients with ALD status, reimbursing GP and specialist visits and related care. GP consultations are covered at 70%, with the remainder often paid by private insurance. Private neuropsychological assessments are not reimbursed, costing €200–800. Patients also pay a small €2 co-payment per visit or test, capped at €50 annually.

The state's public health insurance covers the majority of direct medical costs once a person is granted Affection de Longue Durée (ALD) status, which provides 100% reimbursement of official state-set tariffs for all related care. A GP visit is covered at 70% of the standard consultation fee by Sécurité Sociale (as of 2024, approximately €25 per visit). The remaining 30% is often covered by supplemental private insurance (mutuelle). The referral for a specialist assessment also ensures reimbursement by the national health insurance. Neuropsychological assessments conducted in a private practice setting are not reimbursed, requiring patients to pay out-of-pocket costs that can range from 200 to 800 euros.

Even with 100% coverage under the ALD scheme, patients face several out-of-pocket charges. A mandatory €2 fixed co-payment is applied to every doctor's visit and diagnostic test, with an annual cap of €50 per person.

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Cognitive tests

Status: Available
GPs use a range of validated cognitive screening tools. The Mini-Mental State Examination (MMSE) and Montreal Cognitive Assessment (MoCA) are the most common, but others include the 5-word recall test, Memory Impairment Screen (MIS), Cognitive Complaint Questionnaire (CCQ), and AD8.

Currently, there is no routine screening tool for diagnosing Alzheimer's disease before symptoms appear. Some hospitals have mobile geriatric teams that perform home-based cognitive assessments at the request of a healthcare professional, particularly for individuals aged 70 and above. These teams assess frailty and memory disorders, collaborate closely with geriatricians, and guide people toward appropriate resources such as memory consultations or day hospitals.

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Imaging tests

Based on a 2020 report from the French Directorate for Research, Studies, Evaluation and Statistics (DREES), the distribution of standard and advanced imaging equipment varies significantly across the country. The national average for computed tomography (CT) scanners is 3.1 per 200,000 inhabitants, but this density ranges from as low as 0.7 in Mayotte to as high as 5.2 in Hautes-Pyrénées. Similarly, the national average for MRI machines is 2.5 per 200,000 inhabitants, with the availability varying from 0.7 in Mayotte to 4.4 in Paris. While CT and MRI scans are routinely used, PET is strictly regulated by the High Authority of Health and reserved for complex diagnostic situations.

In 2020, there were a total of 143 PET scanners recorded across public, private non-profit, and private for-profit establishments (124 in the former, 19 in the latter). However, unlike for CT and MRI, detailed data on the per-capita distribution of PET scanners by department is not available. The most advanced hybrid TEP-IRM (PET-MRI) machines are much rarer. As of 2021, there were only six such machines in the entire country, located in major university hospital centres in cities including Paris, Lyon, Nantes, and Strasbourg.

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Genetic tests

In France, genetic testing for Alzheimer's disease is highly targeted and reserved for suspected cases of autosomal dominant Alzheimer's disease (ADAD). People meeting the clinical criteria are referred from university hospitals across the country to the Centre National de Référence pour les Malades Alzheimer Jeunes (CNR-MAJ). Apolipoprotein E (APOE) genotyping is not used as a diagnostic test in routine clinical practice in France.

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Biomarker tests

Status: Used in specific cases

The analysis of CSF, obtained via a lumbar puncture, is the established clinical standard in France for confirming the underlying pathology of Alzheimer's disease in complex cases. National guidelines position CSF analysis as the first-line biomarker test; a reimbursed Amyloid-PET scan is only considered if a lumbar puncture is contraindicated, unfeasible, or has provided inconclusive results.

Blood-based biomarkers are a promising area of research but are not yet integrated into routine clinical practice or reimbursed by the state. While some commercial blood tests are available, people must pay for them privately at a cost of approximately 150 euros.

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Treatment & care

France provides a comprehensive dementia care system combining specialised facilities, subsidised therapies, and extensive caregiver support. Around 400 memory clinics, regional CMRR centers, seven Centres of Excellence, and the CNR-MAJ provide expert diagnosis, research, and treatment, complemented by day centers, home-based Alzheimer's Specialised Teams, and palliative networks. While most therapies are covered under ALD and dependency-based APA funding, patients pay for Alzheimer's disease medications out-of-pocket. Caregivers receive allowances, tax relief, respite funding, and local support through 142 local platforms and NGOs like France Alzheimer, offering training and counseling.

Specialized facilities and services

France has around 400 hospital-based memory clinics, supported by private specialists and higher-tier regional CMRR centers for complex or early-onset cases. Additionally, seven Centres of Excellence in Neurodegeneration and the national reference center for young Alzheimer's patients (CNR-MAJ) provide specialized care and research. Day care centers, home-based Alzheimer's Specialised Teams (ESA), and a coordinated palliative care network ensure therapeutic support, respite for caregivers, and dignified end-of-life care across hospital, home, and nursing home settings.

France has a dense network of approximately 400 specialised memory clinics, located within hospitals throughout all French territories, supplemented by authorised private specialists. For the most complex cases, such as young-onset or rare dementias, a higher tier of expertise exists in regional Memory, Resource and Research Centres (CMRR), which are often based in university hospitals and also coordinate research and training. France officially has seven Centres of Excellence in Neurodegeneration (Lille, Paris, Montpellier, Bordeaux, Grenoble, Marseille, and Toulouse), all part of the international CoEN network. France also established a national reference centre for young people living with Alzheimer's disease (CNR-MAJ), defined as those under 60 years of age. It is composed of three specialized memory centres (Lille-Bailleul, Rouen, and Paris-Salpêtrière), each assigned specific missions. The reference Centre for Rare or Early-Onset Dementias is located at the Memory and Alzheimer's disease Institute at the Pitié-Salpêtrière Hospital (Paris).

Day care centres are available, operating either as standalone facilities or within larger nursing homes (EHPADs). These centres provide therapeutic activities for people living with dementia while offering essential respite for carers. This is complemented by specialised home-based services, most notably the Alzheimer's Specialised Teams (ESA), which deliver cognitive rehabilitation directly in the person's home upon a doctor's prescription. However, there are shortcomings in the training of professionals when it comes to the specific characteristics of Alzheimer's disease and other forms of dementia.

Palliative care is a legal right in France, although not yet accessible to everyone, and is delivered through a coordinated, multi-setting network. This care is frequently provided within nursing homes, which are increasingly developing a "palliative culture" and often collaborate with mobile palliative care teams for specialist support. For the most clinically complex situations, dedicated hospital-based Palliative Care Units (USP) or Identified Palliative

Care Beds (LISP) are available. Palliative Care Networks also exist to coordinate services for people who wish to remain at home.

Approved medication

Generic Name
Donepezil;Official National Product Information; https://www.hma.eu/fileadmin/dateien/Human_Medicines/CMD_h_/Pharmacovigilance_Legislation/RMPs/HaRP_ARs/Donepezil_2019_06_

Generic Name
Rivastigmine;Official National Product Information; https://www.ema.europa.eu/en/medicines/human/EPAR/exelon
Galantamine;Official National Product Information; https://ec.europa.eu/health/documents/community-register/html/ho17801.htm

Generic Name
Memantine;Official National Product Information; https://www.ema.europa.eu/en/medicines/human/EPAR/ebixa
Lecanemab;Official National Product Information; https://www.ema.europa.eu/en/medicines/human/EPAR/leqembi

Generic Name
Donanemab;Official National Product Information; https://www.ema.europa.eu/en/medicines/human/EPAR/kisunla

*Namzaric = combination of Donepezil and Memantine

** MHRA: Medicines and Healthcare products Regulatory Agency - UK medicines regulator;

SPC: Summary of Product Characteristics - detailed product information

Treatment cost

In France, prescribed Alzheimer’s disease medications must be paid fully out-of-pocket, while medically prescribed therapies like physiotherapy, speech therapy, and cognitive rehabilitation are largely covered under the ALD scheme, with small co-payments. Home care and nursing home costs depend on dependency level (GIR scale) and income, with the Personalised Autonomy Allowance (APA) offsetting some expenses. Low-income patients may receive full coverage, whereas higher-income individuals can face co-payments up to 90%, with families covering any costs above the aid limit.

The French government’s health insurance does not cover the four main medications prescribed specifically for Alzheimer’s disease symptoms. People must pay the full price for these drugs out-of-pocket. The cost has increased significantly since medications have left the price regulation system. This fosters a two-tiered system and even more pronounced inequalities between those who can afford the treatment and those who cannot, even though their specialist prescribes it.

Therapies that are medically prescribed by a doctor are generally well-covered. When Alzheimer’s disease is recognized as a Long-Term Illness (Affection de Longue Durée, ALD), the government's health insurance covers 100% of the official tariff for therapies like: speech and language therapy, physiotherapy, and cognitive stimulation and rehabilitation. However, even with 100% coverage from the government, several co-payments remain the person's responsibility. If a therapist charges more than the official government rate, the person is responsible for paying the difference. A deductible of €1 is applied to each paramedical act (like a physiotherapy session), capped at €50 per year (this cap is for all franchises combined, including medication).

The out-of-pocket cost for professional home care or a nursing home in France is directly linked to the patient's level of dependency, assessed using the Equivalent Resource Group (Groupe Iso-Ressources, GIR) scale. A higher level of dependency (corresponding to a lower GIR number) leads to higher care costs but also entitles the individual to greater financial support. However, access to this support depends on age. For individuals aged 60 and over, the main form of assistance is the Allocation personnalisée d'autonomie (APA). By contrast, people diagnosed with conditions such as Alzheimer's disease before the age of 60 are classified as disabled adults and may receive the Prestation de compensation du handicap (PCH).

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Caregiver support

France offers multiple forms of caregiver support for those assisting people with dementia. Paid leave is partially compensated through the Daily Allowance for Caregivers or the Disability Compensation Benefit, while end-of-life care leave provides €64.41/day. Tax deductions and the "right to respite" fund offer additional relief. Non-financial support is delivered via 142 local Support and Respite Platforms and NGOs like France Alzheimer, providing training, counseling, and respite services to reduce isolation and support caregivers.

The Daily Allowance for Caregivers (AJPA) compensates individuals who take official caregiver's leave (Congé de Proche Aidant) from their job. As of 2025, this allowance is set at €65.80 per day and is limited to a total of 66 days for the duration of care for one person. Carers can also be formally paid for their work through two distinct pathways. First, they can become a salaried employee of the person they care for, using funds from the person's Personalized Autonomy Allowance (APA).50 However, this option is not available to the spouse, civil partner, or cohabiting partner of the person living with dementia. Second, under the Disability Compensation Benefit (Prestation de Compensation du Handicap, PCH) scheme, a carer can receive a direct financial compensation of €7.16 per hour if they have reduced their professional activity, and is available to any family care partner, including a spouse. However, caregivers face many barriers to access support and allowances when needed.

Daily Allowance for Supporting a Person at the End of Life is a separate allowance for those who take Family Solidarity Leave to care for a person at the end of life. The allowance is €64.41 per day for a maximum of 21 days.

Indirect financial relief is available through the tax system. If a carer provides direct financial support to a parent in need, these payments can be deducted from the carer's taxable income as a pension alimentaire. When the parent lives in the carer's home, a lump sum of €4,039 can be deducted (in 2024) without needing to provide detailed justification of expenses. Additionally, the "right to respite" for indispensable carers of APA beneficiaries can provide up to €573.77 per year. This fund is added to the person's APA plan specifically to finance respite solutions, such as temporary accommodation, that give the carer a break. However, the conditions for accessing this "right" are such that very few caregivers actually have access to it.

When it comes to non-financial aid, Support and Respite Platforms are a single, accessible point of contact for carers of people living with neurodegenerative diseases or other conditions causing a loss of autonomy. Support and respite platforms provide carers and care recipients with information, advice, emotional and practical support, training, and guidance to access services, while also offering respite opportunities and activities that help maintain social connections and reduce isolation. They work locally, in coordination with departmental services, to address both the individual needs of carers and the carer–care recipient pair. This network is geographically extensive. The official national public service directory lists 142 such platforms across the entire country.

The non-governmental sector, led by organisations like France Alzheimer et maladies apparentées also provides crucial non-financial support to carers through free services such as specialized training, psychologist-led peer support groups, and various forms of respite care.

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Policy

France's Alzheimer and neurodegenerative disease strategies have focused on early diagnosis, access to specialised memory clinics (CMRRs), integrated hospital and community care, and support for patients and caregivers through respite, day centers, home services, and psychological assistance. Public awareness, professional training, and research networks have been key priorities. The upcoming 2025–2030 strategy aims to address medical, social, and research challenges. Despite this, cultural stigma, negative media portrayals, restrictive driving rules, limited legal protection, and financial barriers continue to leave patients vulnerable, highlighting ongoing policy and societal gaps.

National dementia plan

France's Alzheimer's and neurodegenerative disease strategies have focused on early diagnosis, expanded access to specialised memory clinics (CMRRs), and better coordination between hospitals, community services, and home care. The Plan Alzheimer 2008–2012 prioritized patient and caregiver support through respite, day centers, home care, and psychological assistance. The later Neurodegenerative Disease Plan (2014–2019) broadened this approach, emphasising professional training, public awareness campaigns, enhanced patient registries, and faster translation of research into clinical practice across Alzheimer's and other neurodegenerative diseases.

The French Stratégie Nationale Maladies Neurodégénératives 2025-2030 is a comprehensive public health plan designed to address the widespread impact of conditions like Alzheimer's disease, Parkinson's disease, and ALS.7, The strategy is structured around six main axes comprising 37 distinct measures:

1. Change Public Perception: Launch national campaigns to inform the public, combat the stigma associated with these diseases, and preserve patient dignity.
2. Prevent and Detect Earlier: Focus on risk prevention and facilitate early diagnosis for better long-term management and care planning.
3. Improve Support for Patients and Caregivers (Aidants): Adapt professional practices, provide greater social and practical support for family caregivers, and integrate stronger ethical considerations into daily care.
4. Transform Home Care: Consolidate and modernise support systems that allow patients to remain safely and comfortably in their own homes for as long as possible.
5. Modernise Care Facilities: Respond to complex medical needs by transforming nursing homes (EHPADs) and expanding specialized environments, such as Adapted Care and Activity Poles (PASA).
6. Support Research and Innovation: Invest in biomedical research, epidemiological surveillance, and therapeutic innovations (including initiatives like the Brain&Mind Biocluster).

This strategy is actively funded, with its financing integrated into broader national and regional healthcare budgets rather than a single, separate fund. Resources from the Social Security Financing Bill, Regional Health Agencies, and national health objectives are allocated toward concrete facility upgrades, home care improvements, and the healthcare “autonomy” branch. Additionally, specific state budget lines are dedicated to supporting vital biomedical research, epidemiological surveillance, and therapeutic innovation. The new strategy was developed in response to the unsatisfactory evaluation of the previous plan and a prolonged period of inaction, including unfulfilled commitments such as the unfunded 2021–2022 national roadmap for neurodegenerative diseases. After the 2022 elections, the Minister of Health reaffirmed the government's commitment to addressing this major public health issue — now the leading cause of loss of autonomy in France — and tasked stakeholders with developing a new National Strategy. Initially expected in January 2024, the 2025–2030 strategy was ultimately launched in September 2025, due to the political context.

The previous French Neurodegenerative Disease Plan 2014-2019 included multiple neurodegenerative diseases, such as Alzheimer's disease and related diseases such as Lewy Body dementia, Parkinson's disease. Its overarching goal was to improve integrated care across hospitals, memory clinics, and community services, emphasising early diagnosis and multidisciplinary management. Support for people living with dementia and families remained central, with measures to expand social and psychological assistance, respite care, and carer training. The plan also sought to strengthen research networks covering multiple neurodegenerative diseases and to promote translational research for faster clinical application. Enhancing information systems and person registries was another key objective, to improve monitoring, data collection, and policy planning. Public awareness campaigns and prevention strategies were included to inform society about neurodegenerative diseases and encourage proactive health measures.

The last Alzheimer's disease-specific strategy was the Plan Alzheimer 2008–2012. Its primary goal was to improve the care and support provided to people living with Alzheimer's disease and their families, while also promoting research and public awareness. The plan aimed to enhance early diagnosis, including detection of young-onset cases, and to expand specialized memory clinics (CMRRs) to ensure access to expert care. Supporting people living with dementia and carers was another major priority, through the development of respite care, day centres, home support, and psychological assistance for families. In parallel, the plan sought to promote biomedical and clinical research on Alzheimer's disease and to create dedicated research networks. Professional training for healthcare and social care workers was emphasized, alongside public campaigns to raise awareness and reduce stigma associated with Alzheimer's disease. Subsequent plans have bundled Alzheimer's disease within larger frameworks.

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Upcoming plans

Since the current plan was released in late 2025, no additional strategies are currently in development.

Policy gaps

Legal barriers

France faces ongoing legal and economic barriers for people living with Alzheimer's disease. A recent driving license decree initially proposed an automatic ban following diagnosis or early cognitive impairment, triggering strong opposition from advocacy groups who called for individualized medical evaluations. Economically, access to loan insurance remains difficult, given that people with Alzheimer's disease often face refusals or very high premiums despite protective frameworks. At the same time, few affected individuals are placed under legal protection, leaving many vulnerable to financial exploitation or poor decision-making without formal legal oversight.

A recent decree concerning driving licenses initially imposed a ban on individuals living with neuro-evolutionary pathologies, including Alzheimer's disease, from driving upon diagnosis or even at the appearance of cognitive impairments (i.e., from the onset of stage 3 of the Reisberg scale, which corresponds to the stage of mild cognitive impairment). The decree stated that incompatibility with driving is definitive once a diagnosis is made. This policy led to significant outcry and denunciation from France Alzheimer and other advocacy groups, who emphasised the need for individualised assessments of driving fitness rather than an automatic ban based on diagnosis. Faced with this strong opposition by the French Federation of memory centres, the Road Safety Authority appeared to soften its stance, suggesting that the decree involved different levels of assessment and that a treating physician could request a specialist opinion, implying a move towards a more individualised approach.

In the economic sphere, accessing financial products like loan insurance remains a major hurdle. The AERAS convention is designed to facilitate this access for people with "aggravated health risks" but its multi-tiered review process often results in denials or prohibitively expensive premiums for a progressive condition like Alzheimer's disease, leading to effective economic exclusion despite the policy's intent. The French National Alzheimer's Database (BNA) reveals that the elderly with neurocognitive disorders are seldom subject to legal protection. This low prevalence points to a significant protection gap, where many individuals who might be vulnerable to exploitation or poor decision-making are not well and enough covered by these legal safeguards.

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Cultural barriers

A 2010 survey highlighted that Alzheimer's disease remains highly stigmatised in France, causing shame, fear, and lowered self-esteem. Healthcare professionals reported greater stigma than older adults themselves, suggesting clinical settings may unintentionally amplify it. Negative media and cultural portrayals further reinforce misconceptions, neglecting the abilities of people in mild-to-moderate stages. Organisations like France Alzheimer have launched awareness campaigns to challenge stereotypes and promote a more realistic, respectful view of people living with dementia.

The 2010 STIG-MA survey empirically confirmed that Alzheimer’s disease is a highly stigmatising condition in France, with the most commonly expressed feelings being shame, loss of self-esteem, and fear of exclusion. An important finding from this survey was a perception gap, where healthcare professionals reported the highest levels of perceived stigma, while older adults (i.e., the group most at risk) reported the lowest. This suggests that the clinical environment, while essential for care, may inadvertently amplify stigma towards seeking assistance

This social stigma is reinforced by cultural and media portrayals that are overwhelmingly negative. This skewed narrative effectively erases the lived reality of the majority of individuals living in mild-to-moderate stages who retain significant capacity for social engagement. In response, civil society organisations like France Alzheimer et maladies apparentées have launched extensive public awareness campaigns to build a counter-narrative. For example, In 2022, members of the European Working Group of People with Dementia (EWGPWD) focused on how Alzheimer’s disease and related conditions are communicated and represented, producing recommendations aimed at media professionals, researchers, policymakers, and others involved in public discourse. These guidelines, translated into French by France Alzheimer to broaden their reach, seek to challenge persistent misconceptions and stigma by amplifying the voices of those directly affected.

Research

Selected academic institutions

The National Institute of Health and Medical Research (INSERM) Lille Center of Excellence for Neurodegenerative Disorders (LiCEND) Paris Brain Institute University Hospital Center of Montpellier Bordeaux Initiative for Neurodegenerative Disorders (BIND) Grenoble Institute of Neuroscience Institute of Neurophysiopathology, Aix-Marseille University Neurodegenerative centre, CHU de Toulouse

Clinical trials and registries

The Network of Memory Centres (CMRR) forms the backbone of France's clinical research infrastructure for Alzheimer's disease and serves as the main hubs for clinical trials. Most major Alzheimer's disease trials in France are conducted through these centers. At the national level, the French Clinical Research Infrastructure Network (F-CRIN) helps coordinate clinical trials, while at the European level, France participates in the centralized European Union (EU)-wide registry : euclinicaltrials.eu

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Selected innovative methods

France's clinical and biomedical research on Alzheimer's and neurodegenerative diseases spans multiple leading institutions. INSERM coordinates biomarker research across 250+ projects. The Paris Brain Institute and Institute of Memory and Alzheimer's Disease manage major patient cohorts and pharmacological trials. The Institut Pasteur explores llama-derived antibodies and nicotinic receptors, while the Imagine Institute targets neuroinflammation with drugs like masitinib. Other centers, including Bordeaux Neurocampus and Montpellier's Institute for Neurosciences, focus on proteinopathies, advanced imaging, machine-learning applications, and biomarker development for personalized medicine.

The National Institute of Health and Medical Research (INSERM) collaborates with clinical institutions to conduct biomarker research and testing and has supported over 250 research projects.

Researchers at the Paris Brain Institute and Institute of Memory and Alzheimer's Disease, located at the Pitié-

Salpêtrière Hospital, lead France's clinical research efforts by managing major cohorts and participating in numerous pharmacological trials for innovative treatments.

The Institut Pasteur is exploring new diagnostic and therapeutic avenues, including the use of llama-derived antibodies to detect brain lesions associated with the disease. Their scientists are also investigating nicotinic receptors as a potential therapeutic target to improve memory function.

Scientists at the Imagine Institute are pioneering a novel approach by investigating the role of mast cells in Alzheimer's disease pathology, a type of immune cell previously overlooked in this context. This research has led to the co-development of the drug masitinib, which targets neuroinflammation and has shown promise in slowing memory loss in clinical trials.

The Neurodegenerative Diseases Laboratory at the François Jacob Institute of Biology is investigating the specific roles of protein misfolding and reactive astrocytes in disease progression. They are also developing advanced in-vivo magnetic resonance methods to better visualize and understand brain cell interactions.

The Bordeaux Neurocampus, through its Institute of Neurodegenerative Diseases, integrates preclinical and clinical research to investigate the pathophysiology of proteinopathies common to various dementias. The affiliated University Hospital is a site for innovative trials, including a study using a machine-learning model to improve the precision of Deep Brain Stimulation surgery for neurodegenerative conditions.

The Institute for Neurosciences of Montpellier is focused on the specific study of proteinopathies and is a key part of a European Centre of Excellence developing biomarkers for personalized medicine.

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Support

France promotes dementia-friendly communities through initiatives like the Alzheimer Caring City Pledge and innovative residential models, including the Village Landais Alzheimer, shared homes, and intergenerational housing. These approaches emphasise autonomy, social integration, and 24/7 person-centered care to enhance quality of life for people with Alzheimer's and related conditions. Dedicated media outlets, such as Radio Alzheimer and the France Alzheimer website, complement these efforts by providing accessible information and raising public awareness about dementia across the country.

Organizations are listed for informational purposes based on publicly available sources. Inclusion does not necessarily indicate affiliation with or endorsement by Alzheimer's Disease International (ADI).

Selected national associations, patient family associations, NGOs:

France Alzheimer has an extensive network of over 100 local associations throughout France French Association of Carers Collective "I help you" Avec Nos Proches (With Our Loved Ones)

Selected initiatives

France is advancing dementia-friendly communities through initiatives like the Alzheimer Caring City Pledge, encouraging municipalities to reduce social isolation and support daily life for people with dementia. Innovative residential models, such as the Village Landais Alzheimer, provide small-scale, non-medicalised "dementia villages" focused on autonomy, social integration, and person-centered care. Other approaches include shared homes and intergenerational housing, combining 24/7 support with inclusive, family-like or multi-age environments to improve quality of life and community engagement for residents with Alzheimer's and related conditions.

Alzheimer Caring City Pledge

A national campaign where cities and local governments commit to making their communities more inclusive and supportive for people living with dementia. By signing the pledge, municipalities agreed to take proactive steps to facilitate daily life and combat social isolation for affected residents.

The Village Landais Alzheimer

The village is located in Dax in southwestern France, and is a pioneering, small-scale "dementia village" opened in June 2020 that mimics a real village—complete with shops, cafes, a media library, and a central square—where around 120 residents living with Alzheimer's disease or related conditions live freely within a familiar, non-medicalised environment under person-centred, non-drug care. Inspired by the Dutch model De Hogeweyk, it emphasizes preserving autonomy, social integration, and quality of life while embedding carers, volunteers, and public services into daily life to create a therapeutic, communal setting. While the initiative has attracted international attention, Alzheimer's Disease International (ADI) notes anecdotal reports of both positive and negative experiences, and observers have pointed to concerns around its high annual fees and limited accessibility, which may restrict broader replication or equity of access.

Shared homes

Other innovative models include small, shared homes where a handful of residents living with dementia live together in a family-like environment with round-the-clock support. There are also intergenerational housing projects that bring together residents of all ages, including older adults, young people, and families, in the same apartment building to foster diversity and mutual support.

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Dedicated media outlets

France Alzheimer's website is the most prominent source for the general public. They also run a web radio called Radio Alzheimer.

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