

Chile

Research conducted in 01/11/2025

Chile's progressive National Dementia Plan, which actively funds community care centers, is backed by a vibrant research ecosystem. Institutions like BrainLat are developing AI-powered speech diagnostics, while others are pioneering novel therapeutic theories based on neuroimmunomodulation. This modern public health framework, however, coexists with an archaic legal code that allows a person with dementia to be declared in interdiction, a judicial process that automatically and permanently strips them of their right to vote.

Highlights

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

ADI member association(s): **Alzheimer's Corporation Chile**

National dementia plan: **National Dementia Plan (2017-2025)**

Dementia plan funding: **Funded plan**

Dementia prevalence rate: **846**

Dementia incidence rate: **151**

Population: **19891309**

Median age: **37**

Health expenditure (% of GDP): **10**

Diagnosis

In Chile, Alzheimer's diagnosis usually begins in primary care, where a general practitioner conducts cognitive screening (MMSE, MoCA, Phototest) and basic lab tests before referring the patient to a neurologist or geriatrician for confirmation and CT or MRI imaging. While the GES-85 guarantee ensures diagnostic confirmation within 60 days, public system patients often face a prior specialty waitlist with a median wait of 255 days. Diagnosis is covered under GES-85 in both the public and private systems, including consultations, cognitive tests, and structural imaging, providing financial protection for patients.

Diagnosis pathway

In Chile, the diagnostic pathway for Alzheimer's disease is defined by national clinical guidelines and the GES-85 guarantee (Explicit Guarantees in Health), which covers dementia.

In the public system (FONASA), diagnosis typically begins in primary care (APS), where a general practitioner conducts cognitive screening and laboratory tests. If dementia is suspected, the patient is referred to a neurologist or geriatrician for confirmation and neuroimaging (CT/MRI). After diagnosis, patients are referred back to primary care for ongoing management.

In the private system (ISAPRE), patients can consult a neurologist directly without GP referral. The specialist may activate GES-85 at the first visit, allowing faster access and avoiding public system bottlenecks.

The diagnostic pathway for Alzheimer's disease patients in Chile is defined by the clinical guidelines and Network-Based Resolution Protocol. For the majority of the Chilean population covered by the public system (FONASA), the diagnostic pathway begins at Primary Care (APS), where a general practitioner (GP) lodges a suspicion, often following a consultation or preventative exam. The GP then administers cognitive screening tests and orders a standard battery of laboratory exams to rule out reversible causes. If AD is still suspected, the patient is referred to a specialist (neurologist or geriatrician) for confirmation, differential diagnosis, and neuroimaging (CT/MRI). Once a diagnosis is confirmed, the specialist counter-refers the patient back to their APS clinic for ongoing management.

The private (ISAPRE) system pathway allows patients to bypass the GP referral process and book appointments directly with a neurologist, either in-person or via telemedicine. In this model, the specialist can activate the GES-85 guarantee at the first consultation. GES, which stands for Explicit Guarantees in Health, is Chile's national plan that ensures timely access and financial protection for a list of priority conditions; Problem 85 specifically covers Alzheimer's disease and other dementias. This direct access avoids the significant bottlenecks of the public system, which is hampered by a lack of specific financing and resources at the APS level.

References

- https://www.saludtarapaca.gob.cl/wp-content/uploads/2023/10/RESOL.-N%C2%B0-1875_Protocolo_Enfermedad-Alzheimer.pdf
- https://www.superdesalud.gob.cl/app/uploads/2024/03/articles-18929_archivo_fuente.pdf
- <https://repositorio.uchile.cl/bitstream/handle/2250/204390/Tesis%20Pi%CC%81a%20Casas%20Saa.pdf?sequence=1&isAllowed=y>

Wait times

Status: Medium wait time

GES-85 guarantees diagnosis within 60 days (and differential diagnosis within 180 days); however, FONASA patients must first pass through a non-GES specialty waitlist, where the median wait is 255 days (June 2024).

While the official GES-85 guarantee mandates a maximum wait of 60 days for diagnostic confirmation and 180 days for a differential diagnosis after a suspicion is lodged, the public system's reality is dictated by a pre-guarantee bottleneck. FONASA patients must first get on the non-GES waitlist for a new specialty consultation, which had a median wait time of 255 days as of June 2024.

References

- <https://repositorio.uchile.cl/bitstream/handle/2250/204390/Tesis%20Pi%CC%81a%20Casas%20Saa.pdf?sequence=1&isAllowed=y>
- https://obtienearchivo.bcn.cl/obtienearchivo?id=repositorio/10221/36366/2/BCN_Tiempos_de_espera_para_atencion_en_salud_EG_final.pdf

Diagnosis cost

Status: Partially covered

Under the GES-85 guarantee, Alzheimer's diagnosis is covered in both the public and private health systems, including GP and specialist consultations, cognitive testing, and structural imaging (CT/MRI).

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References

- <https://auge.minsal.cl/problemasdesalud/lep/85>

Cognitive tests

Status: Available

In clinical and research settings, several cognitive tests have been validated for the Chilean population in Spanish language. The Mini-Mental State Examination (MMSE) is widely used in Chile as a baseline tool. Montreal Cognitive Assessment (MoCA) is also validated and recommended in the clinical guidelines. The Phototest is also used in primary care, particularly in rural settings.

References

- <https://pubmed.ncbi.nlm.nih.gov/15382519/>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC9745978/>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC7670370/>
- https://www.researchgate.net/publication/284073750_Diagnostic_accuracy_of_the_phototest_for_cognitive_impairment_and_dementia_in_Chile

Imaging tests

Status: Commonly used

The structural neuroimaging (CT and MRI) is a guaranteed and accessible component of the standard dementia

workup in Chile. The GES N-85 Specific List of Services explicitly includes coverage for both. Any patient with suspected dementia is entitled to a CT or MRI scan as part of their 60-day diagnostic confirmation process. Advanced molecular imaging is restricted and their use is limited to research or private settings.

References

- <https://auge.minsal.cl/problemasdesalud/lep/85>
- <https://www.ucchristus.cl/pet-ct>

Genetic tests

Testing for the apolipoprotein E (APOE) allele or for the rare, autosomal dominant mutations in the PSEN1, PSEN2, or APP genes that cause familial AD is not available in Chile.

Biomarker tests

Status: Used in specific cases

The GES N-85 basket does include CSF analysis, but this is for differential diagnosis – to rule out infections, inflammation, or malignancies. It does not include the specific immunoassays for p-tau required for a biological AD diagnosis. In Latin America, including Chile, one study showed that MRI is the most widely used, while CSF biomarkers are the least common, though many professionals are interested in adopting them.

Blood-based biomarker tests are still in the research phase and have not yet been integrated into standard clinical practice in Chile. At the same time, a private commercial market has developed. One non-invasive blood test is marketed for the early detection of Alzheimer's disease.

References

- <https://auge.minsal.cl/problemasdesalud/lep/85>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC10906502/>
- <https://alztau.cl/>

Treatment & care

Chile guarantees access to Alzheimer's diagnosis and treatment under the GES-85 plan in both the public and private systems, with services free in the public network and a 20% copayment in the private system. Specialised memory units operate in selected public hospitals, and community day Centres and home-care Programmes provide additional support, but overall capacity remains limited and long-term residential care is largely privatised. The GES basket covers consultations, specialist care, imaging, and follow-up, but excludes high-cost dementia medications and long-term caregiving services. Financial support for caregivers is minimal, with small stipends available under strict conditions, while most psychosocial support is delivered by non-governmental organisations.

Specialized facilities and services

Under the GES-85 guarantee, people with Alzheimer's disease in Chile are legally entitled to diagnosis, treatment, and follow-up care in both the public (FONASA) and private (ISAPRE) systems. However, despite this legal guarantee, the public system faces capacity constraints, limited Specialised units, and long waiting times, while private care offers faster access at higher cost.

Specialised multidisciplinary memory units operate in selected public hospitals (including Hospital del Salvador, Hospital Base de Valdivia, Hospital Clínico de Magallanes, and Hospital Clínico Regional Dr. Guillermo Grant Benavente) and focus on differential diagnosis and treatment planning. Community dementia support is provided through MINSAL's Centros de Apoyo Comunitario para Personas con Demencia and SENAMA Day Centres, while long-term residential care is predominantly private. Home-based care is delivered through the PAD Programme via local CESFAM centres.

Specialised, multidisciplinary units are located within public hospitals (secondary or tertiary care). Their function is to receive complex referrals from the primary care network, perform the definitive differential diagnosis, and establish the comprehensive treatment plan. The national dementia plan has actively funded the creation of these units outside the capital, representing a tangible effort at decentralisation. Identified public units include the Memory and Neuropsychiatry Centre at the Hospital del Salvador, the Memory Unit at the Valdivia Base Hospital, the Memory Unit at the Magallanes Clinical Hospital, and the Memory Unit at the Dr. Guillermo Grant Benavente Regional Clinical Hospital. Private clinics are overwhelmingly concentrated in Santiago and offer immediate access to those who can pay.

In the public system, there are two main non-residential day centre programmes. The MINSAL Centros de Apoyo Comunitario para Personas con Demencia were created under the National Dementia Plan, and they provide community-based care for people with dementia and training for their caregivers. The SENAMA Day Centres for the Elderly (CEDIAM) offer general support for older adults, focusing on social and recreational activities rather than dementia care. There are only 22 public, SENAMA-funded residential facilities nationwide, compared to over 900 private ones.

For people with severe healthcare needs who cannot leave home, the Home Care Programme (PAD) provides home visits by a team from the local Family Health Centres (CESFAM), including doctors, nurses, and kinesiologists. This is the main long-term public support option, as residential care is very limited.

While Chileans have a legal right to palliative care for dementia with the establishment of the new law, the system to provide it is still being built, and access is not yet guaranteed in practice. Ministry of Health teams are developing the regulations, supported by a \$13 billion budget (from 2022) intended for new hires and supplies, to progressively expand the 136 existing palliative care units to include non-oncological patients, with an initial goal of adding 5,000 people in the first year.

Approved medication

Generic Name	Trade Name	Used for
Donepezil	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	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
Memantine	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

*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

Under the GES-85 guarantee, Alzheimer's treatment services are free for FONASA patients in the public system, while ISAPRE beneficiaries pay a 20% copayment on a standardised reference price. However, the GES basket covers medical consultations and standard services only and does not include high-cost dementia medications. Rehabilitation therapies (occupational, speech, physical) are covered for patients registered with a disability, with session co-payments but no annual limit. Long-term caregiving, home carers, and residential nursing homes are not covered by health insurance. Limited public support exists through home-care programmes for severely dependent or socially vulnerable older adults.

The guaranteed "treatment" basket under the GES plan has a fee, which covers the medical service but does not include the high-cost pharmaceuticals used to manage Alzheimer's disease. The fee for the guaranteed GES treatment basket for Alzheimer's disease in Chile is 0% (free) for all FONASA beneficiaries using the public network, while ISAPRE beneficiaries must pay a 20% copayment on a standardised reference price. However, this fee only covers the services defined in the guaranteed basket and does not include high-cost pharmaceuticals that fall

outside of that plan.

Coverage for occupational therapy, speech therapy, and physical therapy exists through a separate, parallel pathway. Both FONASA and ISAPRES are legally required to cover these therapies for beneficiaries with a disability. To qualify for this benefit, the person must be officially enrolled in the National Registry of Disability. Patients are required to pay a co-payment for each session they attend. The relevant healthcare benefit for these services is the elimination of the annual limit on the number of sessions covered by insurance. This allows individuals to receive ongoing therapy as medically required without a yearly cap.

Neither FONASA nor ISAPRE covers the cost of long-term human care, at-home caregivers, or residential nursing homes (ELEAMs), as these are not considered medical services. The Ministry of Health's Programme for People with Severe Dependency and Caregivers provides in-home health support for severely dependent patients (measured by the Barthel Index). Separately, the Ministry of Social Development offers a Home Care Programme that provides social support (trained assistants) for patients over 60 who are in the 60% most vulnerable socioeconomic bracket per the Social Registry of Households.

References

- <https://www.saludtarapaca.gob.cl/wp-content/uploads/2023/11/85-Alzheimer.pdf>
- https://www.senadis.gob.cl/pag/568/1857/beneficios_en_prestaciones_de_kinesiologia_fonoaudiologia_y_terapia_ocupacional
- <https://www.ventanillaunicasocial.gob.cl/centro-de-ayuda/ficha/65/fonoaudiologia-kinesiologia-terapia-ocupacional-personas-discapacidad>
- https://www.superdesalud.gob.cl/orientacion-en-salud/fonasa-o-isapre/#accordion_0
- <https://www.ventanillaunicasocial.gob.cl/ficha/294/atencion-domiciliaria-personas-dependencia-severa>
- <https://portal.saludarica.cl/programas-de-salud/programa-atencion-domiciliaria-personas-dependencia-severa/>

Caregiver support

Direct financial aid for caregivers in Chile is limited to a monthly stipend of up to CLP 32,991 (approx. USD 35), available only if the patient is enrolled in the public home health Programme and not living in a residential facility. Financial support is mainly directed to patients through pensions such as the Basic Solidarity Disability Pension (PBSI), which provides up to CLP 250,000 (approx. USD 265) per month. Psychosocial support is primarily provided by NGOs such as Alzheimer's Corporation Chile and COPRAD.

Direct financial aid for caregivers is limited to a monthly stipend that can reach \$32,991 CLP (35 USD dollars). Access to this payment is strictly contingent on the patient being enrolled in the public home health Programme, and not living in a residential facility.

More substantial financial support is directed to the patient, not the caregiver, through pensions like the Basic Solidarity Disability Pension (PBSI), which provides up to \$250,000 CLP (265 USD dollars) monthly but is restricted to patients between the ages of 18 and 64.

Finally, vital psychosocial support, such as caregiver counselling, helplines, support groups, and respite care, is primarily provided by non-governmental organisations like Alzheimer's Corporation Chile and COPRAD.

References

- <https://www.ventanillaunicasocial.gob.cl/ficha/332/pago-cuidadoras-personas-discapacidad-estipendio>

<https://www.chileatiende.gob.cl/fichas/5178-pension-basica-solidaria-de-invalidez-pbsi>

- <https://www.facebook.com/ALZ.Chile/>
- <https://www.coprad.cl/orientacion/cuidadores-familia/>

Policy

Chile adopted its National Dementia Plan in 2017, prioritising risk reduction, early diagnosis, improved treatment access, caregiver support, and integration of dementia care into the public health system. While the plan created a formal national framework and expanded services, implementation has been uneven and no updated national strategy has followed.

In Chile, people with dementia can be judicially placed under interdiction, which replaces their decision-making with that of a court-appointed curator. Once declared “incapable,” they automatically lose their right to vote and are removed from the electoral roll. According to analysis from the University of Chile, this framework violates the human rights model established by the UN (CRPD). Combined with persistent social stigma, it reinforces exclusion and undermines the autonomy, dignity, and civic identity of people living with dementia in Chile.

National dementia plan

Chile adopted its National Dementia Plan in 2017, with a strong focus on risk reduction, early diagnosis, improved access to treatment, and better support for patients and caregivers. The strategy emphasizes integrating dementia care into the broader health system, strengthening primary and specialist services, training healthcare professionals, reducing stigma, and promoting research. It also aims to foster dementia-friendly communities and respond to the country’s rapidly ageing population. However, despite being formally adopted, the plan has not been fully implemented or consistently communicated nationwide.

In Chile, the Ministry of Health strategically focuses on dementia risk reduction, an approach adapted to the local context where modifiable risk factors account for a significantly higher proportion (62%) of dementia risk compared to the worldwide average (40%).

The Chilean National Dementia Plan, introduced in 2017, is a comprehensive initiative aimed at improving the care and support for individuals with dementia in Chile. It is designed to enhance early diagnosis, improve access to treatment, and provide better quality of life for patients and their families. Key objectives include the development of public policies to increase awareness and reduce stigma around dementia, strengthening healthcare services, and ensuring a more coordinated approach between primary care, specialists, and social services. The plan also emphasizes training healthcare professionals, increasing support for caregivers, and fostering research on dementia.

A central focus of the plan is the integration of dementia care into Chile’s broader healthcare system, aiming for a holistic, person-centred approach. This includes promoting the establishment of dementia-friendly communities and strengthening the country’s capacity to manage the growing number of dementia cases due to an ageing population. The plan also sets goals for international collaboration and participation in global dementia networks.

While adopted, this national dementia plan is not fully communicated.

References

<https://www.alzint.org/u/From-Plan-to-Impact-VIII.pdf>

Upcoming plans

Chile has not announced any new specific strategies or policies beyond the 2017 National Dementia Plan, but ongoing efforts include enhancing dementia care infrastructure and integrating it more deeply into the public health system.

Policy gaps

Legal barriers

The judicial process of “interdiction” classifies individuals with dementia as “absolutely incapable,” substituting their autonomy with a legal guardian and permanently suspending their constitutional right to vote.

The primary legal barrier influencing stigma in Chile is the declaration of interdiction for dementia. The analysis of Chile’s legal framework on interdiction by dementia reveals that this regime is not a “support” system, but a “substitution” system. Rooted in the 19th-century Civil Code’s classification of people with dementia as “absolutely incapable”, the interdiction process does not assist the person in making their own decisions; it substitutes their will entirely with that of the curador. According to an analysis conducted at the Faculty of Law, University of Chile, this regime is a violation of the human rights model established by the UN CRPD, which Chile ratified in 2008. This structural stigma has severe consequences for civil rights. Most profoundly, the Political Constitution of Chile explicitly suspends the right to vote for any individual who has been judicially declared in interdiction for dementia. The courts are required to report these declarations to the Electoral Service, which then removes the person from the electoral roll, effectively erasing their civic identity.

References

- <https://www.penalzoabogados.cl/blog/guia-para-la-interdicion-por-demencia/>
- https://www.scielo.cl/scielo.php?pid=S0718-09502019000100117&script=sci_arttext&tlng=pt
- <https://repositorio.uchile.cl/bitstream/handle/2250/189911/El-regimen-de-interdicion-por-demencia-una-obligacion-pendiente-en-materia-de-discapacidad.pdf?sequence=1>
- https://obtienearchivo.bcn.cl/obtienearchivo?id=repositorio/10221/37451/1/BCN_Interdicion_y_derechos_politicosVF_pdf_.pdf

Cultural barriers

Pervasive social stigma results in internalised devaluation and self-isolation for those living with dementia, mirroring legal definitions of incapacity and significantly restricting their social participation.

A qualitative explorative study focusing on people with early-stage Alzheimer’s disease in Santiago showed that individuals internalize negative public attributes, and this self-stigma manifests in two destructive ways, through: 1) a profound sense of devaluation and blame; 2) a “restriction of participation” in social life, leading to self-isolation. This cultural and psychological phenomenon, where the person feels devalued, directly mirrors the legal framework that officially declares them “incapable”. The government has begun to formally track this issue, including modules to measure these phenomena.

Research

Dementia research in Chile is led by major academic Centres including the University of Chile, Pontifical Catholic University of Chile (CARE-UC), the Geroscience Centre (GERO), the Latin American Brain Health Institute (BrainLat), Andrés Bello University, and the International Centre for Biomedicine. Research focuses on early detection, brain inflammation, metabolic risk factors, AI-based diagnostic tools, and biomarker development. Chile is also developing national data systems, including the REMEMVER registry project. All clinical trials are regulated and registered by the Public Health Institute of Chile (ISP).

Selected academic institutions

[Geroscience Centre for Brain Health and Metabolism](#) [Latin American Brain Health Institute at the Adolfo Ibáñez University](#) [University of Chile](#) [Pontifical Catholic University of Chile](#) [Andrés Bello University](#) [International Centre for Biomedicine](#)

Clinical trials and registries

The regulatory body for all clinical trials in Chile is the Public Health Institute of Chile (ISP). The ISP maintains the official national registry of all authorized clinical trials.

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References

- <https://www.ispch.gob.cl/anamed/estudios-clinicos/>

Selected innovative methods

Chile hosts several innovative dementia research initiatives. Scientists at the International Centre for Biomedicine and the University of Chile are studying how brain inflammation contributes to Alzheimer's and testing a nutraceutical therapy. At CARE-UC, researchers are exploring how brain-protective pathways break down in dementia and whether the diabetes drug metformin could help protect cognitive function. The Geroscience Centre (GERO) is tracking older adults to identify early warning signs of dementia and building national data systems, while BrainLat is developing AI-based speech analysis tools to detect dementia earlier and studying genetic and social risk factors across Latin America.

Researchers at the International Centre for Biomedicine (ICC) and University of Chile are working on the Neuroimmunomodulation Theory, which proposes that chronic neuroinflammation is the primary trigger for the tau protein pathology that causes Alzheimer's disease. Researchers at the ICC are also working on a nutraceutical therapy developed from endemic Andean Shilajit that completed a Phase II clinical trial for its potential to block tau aggregation.

Researchers at the Centre for Ageing and Regeneration (CARE-UC) at Pontifical Catholic University of Chile are working on the WNT Signaling Hypothesis, which identifies the collapse of this critical neuroprotective pathway as a triggering factor for the onset of AD. Researchers at the CARE-UC are also working on repurposing the common diabetes drug Metformin as a potential neuroprotective therapy, based on the strong metabolic links between Type 2 Diabetes and Alzheimer's disease.

Researchers at the Geroscience Centre for Brain Health and Metabolism (GERO) are working on a longitudinal cohort study to track elderly individuals with subjective cognitive complaints to discover the earliest biomarkers and functional changes that predict a future dementia diagnosis. Researchers at GERO are also collaborating with the University of Chile on the REMEMVER project, the first national data registry in Latin America to unify clinical and social data from dementia patients, a project supported by the Alzheimer's Association.

Researchers at the Latin American Brain Health Institute at the Adolfo Ibáñez University (BrainLat) are working on an AI-powered diagnostic tool, Automated Speech Analysis, that Analyses linguistic and acoustic features of speech to detect dementia and predict its severity. This institution also co-leads the ReDLat consortium, a major multi-national effort to build a platform that characterises the unique genetic and social profiles of dementia in over 4,000 people across Latin America.

References

- <https://pmc.ncbi.nlm.nih.gov/articles/PMC10288808/>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC10383824/>
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- <https://pubmed.ncbi.nlm.nih.gov/33238908/>
- <https://www.gbhi.org/news-publications/innovative-research-will-use-ai-understand-dementias-linguistic-footprint-latin>
- https://brainlat.uai.cl/assets/uploads/2023/04/brainlat_brochure-2022_english.pdf

Support

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 Corporation Chile](#) [COPRAD - Association of Relatives of People with Alzheimer's and other Dementias of Chile](#)

Selected initiatives

COPRAD

They has previously organized memory cafes, but these events are not held regularly.

References

- <https://www.coprad.cl/cafe-alzheimer-4/>

Dedicated media outlets

There isn't a separate dedicated information outlet for Alzheimer's disease in Chile, but NGOs such as Alzheimer's Corporation Chile and COPRAD provide comprehensive information and support on the disease.