

Malaysia

Research conducted in 01/12/2025

Malaysia is tackling Alzheimer's disease with its recently launched National Dementia Action Plan (2023-2030), a comprehensive strategy to improve care and create a dementia-inclusive society. The plan aims to strengthen a public healthcare system currently strained by resource shortages and a significant urban-rural service divide. This national strategy is supported by local innovation, such as the development of culturally adapted cognitive tests.

Highlights

Health system **Universal, Mixed Funding (Mixed Provision)**

ADI member association(s): **Alzheimer's Disease Foundation Malaysia (ADFM)**

National dementia plan: **National Dementia Action Plan 2023-2030**

Dementia plan funding: **Inadequately funded plan**

Dementia prevalence rate: **483**

Dementia incidence rate: **82**

Population: **36002324**

Median age: **31**

Health expenditure (% of GDP): **4**

Diagnosis

Alzheimer's diagnosis in Malaysia typically starts in primary care, where GPs perform medical history-taking, physical exams, lab tests, and cognitive screening. Referral to specialists (geriatricians, neurologists, or psychiatrists) is recommended for comprehensive evaluation, including CT/MRI, though private patients can self-refer. Public healthcare faces capacity constraints, especially in neurology and geriatrics, causing long wait times due to a severe shortage of specialists. Standardised and locally adapted cognitive tests exist, while imaging, genetic testing, and biomarkers are limited or in development. Public care is heavily subsidised, but private services are significantly costlier.

Diagnosis pathway

Diagnosis of Alzheimer's begins in primary care, where the GP conducts a preliminary evaluation, including detailed medical history-taking (often with family input), a physical exam, laboratory tests to exclude reversible causes, and cognitive screening tools. Although GPs may establish a diagnosis, Ministry of Health clinical practice guidelines strongly recommend referral for specialist (geriatrician, neurologist, or psychiatrist) evaluation, including comprehensive cognitive testing and structural neuroimaging (CT/MRI). In private healthcare, self-referral to specialists is possible evaluation, including detailed medical history-taking (often with family input), a physical exam, laboratory tests to exclude reversible causes, and cognitive screening tools. Although GPs may establish a diagnosis, Ministry of Health clinical practice guidelines strongly recommend referral for specialist (geriatrician, neurologist, or psychiatrist) evaluation, including comprehensive cognitive testing and structural neuroimaging (CT/MRI). In private healthcare, self-referral to specialists is possible.

The formal diagnostic pathway for Alzheimer's disease typically begins with a general practitioner (GP), who serves as the first point of contact for an individual or family concerned about cognitive decline. The GP's role involves conducting an initial assessment that includes taking a detailed medical history from the patient and a family member, performing a physical examination, ordering laboratory tests to rule out other causes, and administering brief cognitive screening tests. The most common pathway is for the GP to refer a patient for a specialist evaluation, a step that is strongly recommended by the Ministry of Health's clinical practice guidelines. Following the referral, the patient is assessed by a specialist, such as a geriatrician, neurologist, or psychiatrist, who can conduct a more in-depth evaluation. This specialist assessment includes a more comprehensive history, advanced cognitive and functional tests, and crucially, structural neuroimaging like a Computed Tomography (CT) or a Magnetic Resonance Imaging (MRI) scan. In the private sector, patients can often bypass the GP and self-refer directly to a specialist.

References

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- <https://www.adfm.org.my/making-a-diagnosis/>
- <https://www.adfm.org.my/diagnosing-alzheimers-disease/>
- <https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2021.637484/full>

Wait times

Status: Long wait time

The Malaysian public sector faces capacity constraints, with demand consistently outpacing supply. Specialist access remains a critical bottleneck, particularly in neurology and geriatrics, which contributes to extended waiting lists for diagnostic appointments. The Ministry of Health has linked prolonged waiting times to a shortage of neurologists. With fewer than two geriatricians per 100,000 people, approximately 40 in total (largely urban-centered in Kuala Lumpur and Selangor), and under 10 geriatric psychiatrists nationwide, the scarcity of essential specialists significantly limits timely diagnosis. Still, national wait-time data is limited.

The public healthcare system in Malaysia operates in a persistent state of “excess demand”. The demand for heavily subsidised, high-quality care far outstrips the available supply of infrastructure, manpower, and resources.

The wait to see a specialist represents one of the most significant bottlenecks in the diagnostic pathway. The Ministry of Health itself has acknowledged that a shortage of neurologists directly contributes to longer waiting times for consultations and procedures. The situation is even more dire for geriatrics. Malaysia suffers from an acute shortage of geriatricians, with a ratio of fewer than two geriatricians (1.9) per 100,000 population. As of 2018, there were only an estimated 40 geriatricians practicing in the entire country, and this limited pool was heavily concentrated geographically, with more than half based in Kuala Lumpur and Selangor. In addition, there were fewer than 10 geriatric psychiatrists in Malaysia. This scarcity of essential specialists inevitably translates into prolonged waiting lists for crucial diagnostic appointments, though specific national data on these wait times is not readily available.

References

- <https://www.emerald.com/ijhcqa/article-abstract/24/7/506/133390/Hospital-waiting-time-the-forgotten-premise-of?redirectedFrom=fulltext>
- https://www.moh.gov.my/moh/resources/Penerbitan/Pelan%20Strategik%202016-2020/Pelan_Strategik_Bahagian_Perkembangan_Perubatan.pdf
- <https://www.theborneopost.com/2022/09/23/malaysian-medical-groups-seek-urgent-support-for-dementia-patients-carers>

Diagnosis cost

Status: Mostly or fully covered

Malaysia's public healthcare system offers highly subsidised access to healthcare, including minimal fees for GP and specialist visits and exemptions for seniors. While imaging like CT and MRI scans are subsidised, but the costs remain notable. In contrast, private sector services are significantly more expensive, with costs regulated under the Private Healthcare Facilities & Services Act.

Access to GPs and specialists is affordable through government subsidies, as Malaysia has a public healthcare

system, costs for citizens are currently subsidised. A consultation at a general outpatient clinic is just RM1. For specialist care, a referral from a government medical officer makes the first visit free of charge, while each subsequent follow-up appointment costs a nominal fee of RM5. Malaysians aged 60 years and above are exempt from registration fees of RM1 at the Outpatient Department and RM5 at the Specialist Outpatient Department. Imaging costs are subsidised for citizens but can still be substantial, ranging from RM450 for a CT scan to RM650 for an MRI scan.

Costs in the private sector are significantly higher and are regulated under the Private Healthcare Facilities & Services Act.

References

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- <https://jknkl.moh.gov.my/hrc/ward-and-treatment-charges>
- <https://www.malaysia.gov.my/portal/content/30402>
- <https://www.felb.my/is-malaysias-government-hospital-totally-free/>
- https://www.moh.gov.my/index.php/database_stores/attach_download/317/27

Cognitive tests

Status: Available

Clinical recommendations suggest using mini-Cog, Montreal Cognitive Assessment (MoCA), Mini-Mental State Examination (MMSE), as well as Abbreviated Mental Test Score (AMTS). Researchers in Malaysia have also developed and validated culturally appropriate tools, such as the comprehensive Malay version of the Addenbrooke's Cognitive Examination III (ACE-III), and the language-neutral Visual Cognitive Assessment Test (VCAT). There are efforts to validate the IDEA cognitive screen and the rapid, Picture-Based Memory Impairment Screen (PMIS), which performed well in urban Malaysia, and can be potentially valid cognitive tools.

The National Dementia Action Plan 2023-2030 ambitiously calls for annual cognitive screening for 80% of at-risk older adults. However, there is still no systematic, nationwide screening programme in place.

References

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- <https://www.mdpi.com/2624-8611/4/1/3>
- <https://www.tandfonline.com/doi/abs/10.1080/07317115.2017.1311978>
- <https://www.alzint.org/what-we-do/policy/dementia-plans/>

Imaging tests

Status: Commonly used

As of 2018, all state hospitals were reported to have MRI facilities, though 15 major specialist hospitals still lacked them. CT scanners can be found across public hospitals. However, data indicates a stark public-private divide, with 99 CT units in the government sector compared to 192 in the private sector.

As of 2021, there are more than 10 government facilities in Malaysia providing Nuclear Medicine services and almost an equal number of facilities in the private sector offering either Positron Emission Tomography (PET)/CT or

general nuclear medicine services. Within the Ministry of Health system, for example, Hospital Kuala Lumpur and the National Cancer Institute are equipped with PET/CT services. Private hospitals, such as those in the Pantai, SJP Medical Centres, and Sunway groups, also offer PET services for oncological, cardiac, and neurological conditions, including dementia.

Amyloid-PET is not an available clinical diagnostic option for people in Malaysia.

References

- [https://www.moh.gov.my/moh/resources/Main%20Banner/2021/Jun/Draft_CPG_Management_of_Dementia_\(Third_Edition\).pdf](https://www.moh.gov.my/moh/resources/Main%20Banner/2021/Jun/Draft_CPG_Management_of_Dementia_(Third_Edition).pdf)
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Genetic tests

The official clinical guidelines in Malaysia does not include routine genetic testing for Alzheimer's disease as part of a standard diagnostic workup. However, a commercial market for predictive genetic testing exists through private healthcare providers and direct-to-consumer companies.

References

- <https://www.adfm.org.my/making-a-diagnosis/>
- <https://subangjayamedicalcentre.com/genetic-testing>

Biomarker tests

Cerebrospinal fluid (CSF) biomarkers are not currently available for routine clinical use in Malaysia. Blood-based and urine biomarkers are not yet available for routine clinical use; they are currently in the research and development phase.

References

- <https://www.sinardaily.my/article/221030/culture/health/malaysias-new-test-kit-paves-the-way-for-early-dementia-detection>

Treatment & care

Specialised Alzheimer's services in Malaysia are mainly concentrated in urban public and private hospitals, including memory clinics, daycare centres like Rumah Alzheimer's, and private residential or palliative care, leaving rural regions with limited access and higher underdiagnosis. Key medications like Donepezil, Rivastigmine, and Memantine are subsidised through the public system, but families bear the bulk of non-medical long-term care costs. Government financial support for caregivers is minimal, with some state-level aid, while NGOs like the Alzheimer's Disease Foundation Malaysia provide daycare, training, and peer support, though access is uneven across the country.

Specialized facilities and services

Key public and private hospitals in Malaysia provide specialised Alzheimer's diagnostics, such as Universiti Malaya Medical Centre and the Memory Clinic at Hospital Universiti Sains Malaysia. Day care options like Rumah Alzheimer's exist, and residential or palliative care is mostly private. Services are unevenly distributed, concentrated in urban areas, which leaves rural and remote regions, such as the East Coast of Peninsular Malaysia, with limited access, poor awareness, and higher rates of underdiagnosis.

Specialist diagnostic services are offered at several key public and private hospitals in Malaysia. Public institutions providing these services include Universiti Malaya Medical Centre in Kuala Lumpur, and a dedicated Memory Clinic at the Hospital Universiti Sains Malaysia in Kelantan. In the private sector, several centres offer comprehensive assessment packages and specialised Alzheimer's disease diagnosis services. Additionally, major private hospital chains offer Alzheimer's disease assessments through their geriatric and neurology departments.

For day care, a prominent centre is the Alzheimer's Disease Foundation Malaysia's Rumah Alzheimer's. For residential care, private providers operate multiple centres. Palliative care for advanced dementia is less common and is primarily offered through private hospitals or as part of the services in residential homes.

Access to specialised Alzheimer's disease care services is not uniform across the country. There are significant geographical inequalities, with services heavily concentrated in urban centres. This leaves individuals in rural and remote areas, such as the East Coast of Peninsular Malaysia, with inferior service distribution and inadequate information on how to access what little care is available. This disparity inevitably leads to the significant underdiagnosis of dementia in rural populations, effectively cutting them off from the specialised care they need.

Approved medication

Generic Name	Trade Name	Used for
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<p>Donepezil; Official National Product Information; https://quest3plus.bpfk.gov.my/front-end/attachment/624/pharma/68551/V_87177_20241112_211006_D4.pdf</p>	<p>Aricept, Aricept ODT, Adlarity, Eranz, Memac, Alzepil, Davia, Donecept, Donep, Donepex, Donesyn, Dopezil, Yasnal, Memorit, Pezale, Redumas, Zolpezil, Namzaric*</p>	<p>Donepezil is indicated for the symptomatic treatment of mild to moderately severe Alzheimer's dementia. Official UK medicine details (MHRA SPC) link</p>
<p>Rivastigmine; Official National Product Information; https://quest3plus.bpfk.gov.my/front-end/attachment/537/pharma/77056/V_93327_20240711_104431_D4.pdf</p>	<p>Exelon, Exelon Patch, Prometax, Rivastach, Nimvastid</p>	<p>Symptomatic treatment of mild to moderately severe Alzheimer's dementia. Symptomatic treatment of mild to moderately severe dementia in patients with idiopathic Parkinson's disease. Official UK medicine details (MHRA SPC) link</p>
<p>Galantamine ; Official National Product Information; https://quest3plus.bpfk.gov.my/front-end/attachment/44/pharma/211256/V_75408_20230714_102633_D4.pdf</p>	<p>Razadyne, Razadyne ER, Reminyl, Reminyl XL, Nivalin, Lycoremine, Galsya</p>	<p>Galantamine is indicated for the symptomatic treatment of mild to moderately severe dementia of the Alzheimer type. Official UK medicine details (MHRA SPC) link</p>

<p>Memantine; Official National Product Information; https://quest3plus.bpfk.gov.my/front-end/attachment/39206/pharma/520481/V_75146_20230112_194838_D4.pdf</p>	<p>Namenda, Namenda XR, Ebixa, Memaury, Axura, Akatinol, Maruxa, Nemdatine, Namzaric*</p>	<p>Treatment of adult patients with moderate to severe Alzheimer's disease. Official UK medicine details (MHRA SPC) link</p>
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*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

While key Alzheimer's medications like Donepezil, Rivastigmine, and Memantine are subsidised through Malaysia's public healthcare system, families largely fund non-medical long-term care, in-home nursing, and daycare services.

Donepezil, Rivastigmine, and Memantine are on the Ministry of Health Medicines Formulary (FUKKM), which means they are available for subsidy within the public healthcare system.

The most substantial financial burden for families comes from direct, non-medical long-term care, which is almost entirely paid for out-of-pocket. Other expenses like in-home private nursing and community daycare centres are also paid out-of-pocket.

References

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- https://www.researchgate.net/profile/Nimetcan-Orhun/publication/336769758_The_Cost_of_Healthcare_among_Malaysian_Community-Dwelling_Elderly/links/5f30eb52299bf13404b415d5/The-Cost-of-Healthcare-among-Malaysian-Community-Dwelling-Elderly.pdf
- <https://pubmed.ncbi.nlm.nih.gov/articles/PMC10939357>
- <https://www.emirresearch.com/the-cost-of-growing-old-rising-medical-costs-and-the-insurance-dilemma/>
- <https://codeblue.galencentre.org/2022/11/how-much-comfortable-caregiving-cost-my-family/>

Caregiver support

Direct government financial aid for caregivers is limited and mainly directed at low-income seniors rather than caregivers, with families depending on EPF withdrawals or PERKESO Invalidity Pensions for Alzheimer's related expenses. Modest state-level benefits exist in Selangor, Penang, and Sarawak. NGOs, particularly the Alzheimer's Disease Foundation Malaysia, supplement support through daycare, training, and peer networks, yet these services are largely urban-centered, which creates uneven access across the country.

Direct government cash aid is minimal and generally targeted at destitute seniors rather than specifically at

caregivers. The primary financial lifelines for many families are statutory withdrawal rights, such as accessing the patient's or caregiver's own Employees Provident Fund (EPF) for healthcare costs related to critical illnesses like Alzheimer's disease, or the patient qualifying for an Invalidity Pension from PERKESO if they are unable to work. While the Department of Social Welfare offers aid like the Bantuan Orang Tua, it is targeted at destitute seniors, not specifically at caregivers. Modest additional benefits are available at the state level in places like Selangor, Penang, and Sarawak.

In addition, within the Non-Governmental Organisation (NGO) sector, the Alzheimer's Disease Foundation Malaysia provides the most comprehensive services, including daycare, skills training, and peer support networks. However, these services are concentrated in urban centres, creating a significant "postcode lottery" of care.

References

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- <https://www.ajobthing.com/resources/blog/socso-critical-illness-claim-malaysia>
- <https://www.perkeso.gov.my/en/our-services/protection/invalidity-scheme.html>
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- <https://www.homage.com.my/resources/financial-assistance-for-elderly-malaysia/>
- https://service.sarawak.gov.my/web/web/home/sla_view/0/741/
- <https://www.adfm.org.my/national-dementia-caregivers-support-network/>

Policy

Malaysia's NDAP 2023-2030 prioritises dementia through public awareness, dementia-friendly communities, strengthened healthcare, research, and programme monitoring, aiming to improve care and support for patients and caregivers. However, legal and cultural barriers persist: the Mental Health Act 2001 is reactive and stigmatising, while societal beliefs that dementia is normal aging delay help-seeking, foster denial, and hinder early diagnosis and intervention. The country's immediate focus is now on implementing the NDAP's strategies nationwide.

National dementia plan

Malaysia's NDAP 2023-2030 demonstrates the country's commitment to prioritising dementia as a public health issue through four main strategies: raising public awareness and developing supportive, inclusive communities; strengthening healthcare and social services with trained professionals and integrated care; promoting local research, innovation, and global knowledge exchange; and implementing robust monitoring and evaluation of dementia programs. The plan aims to reduce stigma, improve care quality, support families and caregivers, and build a sustainable, inclusive system for managing the condition.

The launch of the National Dementia Action Plan 2023-2030 (NDAP) marks a significant commitment by the Malaysian government to prioritise dementia as a public health issue and to work towards creating a more dementia-inclusive society. The plan is built upon four key pillars aimed at improving the lives of people living with dementia, their families, and caregivers, while also strengthening the country's capacity to manage the condition effectively. The primary goals of the NDAP are:

1. Empowering healthy and active communities: this foundational goal focuses on creating a society that is not only aware of dementia but is also supportive of those living with the condition. Key initiatives under this pillar include extensive public awareness campaigns to reduce stigma and promote a better understanding of dementia. The plan also emphasises the development of dementia-friendly communities, which are designed to be safe, inclusive, and accessible for individuals with cognitive decline, thereby encouraging their continued participation in social and economic life.
2. Strengthening a sustainable healthcare and social support system: recognising the significant strain dementia places on healthcare and social services, the second pillar aims to build a robust and adaptable support system. This involves enhancing the capacity of the healthcare workforce through specialised training in dementia care and promoting a multidisciplinary, person-centered approach to treatment and management. The goal is to ensure that individuals living with dementia have access to integrated and high-quality care throughout their journey with the condition.
3. Fostering research, innovation, and information sharing: to ensure that Malaysia remains at the forefront of dementia care, the third pillar is dedicated to promoting scientific advancement and knowledge exchange. This includes encouraging local research into the prevalence, risk factors, and effective interventions for dementia within the Malaysian context. The plan also seeks to foster innovation in dementia care practices and technologies and

facilitate collaboration with international bodies to share best practices and data.

4. Enhancing monitoring and evaluation of health programs: To guarantee the effectiveness and accountability of the action plan, the fourth and final pillar establishes a framework for the continuous monitoring and evaluation of dementia-related programs and dementia inclusive environment.

References

- https://www2.moh.gov.my/moh/modules_resources/bookshelf/Buku_A4_THE_DEMENTIA_MEI_ebook/Buku_A4_THE_DEMENTIA_MEI_ebook.pdf

Upcoming plans

Now that the NDAP 2023-2030 has been officially launched, the immediate and upcoming focus is on its strategic deployment.

Policy gaps

Legal barriers

Legal barriers: The primary law, the Mental Health Act 2001, is reactive, designed for acute psychiatric crises rather than the progressive decline of dementia. It only allows for intervention, such as appointing a committee to manage a person's affairs, after they have already lost mental capacity, offering no mechanism for advance planning. This lumps dementia under the broad and stigmatising category of mental disorder, reinforcing negative public perceptions.

References

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- <https://www.cambridge.org/core/books/advance-directives-across-asia/law-and-practice-of-advance-directives-and-endoflife-care-in-malaysia/966D5CDFE6E59C2164CF9F6B799549C8>

Cultural barriers

Cultural barriers: In Malaysia, dementia is often seen as a normal part of aging, causing delayed help-seeking, misinterpretation of symptoms, and stigma, ultimately preventing early diagnosis and effective intervention.

Research

A Malaysian clinical trial found that Ulam Raja (*Cosmos caudatus*) extract boosts cognition, memory, and focus while reducing stress in older adults with mild cognitive impairment. An app, Demensia KITA, has also been developed, offering culturally tailored, Malay-language dementia support for caregivers.

Selected academic institutions

[The National University of Malaysia](#) [University of Malaya](#) [Monash University Malaysia](#) [University of Putra Malaysia](#) [The MARA Technological University](#)

Clinical trials and registries

The most important resource is the National Medical Research Register (NMRR). Run by the National Institutes of Health (NIH) under the Ministry of Health Malaysia, the NMRR is the official registry where all clinical trials conducted in Malaysia must be registered. This includes studies on new drugs, medical devices, and other interventions. The registry is publicly accessible and searchable at: <https://nmrr.gov.my/>

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References

- <https://nmrr.gov.my/faq/general>

Selected innovative methods

A clinical trial done at the National University of Malaysia that Ulam Raja (*Cosmos caudatus*) extract enhances cognitive function, memory, and focus while lowering stress in older adults with mild cognitive impairment. Researchers also created the Demensia KITA mobile app, now under evaluation, which was designed with caregivers and experts and provides a culturally tailored, Malay-language resource for dementia care and support.

Researchers at the National University of Malaysia conducted a groundbreaking clinical trial on Ulam Raja (*Cosmos caudatus*), a traditional Malaysian herb. They developed a supplement from the herb's extract and found that it improved global cognitive function, memory, and focus, while reducing emotional stress in older adults living with mild cognitive impairment.

Malaysian researchers developed the Demensia KITA mobile application, which is currently in the evaluation phase.

The app's content was created through a user-centric process involving both caregivers and medical experts to ensure it meets their specific needs. Available in Malay (the national language), it provides a comprehensive, culturally relevant resource on topics ranging from patient care and stress management to service directories, representing an innovative digital solution to a critical social challenge in dementia care.

References

- <https://www.mdpi.com/2072-6643/13/2/434>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC11336210/>

Support

Dementia initiatives in Malaysia aim to raise awareness, support caregivers, and create inclusive environments. Dementia Friends Malaysia educates the public through free sessions, while WHO, the Ministry of Health, and the Alzheimer's Disease Foundation Malaysia provide caregiver training for home and facility care. Age-Friendly Cities projects improve accessibility for older adults, and the Atria-ADFM Community Corner delivers cognitive therapy and workshops. The Alzheimer's Disease Foundation and the Ministry of Health's InfoSihat portal provide educational materials, helplines, and official dementia information.

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:

[Alzheimer's Disease Foundation Malaysia](#) [Johor Bahru Alzheimer's Disease Support Association](#) [Penang Dementia Association](#) [The Dementia Society Perak](#)

Selected initiatives

Malaysia promotes dementia awareness and care through initiatives like Dementia Friends Malaysia that offer public education and actionable support. Complementary training from WHO, the Ministry of Health, and Alzheimer's Disease Foundation Malaysia equips caregivers with skills for home and facility care. Age-Friendly Cities projects in Taiping, Penang Island, Sibul, and Ipoh improves accessibility and inclusion for older adults, while the Atria-ADFM Community Corner in Petaling Jaya provides dementia-friendly activities, workshops, and support for patients and caregivers.

Dementia Friends Malaysia

Dementia Friends Malaysia is a major public awareness initiative designed to transform how the nation perceives and interacts with dementia. Based on a global movement, the programme involves brief, free information sessions that teach the public about what it is like to live with dementia. Participants are then encouraged to turn their new understanding into small but meaningful actions of support, such as being more patient in a queue or staying in touch with someone they know who has dementia.

Dementia Care Skills training

The World Health Organisation (WHO), Malaysia's Ministry of Health, and the Alzheimer's Disease Foundation Malaysia have partnered to provide Dementia Care Skills training. This programme is designed to equip both formal and informal caregivers, including family members and healthcare workers, with the necessary skills to support people living with dementia at home and in care facilities.

Age-Friendly Cities and Communities network

Four Malaysian cities: Taiping, Penang Island, Sibul, and Ipoh are part of the WHO's Age-Friendly Cities and Communities network. This initiative commits these cities to creating more inclusive urban environments for people of all ages, which inherently benefits individuals living with dementia. Projects under this framework, such as renovating public parks and improving accessibility, contribute to building physical and social environments that better support the mobility and inclusion of older adults.

Atria-ADFM Community Corner

The Atria-ADFM Community Corner is a community collaboration between Alzheimer's Disease Foundation Malaysia and the Megah Rise Mall in Petaling Jaya. Located within the mall, it serves as a dementia-friendly community hub offering activities like cognitive stimulation therapy, workshops, and support groups for people living with dementia and their caregivers.

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- <https://extranet.who.int/agefriendlyworld/who-network/>
- <https://www.bernama.com/en/press/news.php?id=2466196>
- <https://mrem.bernama.com/viewsm.php?idm=52066>

Dedicated media outlets

The Alzheimer's Disease Foundation Malaysia acts as the primary source, producing a wide range of content like newsletters, educational materials, and online information, and running a helpline.

The Ministry of Health's InfoSihat website provides official public health information, including infographics on dementia prevention and care.

References

- <https://www.adfm.org.my/what-we-do/>
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