United Kingdom

Research conducted in 01/10/2025

The United Kingdom (UK)'s approach to Alzheimer's disease relies on a partnership between the state, a robust charitable sector, and individual families. While the National Health Service (NHS) provides medical diagnosis and treatment free at the point of care, a large part of long-term social care costs is means-tested and fall to individuals. This structural gap is significantly supported by a prominent third sector, with national charities providing specialist Admiral Nurses and the Alzheimer's Society offering vital community-based support services.

Highlights

Health system **Universal, Government-Funded (Public Provision)**
ADI member association(s): **Alzheimer's Society**
National dementia plan: **Many sub-national strategies**
Dementia plan funding: **Inadequately funded plan**
Dementia prevalence rate: **1336**
Dementia incidence rate: **243**
Population: **69591197**
Median age: **40**
Health expenditure (% of GDP): **11**

Diagnosis

In the United Kingdom, Alzheimer's disease diagnosis follows NICE guidelines, starting with GP assessments and blood tests, followed by referral to memory clinics for cognitive testing (GPCOG, 6CIT, Mini-Cog), neurological exams, and MRI or CT scans. PET/SPECT imaging and CSF biomarkers are reserved for complex or inconclusive cases, while genetic testing is limited to early-onset, high-risk families. Wait times remain long across the United Kingdom, while diagnosis is free via the NHS with certain eligibility rules for hereditary cases. Ongoing initiatives like the Blood Biomarker Challenge aim to expand scalable diagnostic tools.

Diagnosis pathway

In the United Kingdom, the Alzheimer's disease diagnosis pathway follows NICE guidelines. It begins when patients or families report cognitive or behavioral changes to a GP, who conducts an initial assessment and blood tests to exclude other causes. Suspected cases are referred to specialist services or memory clinics for comprehensive cognitive assessments, neurological exams, and CT or MRI scans. If findings remain uncertain, PET/SPECT imaging or cerebrospinal fluid biomarkers (amyloid and tau) may be used. NICE advises against excluding Alzheimer's based on CT or MRI alone.

The United Kingdom (UK) pathway for diagnosing Alzheimer's disease is formalised in the diagnostic guidelines outlined by the National Institute for Health and Care Excellence (NICE). The pathway begins with the individual or their family noticing cognitive or behavioural changes, leading to a general practitioner (GP) visit for initial assessment and blood tests to rule out other causes. If Alzheimer's disease or other dementia is suspected, the GP refers the person to a specialist, often at a memory clinic, for cognitive testing, physical and neurological examinations, and potentially brain scans like computed tomography (CT) or magnetic resonance imaging (MRI). If results are inconclusive, the person may be offered a PET or single photon emission computed tomography (SPECT) scan, or a cerebrospinal fluid (CSF) test measuring tau and amyloid proteins. NICE guideline does not recommend ruling out Alzheimer's disease based solely on CT or MRI results.

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Wait times

Status: Long wait time

Across the United Kingdom, waiting times for an Alzheimer's disease diagnosis remain lengthy despite NHS targets. In England, patients wait about five months from GP referral to diagnosis, including over three months to access a memory clinic, which far exceeds the NHS six-week target met by only about 10% of patients. Delays also affect

MRI and CT scans. Comparable challenges exist in Wales, Scotland, and Northern Ireland, with waits ranging from several months to multiple years in extreme cases.

In England, the wait from a GP referral to a final diagnosis is over five months on average. This includes an average wait of over three months just for the first appointment at a memory clinic. These figures fall significantly short of the National Health System (NHS) ambition to provide a diagnosis within six weeks of referral, a target that only about 10% of people currently meet. Delays are also present for key diagnostic tests, with the average wait for an NHS investigative brain scans being between 6 and 18 weeks. The Welsh framework sets a goal of 12 weeks from referral to preliminary diagnosis, requiring the first assessment to be completed within 28 days. Media reports in Wales indicate that average wait times after a GP referral can stretch between 16 and 25 weeks depending on the health board, leaving some individuals waiting up to three years. Scotland also faces delays, with some individuals waiting over a year for necessary scans and an average adjusted period of 5 to 6 months from referral to diagnosis in one health board. In Edinburgh, it was reported that hundreds of older adults were waiting more than six months for a dementia diagnosis, with the average wait for assessment at 29 weeks. Northern Ireland experiences particularly long waiting times. While the official target is nine weeks from referral to a first assessment, this benchmark is far from reality for many, with some individuals waiting almost four years for a diagnosis.

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Diagnosis cost

Status: Mostly or fully covered

Alzheimer's disease diagnosis within the NHS is free for patients, covering GP visits, memory clinic consultations, cognitive tests, and brain imaging (MRI, CT, PET). Families affected by hereditary Alzheimer's disease or frontotemporal dementia must satisfy eligibility rules, and the NHS limits the number of funded testing attempts.

The diagnosis of Alzheimer's disease within the NHS is free at the point of use for the person living with dementia, as medical services are covered by public funding. This involves various assessments, including GP consultations, specialist appointments at memory clinics, cognitive tests, and brain scans like MRI or CT, as well as PET scans. Families affected by familial Alzheimer's disease or familial frontotemporal dementia have to meet certain requirements to qualify for NHS funding and the NHS will only fund a set number of attempts.

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- https://www.nice.org.uk/guidance/ng97

Cognitive tests

Status: Available

GPs use cognitive screening tools like the General Practitioner Assessment of Cognition (GPCOG), 6-item Cognitive Impairment Test (6CIT), or Mini-Cog to determine if a referral to a specialist is needed. If dementia is still suspected, the person is referred to a memory service for more comprehensive neuropsychological testing with instruments like the Addenbrooke's Cognitive Examination (ACE-III) or the Montreal Cognitive Assessment (MoCA).

As of September 2025, the UK does not have a national screening programme for dementia in the general asymptomatic population, a policy maintained by the UK National Screening Committee. This is based on the lack of validated pre-symptomatic tests and concerns about potential harm versus benefit. However, in June 2025, The UK National Screening Committee opened a consultation to re-examine evidence relating to population screening for dementia. It is worth noting that a targeted screening policy is occasionally applied to high-risk groups, such as older adults admitted to hospital.

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Imaging tests

Status: Commonly used

Brain scans such as CT and MRI are available and used in the UK as part of the diagnostic process for Alzheimer's disease. For MRI scans through the NHS, waiting times can be significant and highly variable depending on local backlogs. Recent Memory Assessment Services (MAS) audit data for England highlights this disparity in dementia care; the mean wait time from when a brain scan is requested to when it is performed ranges drastically from 5 to 132 days, with a national average of 42 days. The use of advanced functional imaging like SPECT and PET is not routine and is recommended only for complex cases where a dementia diagnosis remains uncertain after initial assessments. PET scans are "uncommon in the UK" for routine diagnosis because they are expensive and many NHS trusts lack the capacity to provide them. England has the lowest number of PET and MRI scanners and the second-lowest of AD specialists per capita among the G7 countries. To address this shortfall in England, the NHS has national contracts with several private companies which provide PET-CT services. A patient's access to a PET scan in England is often dependent on their geographical location and local service agreements. In Scotland, access to FDG-PET for dementia is described as "extremely limited", with the existing service already stretched by

oncology demands. SPECT scans are more widely available and are the more commonly used functional imaging technique for dementia diagnosis in Scotland.

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Genetic tests

NHS genetic testing for Alzheimer's disease is not routine, and eligibility requires a strong family history and a young age of symptom onset (typically under 65). The process is managed by specialist NHS Clinical Genetics Services with mandatory genetic counselling. Testing for the APOE gene, a common risk factor for the more prevalent late-onset AD, is not recommended for clinical diagnosis, and the use of direct-to-consumer kits is discouraged by Alzheimer's Society.

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Biomarker tests

Status: Rarely used
Analysis of cerebrospinal fluid (CSF) is recommended by NICE guidelines for diagnostically uncertain cases. However, its use is not widespread in the NHS.

The UK's Blood Biomarker Challenge, a major research initiative, is currently working to validate blood-based biomarker tests for NHS use. This effort is driven by the urgent need for a scalable diagnostic tool to identify eligible patients for new disease-modifying treatments.

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Treatment & care

In the United Kingdom, Alzheimer's disease care is delivered through hospital-based memory clinics, though access varies geographically, with rural and deprived areas facing the greatest barriers. Home and day care services are provided by private, council, and charity sectors, many under threat from funding cuts. Palliative and end-of-life care occurs across home, residential, and hospice settings, with specialized dementia programs, trained staff, and Admiral Nurses. NHS funds established medications, but daily social care places financial strain on families. Caregiver support includes Carer's Allowance, assessments, respite funding, and NGO programs offering guidance, peer support, and dementia-focused activities.

Specialized facilities and services

UK memory clinics are hospital-based but geographic disparities create inconsistent access as rural areas face the greatest barriers. Home and day care services are a mix of private providers, local councils, and charity support, though many centers face closure from funding shortages. Palliative and end-of-life care occurs across home, residential, and hospice settings, with coordinated teams Hospices increasingly offer dementia-focused services, including trained staff, dementia-friendly rooms, Admiral Nurses, and community outreach for both inpatient and home-based support.

Memory clinics in the UK are usually located within hospital units, but access to these specialist services is highly inconsistent. This creates a "postcode lottery" where the timeliness and quality of care vary significantly based on location, with rural and deprived areas often facing the greatest hurdles. The extent of this inequality is clearly reflected in regional dementia diagnosis rates; according to NHS England primary care data from January 2026, there is a 20.3 percentage point gap between the highest and lowest performing Integrated Care Boards.

The provision of home and day care is a mixed landscape; a large private market offers extensive at-home care services, though their coverage is not uniform nationwide. Day centres and community support groups are run by local councils and various charities. This erosion of public and voluntary sector provision creates significant gaps in the support network, leaving many families without access to affordable respite and socialisation opportunities.

Palliative and end-of-life care facilities for people with Alzheimer's disease are available across four main settings. Many people receive care at home, supported by a coordinated team of community palliative care nurses, district nurses, and their GP, with social services providing necessary equipment. For those in residential or nursing homes, end-of-life care is often provided in place, with staff working alongside local hospice outreach teams and community nurses; homes accredited under the Gold Standards Framework have staff with specialised training in this area. Finally, hospices offer a dedicated and specialised facility for this type of care. A growing number of hospices are developing specialised dementia services; for example, some employ their own Admiral Nurses, create dementia-friendly inpatient rooms, and offer specific programmes to provide sensory and emotional support. Many hospices also serve as a base for community palliative care teams who can visit people at home. It is worth noting that admiral nurses are also used more widely, not only in palliative and end-of-life care scenarios.

Approved medication

Generic Name	Trade Name	Used fo
Donepezil; Official National Product Information; https://mhraproducts4853.blob.core.windows.net/docs/5623bda309406fa4c99790fb4e0c7fd3f4f3159c	Aricept, Aricept ODT, Adlarity, Eranz, Memac, Alzepil, Davia, Donecept, Donep, Donepex, Donesyn, Dopezil, Yasnal, Memorit, Pezale, Redumas, Zolpezil, Namzaric*	Donepezil i indicated fo the symptomat treatment o mild to moderately severe Alzheimer's dementia. Official UK medicine details (MH SPC) link
Rivastigmine; Official National Product Information;	Exelon, Exelon Patch, Prometax, Rivastach, Nimvastid	Symptomat treatment o mild to moderately severe Alzheimer's dementia. Symptomat treatment o mild to moderately severe dementia in patients wit idiopathic Parkinson's disease. Official UK medicine details (MH SPC) link

Generic Name	Trade Name	Used fo
Galantamine; Official National Product Information; https://mhraproducts4853.blob.core.windows.net/docs/e93c6641b8c8c5605eb0625ca9e90730f9d0a141	Razadyne, Razadyne ER, Reminyl, Reminyl XL, Nivalin, Lycoremine, Galsya	Galantamin is indicated for the symptomat treatment o mild to moderately severe dementia o the Alzheim type. Official UK medicine details (MH SPC) link
Memantine; Official National Product Information; https://mhraproducts4853.blob.core.windows.net/docs/10126976608847b23e70cf8ebd87a74a6fe3b33b	Namenda, Namenda XR, Ebixa, Memary, Axura, Akatinol, Maruxa, Nemdatine, Namzaric*	Treatment adult patien with moderate t severe Alzheimer's disease. Official UK medicine details (MH SPC) link

Generic Name	Trade Name	Used fo
Lecanemab; Official National Product Information; https://mhraproducts4853.blob.core.windows.net/docs/8ba7188888369c8f9b470f7456d52c26a0fb97f5	Leqembi	Lecanemab indicated fo the treatme of mild cognitive impairment and mild dementia d to Alzheime disease in adult patie that are apolipoprot E ε4 (ApoE ε4) heterozygo or non-carriers. Official UK medicine details (MH SPC) link

Generic Name	Trade Name	Used fo
Donanemab; Official National Product Information; https://mhraproducts4853.blob.core.windows.net/docs/885c4d3f18bb9a38966b6e29db9ef320033f1fbc	Kisunla	Donanemal indicated fo the treatme of mild cognitive impairment and mild dementia d to Alzheime disease (AD in adult patients tha are apolipoprot Eε4 (ApoE ε heterozygo or non-carriers. Official UK medicine details (MH SPC) link

*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

NHS funds established Alzheimer's disease medications (Donepezil, Rivastigmine, Galantamine, etc.), but daily dementia support is treated as social care and is means-tested by local councils. Individuals with assets above £23,250 must self-fund, while NHS Continuing Healthcare offers full funding for those with complex health needs, with limited eligibility. Families shoulder most of the financial burden, and face added challenges from lost income and reduced working hours, which highlights the economic strain of Alzheimer's care in the United Kingdom.

Established Alzheimer's disease medications (Donepezil, Rivastigmine, Galantamine, and Memantine) are funded by the NHS.

Although the NHS provides free healthcare, most of the support needed for dementia (help with washing, dressing, eating, supervision) is classified as social care. Social Care is provided by local councils and is not free. It is subject to a strict financial assessment, or "means test". Under the means test in England, if an individual has capital (savings, assets, and potentially their home) of more than £23,250, they are considered a "self-funder" and must pay for 100% of their care costs. Because of this threshold, a majority of homeowners are required to pay for their

own care. The government, via the local council, only provides financial support for those with assets below this limit.

NHS Continuing Healthcare (CHC) is a package of ongoing care arranged and funded solely by the NHS for adults living with significant and complex health needs. If an individual is deemed eligible for CHC, all of their care costs—including health, personal care, and accommodation if in a care home—are covered by the NHS, free of charge. However, CHC might be difficult to obtain, particularly for people living with dementia. A diagnosis of dementia does not automatically qualify a person for CHC funding. Eligibility is based on having a "primary health need", which is determined by the complexity, intensity, and unpredictability of an individual's health requirements.

The financial costs of Alzheimer's disease care are overwhelmingly borne by the person living with dementia and their family. An estimated 63% of the total cost of dementia in the UK is paid for by individuals and their families. One study report that in England AD dementia subpopulations incur 1.32 to 1.66 times the average annual healthcare cost, which is £4,548. Additionally, for the 48% of patients who used social care services, the healthcare costs amounted to £5,433 per person per year. Further, an estimated 112,540 people in England have had to leave their jobs to care for someone living with dementia, and many more have reduced their working hours, resulting in a direct loss of income and pension contributions for the family.

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Caregiver support

Caregivers of people with Alzheimer's disease in the United Kingdom are supported through benefits like Carer's, Carer Elements in Universal Credit, Pension Credit additions, and other regional options, with certain eligibility rules. Carer's Assessments provide legal access to personalized support, including respite care, in-home help, and day centers. Non-governmental organizations, like Dementia UK and Alzheimer's Society, provide specialist guidance, peer support, and dementia-focused activities.

The primary state benefit for carers is the Carer's Allowance (or the Carer Support Payment in Scotland), a weekly payment (£83.30) for those who care for someone at least 35 hours a week and earn below a certain threshold. To qualify, the person living with Alzheimer's disease must receive a specific disability benefit, such as Attendance Allowance or Personal Independence Payment.

Other government support includes the Carer Element within Universal Credit for low-income working-age carers (£201.68 per month), the Carer Addition to Pension Credit for those of state pension age (£46.40 per week), and

Carer's Credit, which protects a carer's future State Pension entitlement. In Wales, Carers Support Fund offers grants for a wide range of needs including fuel costs and IT equipment.

The single most important scheme is the statutory Carer's Assessment, a legal right for any unpaid carer to have their needs evaluated by their local council (or Health and Social Care Trust in Northern Ireland). This assessment is the gateway to a range of tailored support, which can include funding for respite care—providing the carer with a crucial break through day centres, short stays in a care home, or in-home help.

Beyond the state, Dementia UK provides specialist Admiral Nurses who offer free, one-to-one expert guidance to families on managing the complexities of dementia. The Alzheimer's Society runs local services like Memory Cafes and Singing for the Brain groups, which provide stimulation for the person living with dementia and peer support for the carer.

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Policy

The UK's dementia policies have evolved from the 2009 Living Well with Dementia strategy, emphasising early diagnosis, quality care, and caregiver support, through the Prime Minister's Challenge on Dementia 2020, which targeted higher diagnosis rates, research, dementia-friendly communities, and workforce training. The 2025 10-Year Health Plan modernizes care by localizing services, setting standards, boosting research via the Dame Barbara Windsor Dementia Goals Programme, and emphasizing prevention and brain health through public health initiatives and digital tools like the NHS App. Despite minimal cultural barriers, policy gaps remain, as the 2025–26 NHS guidance removed the national diagnostic target, drawing criticism for reducing national accountability and focus on dementia.

National dementia plan

UK dementia policies have progressed from the 2009 Living Well with Dementia strategy, focusing on early diagnosis, improved care quality, and support for caregivers. The 2025 10-Year Health Plan further modernises care by bringing care into local communities, setting national care standards, accelerating treatments via programs like the Dame Barbara Windsor Dementia Goals, and promoting prevention and brain health through public health measures and digital tools like the NHS App.

Initially, the Living Well with Dementia strategy, launched in 2009, laid the groundwork for a more person-centred approach to care. Its primary objectives were to ensure early diagnosis and intervention, improve the quality of care in various settings (from hospitals to care homes) and provide better information and support for both individuals living with dementia and their carers. This foundational strategy sought to establish a baseline of good practice across the country.

National dementia planning in the UK has been subject to significant delays and shifting political priorities. A much-anticipated, dedicated 10-year dementia strategy was scrapped by the previous government, which instead intended to incorporate dementia into a broader Major Conditions Strategy. This proposed strategy grouped dementia alongside cancers, cardiovascular diseases, chronic respiratory diseases, mental ill health, and musculoskeletal disorders. Although a call for evidence for this integrated plan concluded in 2023, it was ultimately shelved without being launched, leaving a policy gap until the subsequent introduction of the 10-Year Health Plan.

In July 2025, the Government published its long-awaited 10 Year Health Plan for England. The plan's explicit commitments to dementia focus primarily on prevention strategies, the establishment of a Modern Service Framework for Frailty and Dementia, and a firm recommitment to the Dame Barbara Windsor Dementia Goals Programme. Furthermore, while not explicitly framed around dementia, the plan's broader systemic ambitions — such as shifting care into the community through Neighbourhood Health Services, increasing primary care funding, and expanding the use of the NHS App — have the potential to indirectly improve the wider diagnostic pathway.

In Northern Ireland, the Regional Dementia Care Pathway provides a fully integrated, primary care-led delivery model to operationalise the region's broader strategy. It is designed to assist practitioners in delivering high-quality, consistent care at every stage of the condition, from the initial memory assessment through to end-of-life support.

In Scotland, the 10-year strategy Dementia in Scotland: Everyone's Story was published in May 2023. It takes a strong human-rights-based approach, focusing on tackling systemic stigma, delivering equitable access to post-diagnostic support, and ensuring that people living with dementia and their families are actively included in their communities.

In Wales, a draft Dementia Strategy for 2026 to 2036 is currently out for public consultation until April 2026. Replacing the 2018 Action Plan, this 10-year strategy was co-produced with people who have lived experience and focuses on delivering person-centred care, reducing societal stigma, and providing better practical support for unpaid carers.

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Upcoming plans

There is no new national dementia strategy for the United Kingdom on the immediate horizon.

There is no new national dementia strategy for the UK on the immediate horizon. Rather than pursuing a standalone national dementia strategy, the UK is shifting towards an integrated policy approach. According to Alzheimer's Disease International's latest From Plan to Impact publication, the UK is currently at Stage 2D. This indicates that dementia is under consideration for inclusion within a "grouped health plan", meaning it will likely be integrated into a broader framework encompassing related areas such as older persons' health, neurology, or non-communicable diseases.

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Policy gaps

Legal barriers

Recent NHS Operational Planning Guidance for 2025–26 removed the national target for diagnosing two-thirds of people with dementia, aiming to simplify priorities and increase local autonomy. Advocacy groups, including Alzheimer's Society, criticised this decision as it signals that dementia is no longer a national priority.

Recent policy changes in England have sparked significant concern among dementia advocacy organisations. The

NHS Operational Planning Guidance for 2025-26, which outlines the health service's priorities, has removed the national ambition to ensure at least two-thirds (66.7%) of people with dementia receive a formal diagnosis. The stated rationale for the broader changes to the guidance is to streamline national priorities, reduce the number of targets, and give local health systems more autonomy and flexibility to meet the needs of their populations. The Alzheimer's Society called the omission "unacceptable" and a "backwards step" that sends the message that dementia does not matter.

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Cultural barriers

No specific cultural barriers have been found.

Research

UK dementia research focuses on early, accessible diagnosis using blood biomarkers, AI prediction models, and non-invasive physiological indicators. Studies also examine tau-related gene variants and critical protein interactions that impact synaptic health, uncovering potential new strategies, such as repurposed drugs, to slow Alzheimer's disease progression and protect memory and neural function.

Selected academic institutions

The Alzheimer's Research UK Research Network comprises 12 Centres with a total of over 3,000 dementia researchers. Some Centres are single institutions, others include researchers from geographically close academic institutions. For example, London Centre includes University College London, Imperial College London, King's College London and St. Georges University of London. The full list is available at: https://www.alzheimersresearchuk.org/research/for-researchers/network-centres/ Additionally, UK Dementia Research Institute is based at University College London, and Centres are hosted at University of Cambridge, Cardiff University, The University of Edinburgh, Imperial College London, King's College London and the University of Surrey.

Clinical trials and registries

Join Dementia Research is a national service that allows people to register their interest in taking part in dementia research studies, including clinical trials. It matches volunteers with suitable studies based on their health and location. It's a partnership between the National Institute for Health and Care Research, Alzheimer's Research UK, and Alzheimer's Society.

Be Part of Research provides also information about clinical trials and other research happening across the UK from various registers.

References

- https://www.joindementiaresearch.nihr.ac.uk/
- https://bepartofresearch.nihr.ac.uk/

Selected innovative methods

UK dementia research is exploring less invasive, more accessible diagnostics through blood-based biomarkers, including the Blood Biomarker Challenge (READ-OUT, ADAPT), which aim for early, accessible detection of Alzheimer's. AI tools using cognitive tests and MRI predict Alzheimer's progression with high accuracy. Researchers are investigating non-invasive physiological markers, tau-related gene isoforms, and critical APP-talin interactions that affect synaptic function, pointing to new strategies, including repurposed drugs for memory preservation and synaptic integrity.

Significant efforts are focused on blood-based biomarker research to create less invasive, cheaper, and more accessible diagnostic tests for dementia. The Blood Biomarker Challenge is funding studies like READ-OUT at the University of Oxford, testing various blood tests for different dementia types, and ADAPT at UCL, focusing on the p-tau217 biomarker for early Alzheimer's disease diagnosis.

An AI tool developed at the University of Cambridge can predict the progression of Alzheimer's disease in individuals with early signs of dementia with high accuracy. This tool uses routinely collected cognitive test results and MRI scans to determine if and how quickly someone will progress to Alzheimer's disease, outperforming current clinical methods.

iLoF, a UK company, is developing Optomics technology, which uses photonics and AI to analyse blood-based biomarkers for next-generation Alzheimer's disease screening. This non-invasive and cost-effective method aims to improve early detection.

AINOSTICS Limited, another UK company, is creating AI-enabled technology to analyse brain scans to predict and characterize dementia risk by extracting detailed micro-structural information and comparing it to healthy populations.

Cumulus Neuroscience Limited has developed a platform to collect longitudinal, objective real-world data for neurodegenerative disease studies, including Alzheimer's disease. This platform uses a medical-grade EEG headset and tablet-based cognitive assessments for continuous monitoring at home and in clinics.

Researchers at Lancaster University have pioneered a new method to detect Alzheimer's disease by analysing the coordination between brain oxygenation, neuronal function, heart rate, and respiration. Their analysis of these physiological rhythms revealed a higher respiration rate in individuals with Alzheimer's disease, suggesting potential links to brain inflammation and offering a simple, non-invasive diagnostic approach.

Scientists at the University of Exeter Medical School are using advanced "long-read" sequencing technology to study gene expression in the brain in detail, identifying new versions of genes associated with tau protein accumulation in Alzheimer's disease. This research has uncovered specific gene isoforms linked to tau and has made their analysis tools publicly available.

One study in the UK has identified a crucial interaction between Amyloid Precursor Protein (APP) and talin, a synaptic protein, suggesting this interaction is vital for the mechanical integrity of synapses and memory. The research proposes that APP misprocessing in Alzheimer's disease disrupts this pathway, leading to synaptic degeneration and memory loss, and suggests repurposing cancer drugs that stabilize cell adhesions as a potential treatment.

References

- https://www.ucl.ac.uk/news/2024/apr/blood-tests-diagnosing-dementia-be-offered-uk-trial
- https://www.cam.ac.uk/research/news/artificial-intelligence-outperforms-clinical-tests-at-predicting-progress-of-alzheimers-disease
- https://www.ukri.org/news/uk-and-us-join-forces-to-tackle-dementia-with-innovative-biomarkers/
- https://gtr.ukri.org/projects?ref=10023783
- https://iuk-business-connect.org.uk/casestudy/real-world-data-capture-in-neuroscience/
- https://www.lancaster.ac.uk/news/a-new-approach-to-detecting-alzheimers-disease
- https://pmc.ncbi.nlm.nih.gov/articles/PMC11297290/
- https://news.liverpool.ac.uk/2024/11/27/new-discovery-could-offer-significant-answers-on-alzheimers-disease/

Support

UK dementia initiatives and media aim to enhance quality of life, independence, and support for people with dementia and their caregivers through social, cognitive, and technological approaches. Programs like Dementia Adventure and Sporting Memories Network encourage physical activity, cognitive stimulation, and social interaction, while DEEP and NIDUS-Family promote advocacy and goal-oriented independence. The Longitude Prize drives assistive technology innovation, and publications like Dementia Together provide stories, guidance, and updates for patients and carers, while Caring Times delivers professional insights into care practices and residential dementia services.

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 Society Dementia UK The Lewy Body Society John's Campaign Young Dementia Network

Selected initiatives

A variety of UK programs support people with dementia and their carers through social, cognitive, and technological approaches. Programs like Dementia Adventure and Sporting Memories Network promote physical activity, memory stimulation, and social interaction. DEEP empowers people with dementia to influence services and policies, while NIDUS-Family supports goal- oriented independence to reduce hospitalizations. The Longitude Prize incentivizes development of assistive technologies, which enable greater autonomy and improved quality of life for those living with dementia.

Dementia Adventure initiative

Dementia Adventure offers supported holidays and outdoor activities for people living with dementia and their carers. This initiative encourages physical activity and social engagement, providing an opportunity for individuals to connect with nature, reduce stress, and improve overall well-being.

DEEP initiative

Deep (Dementia Engagement and Empowerment Project) is a UK-wide network comprising approximately 80 groups of people with dementia. These groups collaborate to influence services and policies affecting their lives, ensuring that individuals with dementia have a voice in shaping their care and the systems that support them.

The NIDUS-Family Program

The NIDUS-Family Program helps individuals living with dementia set personal goals that support independence and reduce hospital stays. By focusing on personalised care and encouraging goal-setting, this program aims to enhance quality of life and minimize the need for frequent hospital visits.

The Longitude Prize on Dementia

The Longitude Prize on Dementia is a £1 million competition designed to support the development of technological solutions that enable people living with dementia to live more independently. This initiative encourages the creation of innovative tools and devices aimed at improving everyday life for individuals living with dementia, such as mobility aids, cognitive enhancement tools, and assistive technologies.

References

- https://dementiaadventure.org/
- https://www.dementiavoices.org.uk/
- https://www.alzheimers.org.uk/news/2024-11-19/nidus-family-programme-could-enable-people-dementia-live-more-independently
- https://dementia.longitudeprize.org/

Dedicated media outlets

Dementia Together Magazine, produced six times a year, is a publication with real-life stories, advice, and updates for people living with dementia. Caring Times is a magazine focused on the care sector, including residential care for people living with dementia.

References

- https://www.alzheimers.org.uk/get-support/publications-and-factsheets/dementia-together
- https://caring-times.co.uk/