Canada

Research conducted in 01/11/2025

Canada has a universal, government-funded healthcare system and has implemented a national dementia strategy to guide its approach to the condition. While the country has a strong research community and specialised care facilities, patients often face long waiting times for diagnosis. Some cultural and legal barriers persist that hinder access to support and care.

Highlights

Health system **Universal, Government-Funded (Mixed provision)**
ADI member association(s): **Alzheimer Society of Canada (ASC)**
National dementia plan: **A Dementia Strategy for Canada: Together We Aspire**
Dementia plan funding: **Funded plan**
Dementia prevalence rate: **1685**
Dementia incidence rate: **281**
Population: **40406030**
Median age: **41**
Health expenditure (% of GDP): **11**

Diagnosis

Canada's dementia diagnosis follows a structured, stepwise approach recommended by the 2019 CCCDTD, beginning with a detailed clinical assessment and input from an informant, complemented by cognitive and functional evaluations. MRI is standard for detecting atrophy or strokes, with CT as an alternative. FDG-PET and CSF biomarkers may clarify atypical or early-onset cases. Cognitive screening uses tools like MIS, Mini-Cog, AD8, MoCA 4, and GPCOG, followed by comprehensive tests if positive. Genetic testing is reserved for young-onset familial cases. Long waits, up to 28 months, stem from limited specialists and imaging resources. Patients face average out-of-pocket costs of $1,360 yearly.

Diagnosis pathway

In Canada, the 2019 Canadian Consensus Conference on the Diagnosis and Treatment of Dementia (CCCDTD) recommends a thorough, stepwise approach to dementia diagnosis. The process begins with a detailed clinical assessment, incorporating both the patient's history and input from a reliable informant, alongside a physical exam and evaluation of cognitive and functional abilities. Brain imaging with MRI is standard to detect strokes or patterns of atrophy linked to Alzheimer's disease, while CT serves as an alternative when MRI is unavailable. In atypical or unclear cases, FDG-PET can improve diagnostic certainty, and CSF analysis may be considered for early-onset patients under 65 to clarify Alzheimer's disease pathology.

The fifth Canadian Consensus Conferences on the Diagnosis and Treatment of Dementia (CCCDTD), that took place in 2019, outlined recommendations on the treatment and diagnosis of dementia. The diagnostic process starts with a comprehensive clinical assessment that includes taking a detailed history from the patient and a reliable informant, conducting a physical exam and assessing the patient's cognitive and functional status.

A Magnetic Resonance Imaging (MRI) of the brain is recommended as part of the standard diagnostic process to look for evidence of other conditions like strokes and to identify patterns of atrophy associated with Alzheimer's disease. A Computed Tomography (CT) scan is a suitable alternative if MRI is unavailable.

Fluorodeoxyglucose Positron Emission Tomography (FDG-PET) scans, which measure brain metabolism, can be useful for increasing diagnostic certainty in cases where the clinical presentation is atypical or unclear.

Cerebrospinal fluid (CSF) analysis is not recommended routinely, but it can be considered in dementia patients with diagnostic uncertainty and onset at an early age (65 years old) to rule out Alzheimer's disease pathophysiology.

References

- https://alz-journals.onlinelibrary.wiley.com/doi/full/10.1002/alz.12105

Wait times

Status: Long wait time

Dementia diagnosis in Canada can face long delays, with waits reaching up to 28 months due to limited dementia

specialists and imaging resources relative to high patient demand.

The waiting times for a dementia diagnosis in Canada are considerable, which is attributed to a high number of family physicians, but low number of dementia specialists and imaging equipment per capita. For example, according to one report, the waiting times for a dementia diagnosis can extend up to 28 months.

References

- https://alz-journals.onlinelibrary.wiley.com/doi/full/10.1002/alz.057288
- https://www.tvo.org/transcript/5007876

Diagnosis cost

Status: Partially covered
Beyond publicly funded dementia services, Canadian patients incur out-of-pocket costs averaging $1,360 annually for medications, care, or home-related expenses.

In addition to the government funded services, such as medical costs of diagnosing dementia, patients also have out-of-pocket expenses, whether for additional medication or care, or other household expenditures such as renovations. The average out-of-pocket expenses are estimated at $1,360 per year.

References

- https://alzheimer.ca/ab/sites/ab/files/documents/research_understanding-genetics-and-alzheimers-disease.pdf
- https://www.cancea.ca/wp-content/uploads/2023/07/CANCEA-Economic-Impact-of-Dementia-in-Canada-2023-01-08.pdf

Cognitive tests

Status: Available
Cognitive function assessment is achieved by using rapid psychometric screening tools such as the Memory Impairment Screen (MIS), clock drawing test (CDT), the Mini-Cog, the AD8, the four item version of the MoCA (Clock-drawing, Tap-at-letter-A, Orientation, and Delayed-recall), and the general practitioner (GP) Assessment of Cognition (GPCOG). If the initial screening is positive, it is advised to use a more comprehensive psychometric screening tool (the Modified Mini-Mental State [3MS] examination, the Mini-Mental State Examination [MMSE], or the Rowland Universal dementia assessment scale [RUDAS])

References

- https://alz-journals.onlinelibrary.wiley.com/doi/full/10.1002/alz.12105

Imaging tests

Status: Used in specific cases
Anatomical neuroimaging is recommended in most situations; MRI is recommended over CT. FDG-PET scan is recommended for patients with a diagnosis of a cognitive impairment, but whose underlying pathological process is

still unclear. If those patients cannot be practically referred for a FDG-PET scan, the recommendation is that a SPECT rCBF study be performed for differential diagnosis purposes. It is recommended that ordering PET amyloid imaging tests should be limited to dementia experts, and that an FDG-PET scan should be done prior to amyloid imaging.

References

- https://www.tvo.org/transcript/5007876

Genetic tests

Genetic testing is only an option for families with young-onset familial Alzheimer's disease, while genetic testing for sporadic Alzheimer's disease is not recommended. Prior to genetic testing, one is to contact their primary healthcare provider and/or genetic counsellor. Private testing options are also available.

References

- https://alzheimer.ca/ab/sites/ab/files/documents/research_understanding-genetics-and-alzheimers-disease.pdf

Biomarker tests

Status: Used in specific cases
CSF analysis is not recommended routinely, but it can be considered in people living with dementia with diagnostic uncertainty and onset at an early age (65 years old) to rule out Alzheimer's disease pathophysiology. CSF analysis can also be considered in people living with dementia with diagnostic uncertainty and predominance of language, visuospatial, dysexecutive, or behavioural features to rule out Alzheimer's disease pathophysiology. CSF and PET biomarkers are especially useful in complex or atypical presentations and early-onset cases, improving diagnostic accuracy and management; routine use in general practice is limited by accessibility, invasiveness, and cost.

References

- https://www.tvo.org/transcript/5007876
- https://www.sciencedirect.com/science/article/abs/pii/S0009912025001092?via%3Dihub

Treatment & care

In Canada, dementia care blends expert clinical support and community guidance. MINT Memory Clinics and Baycrest provide comprehensive, team-based care, while families face average out-of-pocket costs of $3,700 yearly. Caregivers are supported through Alzheimer Society groups and the Canada Caregiver Credit, helping them navigate daily challenges.

Specialized facilities and services

MINT Memory Clinics bring together multispecialty teams including doctors, nurses, social workers, and pharmacists working closely with families and community physicians to support dementia patients. Baycrest offers a full continuum of care on one campus, from independent living to post-acute hospital services.

MINT Memory Clinics' model consists of multispecialty, interprofessional teams that are specially trained in caring for people living with dementia and other memory difficulties. The teams are made up of family doctors, nurses, social workers, pharmacists and others who work closely with one's family doctor and members of community groups and specialist physicians to ensure patient's needs are taken care of. Baycrest is an academic health sciences centre providing a continuum of care for older adults, including independent living, assisted living, long-term care and a post-acute hospital, all within one campus.

Approved medication

Generic Name	Trade Name	Used for
Donepezil; Official National Product Information; https://pdf.hres.ca/dpd_pm/00083001.PDF	Aricept, Aricept ODT, Adlarity, Eranz, Memac, Alzepil, Davia, Donecept, Donep, Donepex, Donesyn, Dopezil, Yasnal, Memorit, Pezale, Redumas, Zolpezil, Namzaric*	Donepezil is indicated for the symptomatic treatment of mild to moderately severe Alzheimer's dementia. Official UK medicine details (MHRA SPC) link
Rivastigmine; Official National Product Information; https://pdf.hres.ca/dpd_pm/00075045.PDF	Exelon, Exelon Patch, Prometax, Rivastach, Nimvastid	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

Generic Name	Trade Name	Used for
Galantamine; Official National Product Information; https://pdf.hres.ca/dpd_pm/00075850.PDF	Razadyne, Razadyne ER, Reminyl, Reminyl XL, Nivalin, Lycoremine, Galsya	Galantamine is indicated for the symptomatic treatment of mild to moderately severe dementia of the Alzheimer type. Official UK medicine details (MHRA SPC) link
Memantine; Official National Product Information; https://pdf.hres.ca/dpd_pm/00048011.PDF	Namenda, Namenda XR, Ebixa, Memary, Axura, Akatinol, Maruxa, Nemdatine, Namzaric*	Treatment of adult patients with moderate to severe Alzheimer's disease. Official UK medicine details (MHRA SPC) link
Lecanemab; Official National Product Information; https://pdf.hres.ca/dpd_pm/00082171.PDF	Leqembi	Lecanemab is indicated for the treatment of mild cognitive impairment and mild dementia due to Alzheimer's disease in adult patients that are apolipoprotein E ε4 (ApoE ε4) heterozygotes or non-carriers. Official UK medicine details (MHRA 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

People with dementia face average out-of-pocket expenses of $3,700 annually, with costs over five times higher than for those without dementia. Long-term and home care drive expenses, while 350,000 care partners provide 470 million unpaid hours annually, valued at over $7.3 billion.

In addition to the government funded services, people living with dementia also have out-of-pocket expenses, whether for additional medication or care, or other household expenditures such as renovations. The average out-of-pocket expenses are estimated at $3,700 per year. Costs for those living with dementia are estimated to be five and one-half times greater than for those who are dementia-free. Long-term care and home care are the largest contributors to direct costs. A study found that in 2020 there were 350,000 care partners for people living with dementia. With an average of 26 hours of care per week, together this amounts to 470 million hours of care in a year. This number translates to a worth greater than $7.3 billion dollars for unpaid care.

References

- https://www.researchgate.net/publication/375890588_CANCEA_Economic_Impact_of_Dementia_in_Canada_2023-01-08
- https://archive.alzheimer.ca/sites/default/files/files/national/statistics/prevalenceandcostsofdementia_en.pdf

https://alzheimer.ca/sites/default/files/documents/Landmark-Study-1-Path-Forward-Alzheimer-Society-of-Canada-2022-wb.pdf

Caregiver support

The Alzheimer Society of Canada provides in-person and online caregiver support groups offering information and peer guidance. Additionally, caregivers can access the non-refundable Canada Caregiver Credit for supporting partners with physical or mental impairments.

Alzheimer Society of Canada offers support groups, in-person and online, for caregivers. Support groups are based on an Information and Mutual Aid model, which means that caregivers can expect to benefit from reliable information provided by Alzheimer Society staff, and from the wisdom and experience of other group members who are also facing the illness. Canada caregiver credit – non-refundable tax credit that is available to those who support spouses or common-law partners with a physical or mental impairment.

References

- https://alzheimer.ca/bc/en/help-support/programs-services/support-groups
- https://www.canada.ca/en/revenue-agency/services/tax/individuals/topics/about-your-tax-return/tax-return/completing-a-tax-return/deductions-credits-expenses/canada-caregiver-amount.html

Policy

Canada's first national dementia strategy, Together We Aspire (2019), aims to prevent dementia, advance therapies, and enhance quality of life, guided by principles of inclusivity, human rights, evidence, and results. Provincial initiatives in Ontario and New Brunswick are developing frameworks and funding to improve care. Persistent gaps include cultural barriers limiting BIPOC communities' access to support and legal challenges where families rely on court-appointed guardianships, highlighting the need for less restrictive alternatives like supported decision-making and personal directives.

National dementia plan

In 2019, Canada adopted its first national dementia strategy, Together We Aspire, following the 2017 Alzheimer's Disease and Other Dementias Act and a 2016 Senate report. The strategy seeks to prevent dementia, advance therapies, and improve quality of life for people with dementia and their caregivers. Guided by five principles including quality of life, inclusivity, human rights, evidence-informed decision-making, and results-focused tracking, it rests on five pillars: collaboration, research and innovation, data and surveillance, culturally appropriate information, and a skilled workforce, with annual progress reporting by the government.

Canada's first national dementia strategy "Together we aspire" was adopted in 2019; the strategy was a result of The National Strategy for Alzheimer's Disease and Other Dementias Act (the Act) was passed in June 2017 and followed a comprehensive report on dementia from the Senate in 2016. This Act requires the federal Minister of Health to develop a national dementia strategy, host a national conference and establish a Ministerial Advisory Board on Dementia.

The national strategy is built on three key components:
1. Three National Objectives:
- Prevent dementia.
- Advance therapies and find a cure.
- Improve the quality of life for people living with dementia and their caregivers.

2. Five Guiding Principles:
- Prioritize the quality of life.
- Respect and value diversity and inclusivity.
- Uphold the human rights, autonomy, and dignity of individuals.
- Use evidence-informed decision-making.
- Maintain a results-focused approach to track progress.

3. Five Foundational Pillars for Implementation:
- Collaboration among all partners.
- Research and innovation to find therapies and a cure.
- Surveillance and data to understand the scope of dementia in Canada.
- Information resources that are culturally appropriate.
- A skilled workforce for research and care.

The strategy places special emphasis on groups at higher risk or those who face barriers to care, including Indigenous peoples, women, older adults, and individuals with other health issues. The government is bound to report annually on the strategy's progress.

References

- https://www.canada.ca/en/public-health/services/publications/diseases-conditions/dementia-strategy.html#s2

Upcoming plans

In December 2024, Ontario passed the Improving Care in Ontario Act, mandating a provincial framework to enhance dementia care. Likewise, New Brunswick committed $2 million to develop a dementia strategy, setting priorities and funding to improve care and quality of life.

In December 2024, the Improving Care in Ontario Act received royal assent. This Act directs the Minister of Health to develop a provincial framework designed to support improved access to dementia care. This direction includes the requirement that a future framework "takes into consideration existing dementia care frameworks, strategies and best practices" and "leverages the expertise and capacities of key partners in Ontario's health system". Similarly, The New Brunswick government announced plans to invest $2 million in developing a provincial dementia strategy. In developing a comprehensive plan, the New Brunswick government will be tasked with identifying priorities and allocating funds to improve dementia care and quality of life across the province.

References

- https://geriatricsontario.ca/wp-content/uploads/2025/03/2025-04-08-Developing-a-Dementia-Framework-for-Ontario-Evidence-Scan-Results.pdf
- https://chco.tv/column-preserving-dignity-with-a-provincial-dementia-strategy/

Policy gaps

Legal barriers

When dementia impairs decision-making, families often face lengthy, costly court appointed guardianships that remove autonomy. Legally recognised alternatives such as supported decision making, powers of attorney, or personal directives, could let people retain control with guidance rather than lose their rights.

When a person living with dementia becomes incapable of managing their affairs without having planned, the only option is often a court-imposed guardianship, an intrusive process that removes their decision-making rights. The current legal system lacks sufficient alternatives. Without advanced tools in place, families often must seek court-appointed guardianship/trusteeship, an intrusive process that can remove decision-making rights and is lengthy, costly, and stressful. What's lacking are accessible, less-restrictive options that preserve autonomy and cover routine decisions – like supported decision-making, enduring/continuing powers of attorney for property, and personal directives or representation agreements for health and personal care – so the court is not the only path. Adopting legally recognised supported decision-making frameworks would help people living with dementia exercise their legal capacity with assistance rather than losing their rights.

References

- http://nidus.ca/PDFs/Nidus_Info_AdultGuardianship.pdf
- https://www.fieldlaw.com/insights/publication/Understanding-Adult-Guardianship-and-Trusteeship-in-Alberta
- https://inclusioncanada.ca/position-on-legal-capacity/

Cultural barriers

In Canada, cultural barriers limit dementia support access for BIPOC communities. Stigma, language differences, and scarce culturally appropriate resources hinder engagement, while some Indigenous perspectives favor community-based care over formal systems to preserve elders' roles and intergenerational knowledge.

Significant cultural barriers are present in Canada that prevent people in BIPOC (Black, Indigenous, and People of Colour) communities from accessing dementia support and participating in research. Factors such as stigma, language barriers, and a lack of culturally appropriate resources create obstacles for individuals seeking help from doctors or community organizations. A synthesis of qualitative evidence indicates that some Indigenous cultural understandings of dementia in Canada differ from a Western biomedical model. Consequently, informal and community-based models of care are often preferred – not because dementia is simply seen as a normal life stage, but because formal institutional caregiving is frequently viewed as disruptive to intergenerational knowledge transmission and undermining of elders' roles in community life.

Research

Canada is leveraging cutting-edge innovations to prevent and treat dementia. Cognitive tools like HippoCamera enhance memory retention and hippocampal activity, while focused ultrasound offers non-invasive, image-guided targeting for Alzheimer's disease, Parkinson's disease, depression, and other neurological conditions. Concurrently, the CAN-THUMBS UP (CTU) consortium of over 100 researchers promotes dementia risk reduction through its Brain Health PRO (BHPro) program – a 45-week, bilingual online platform combining multimedia modules, quizzes, and interactive exercises to encourage positive lifestyle changes, empower participants, and translate research insights into practical prevention strategies nationwide. These initiatives exemplify Canada's integration of neuroscience, technology, and public engagement in dementia care.

Selected academic institutions

University of British Columbia University of Victoria University of Calgary University of Alberta University of Lethbridge University of Saskatchewan University of Manitoba University of Toronto Western University University of Ottawa McMaster University Queen's University Trent University York University McGill University Université de Montréal Université Laval Université de Sherbrooke Dalhousie University

Clinical trials and registries

Alzheimer Society Research Portal connects researchers with Canadians looking to participate in studies. Health Canada's Clinical Trials Database is a public search tool for authorised clinical trials in Canada.

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References

- https://alzheimer.ca/find-studies/
- https://health-products.canada.ca/ctdb-bdec/?lang=eng

Selected innovative methods

Canada is advancing dementia prevention and treatment through innovative tools: HippoCamera enhances memory and hippocampal activity, focused ultrasound targets brain regions non-invasively for research and therapy, and CAN-THUMBS UP's Brain Health PRO delivers a 45-week, multimedia lifestyle program to reduce dementia risk.

HippoCamera: A mobile phone app developed by experts in cognitive psychology and neuroscience, HippoCamera has been shown to boost memory for specific events by over 50% and sharpen activity in the hippocampus, the area of the brain responsible for taking recent memories and making them last for the long term. Focused ultrasound – a non-invasive, image-guided surgical technology that uses ultrasound energy to target specific areas of the brain and body in the treatment, or investigation of safety and efficacy in several indications including

essential tremor, brain cancer, Alzheimer's disease, severe depression, and Parkinson's disease.

The Canadian Therapeutic Platform Trial for Multidomain Interventions to Prevent Dementia – CAN-THUMBS UP: A group of over 100 Canadian researchers within the Canadian Consortium on Neurodegeneration in Aging focused on addressing dementia prevention.

Their Brain Health PRO (BHPro) program: An innovative online program designed to reduce dementia risk through positive lifestyle changes – delivered over 45 weeks with 181 chapters across eight modules, in English and French, using multimedia content, quizzes, and interactive exercises with personalised profiles.

References

- https://hippocamera.com/elder-care
- https://sunnybrook.ca/content/?page=focused-ultrasound-treatment-research
- https://ccna-ccnv.ca/can-thumbs-up/

Support

Canada's dementia landscape combines cutting-edge research, targeted education, and community engagement. The CCNA unites top researchers and clinicians, while WBHI develops evidence-based programs to safeguard women's brain health. Complementing these efforts, the Dementia Dialogue podcast amplifies lived experiences, providing practical guidance and fostering connection among people with dementia, care partners, and the broader community.

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 Society of Canada AGE-WELL The Canadian Association on Gerontology (CAG) Canadian Home Care Association (CHCA)

Selected initiatives

The Canadian Consortium on Neurodegeneration in Aging (CCNA) fosters collaboration among leading dementia researchers and clinicians, while the Women's Brain Health Initiative (WBHI) develops evidence-based education, prevention, and research to protect women's cognitive health.

Canadian Consortium on Neurodegeneration in Aging (CCNA)

CCNA provides infrastructure and support that facilitates collaboration amongst Canada's top dementia researchers and clinicians.

Women's Brain Health Initiative (WBHI)

(WBHI) helps protect the brain health of women, caregivers, and their families by creating evidence-informed preventative health education solutions to safeguard mental wellness and prolong cognitive vitality and fund research to combat brain-aging disorders that disproportionately affect women

References

- https://ccna-ccnv.ca
- https://womensbrainhealth.org

Dedicated media outlets

Dementia Dialogue – This podcast provides people with lived experience a way to share their stories with each other and the broader community. Listeners who live with dementia, care partners, and others gain insight and strengthen their adaptive skills.

References

- https://www.dementiadialogue.ca/about