Taiwan

Research conducted in

Taiwan has universal health coverage through National Health Insurance (NHI) and a dedicated Long-Term Care Plan 2.0 (LTC 2.0), which builds a community-based "A-B-C" network of service points (integrated centres, local stations, and neighbourhood outlets) to keep older adults at home with care coordination, respite, transport, and home services. The government also runs a Dementia Prevention and Care Policy & Action Plan 2.0 (2018–2025) to scale early detection, standardised diagnosis and treatment, caregiver training, and dementia-friendly communities. Despite national frameworks, gaps persist. Access to long-term care and specialist services is more reliable in cities than in remote, rural, or indigenous areas, where geography and workforce constraints reduce uptake. Implementation of LTC 2.0 continues to expand coverage, but evaluations note uneven availability and the need to strengthen assessment, case management, and local capacity. Overall, Taiwan combines universal medical coverage with a maturing community long-term care system and a national dementia plan, yet must continue investing in rural and indigenous access, caregiver supports, and on-the-ground service density to meet the demands of a super-ageing population.

Highlights

Health system **Universal health care with mixed provisions**
ADI member association(s): **Taiwan Alzheimer's Disease Association**
National dementia plan: **Dementia Prevention and Care Policy & Action Plan 2.0**
Dementia plan funding: **Funded plan**
Dementia prevalence rate: **1042**
Dementia incidence rate: **183**
Population: **23072294**
Median age: **45**
Health expenditure (% of GDP): **6**

Diagnosis

Dementia diagnosis in Taiwan is supported by the National Health Insurance (NHI) system, which allows access through primary care or specialist hospital services. Evaluation typically includes cognitive screening tests such as MMSE and MoCA-T, with CT or MRI imaging widely available in hospitals. Waiting times are generally reliable but vary by hospital level, with larger university hospitals often having longer waits than regional facilities. Advanced diagnostics, such as CSF biomarkers or PET imaging, are used mainly in selected cases at large medical centres. Most diagnostic services are covered by NHI with modest copayments, while certain advanced tests may require out-of-pocket payment.

Diagnosis pathway

People can access dementia assessment through primary care or directly through specialists in major hospitals, supported by the open-access National Health Insurance (NHI) system. Suspected cases are usually evaluated in neurology or psychiatry departments at large medical centres, where patients receive cognitive testing, imaging, treatment and family counselling. The Long-Term Care Plan 2.0 (LTC 2.0) community network supports referrals, early detection and follow-up care.

In Taiwan's major metropolitan areas, such as Taipei, Taichung, and Kaohsiung, most patients enter the dementia pathway either through primary care clinics or by going directly to specialists in large hospitals, reflecting Taiwan's open-access National Health Insurance (NHI) model. Suspected cases are typically referred to neurology or psychiatry departments in major medical centres such as the National Taiwan University Hospital (NTUH), Taipei Medical University/Wanfang Hospital (TMU/Wanfang), Taipei Veterans General Hospital (TVGH), and the Chang Gung Medical System. These hospitals provide standardised cognitive evaluations, neuroimaging, medication management, and structured family counselling. NHI ensures national access, while the Long-Term Care Plan 2.0 (LTC 2.0) builds an A–B–C community service network to support navigation, referrals, home visits, and early detection. Outside large urban areas, the availability of specialists is thinner, leading to regular patient travel to regional or tertiary hospitals. LTC 2.0's expansion into towns and rural districts has reduced some access gaps, but urban–rural disparities persist, especially in case management capacity, caregiver support, and community-based follow-up. Academic reviews highlight uneven distribution of trained dementia coordinators and emphasise the need for strengthened community infrastructure and workforce development.

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Wait times

Status: Short to medium wait time

Generally reliable. Waiting times vary by hospital level, with large university hospitals often having longer waits due to higher demand, while regional hospitals typically offer faster appointments. Private hospitals may provide quicker access for some services but may involve higher out-of-pocket costs for non-covered services.

Under the NHI system, access to specialists, CT/MRI, and routine diagnostic tests in major public and private hospitals is generally reliable. Practical waiting times vary depending on hospital tier: large university hospitals have higher demand, while regional hospitals often offer faster scheduling. Taiwan's tiered copayment policy encourages patients to use primary and community providers first, indirectly affecting wait patterns. Private hospitals can offer faster appointments for some services, although non-covered advanced imaging or branded drugs require higher out-of-pocket payments. In July 2023, NHI adjusted outpatient and emergency copayments to reinforce tiered access and reduce unnecessary high-level hospital visits, aiming to redirect stable patients towards contracted community providers.

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Diagnosis cost

Status: Partially covered

Under Taiwan's National Health Insurance (NHI), consultations, standard tests, and medically necessary imaging are covered with modest copayments, which vary by facility level (lower in community clinics and higher in major hospitals). Advanced diagnostics or services not covered by NHI, such as some PET scans or branded medications, must be paid out of pocket, with hospitals providing itemised billing.

Taiwan's NHI covers primary and specialist consultations, standard laboratory tests, and medically necessary neuroimaging as long as referral rules are followed. Copayments apply at each level and are tiered by facility type: lower for community clinics and higher for academic medical centres. The July 2023 NHI reforms reinforce this tiering to reduce overcrowding in major hospitals. If individuals go directly to district hospitals, regional hospitals, or medical centres without a referral (except for dental care and traditional Chinese medicine therapy), the basic outpatient copayment will be NT$30, NT$140, and NT$250 higher, respectively, than if they had a referral. Advanced diagnostics not listed as NHI benefits, including certain branded medications, comfort services, and some PET scans, are paid out of pocket, with hospitals required to provide itemised receipts separating NHI-covered and non-covered items.

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Cognitive tests

Status: Available

Routine cognitive assessments use the Mini-Mental State Examination (MMSE) test and the Montreal Cognitive Assessment Taiwanese (MoCA-T). Recent studies validated MoCA-T for the Taiwanese linguistic and educational context, showing higher accuracy compared with MMSE and clinical utility for patients living with mild cognitive impairment (MCI) in Taiwan.

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Imaging tests

Status: Commonly used

Computerised Tomography (CT) and Magnetic Resonance Imaging (MRI) are available in tertiary and many regional hospitals. Positron Emission Tomography (PET) imaging, including amyloid PET and, more recently, tau PET, is concentrated in university centres and available mainly for complex differential diagnosis, younger-onset dementia, or research cohorts.

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Genetic tests

There is no evidence that genetic testing for APOE and monogenic mutations (APP, PSEN1, PSEN2) is part of the routinely reimbursed pathway. However, it is possible to have the test done in private clinics, such as Genetrack Taiwan. This is consistent with regional practice, where diagnosis is primarily the result of clinical criteria, imaging, and biomarkers rather than by APOE status.

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Biomarker tests

Status: Commonly used

Large tertiary centres provide CSF biomarker testing (Aβ42/40 ratio, t-tau, p-tau) in selected cases. The Taiwan Dementia Society released, in 2024, recommendations outlining principles for adopting blood-based biomarkers (including plasma p-tau181 and p-tau217, and plasma Aβ42/40) as clinical screening tools with confirmatory testing. Moreover, a recent study using prospective plasma samples from the Taiwan Alzheimer's Disease Neuroimaging Initiative (Taiwan-ADNI) integrated plasma p-tau217 screening with follow-up amyloid PET for diagnostic confirmation into prediction models of Alzheimer's disease and tau burden in the Taiwanese population.

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Treatment & care

Dementia treatment and care in Taiwan are supported by major university hospitals and a nationwide community network under Long-Term Care Plan 2.0 (LTC 2.0), which connects hospital services with local support, day care, rehabilitation, and caregiver programmes. Standard Alzheimer's medications are covered under the National Health Insurance (NHI) with modest copayments, while newer anti-amyloid therapies are generally not reimbursed and may require self-payment or participation in clinical studies. Caregiver support is mainly provided through LTC 2.0 services and additional programmes from organisations such as the Taiwan Alzheimer's Disease Association.

Specialized facilities and services

Dementia diagnosis and care in Taiwan are mainly provided by major university hospitals such as National Taiwan University Hospital, Taipei Veterans General Hospital, the Chang Gung Memorial Hospital network, and Taipei Medical University hospitals, which offer neurology, neuropsychology, imaging, and advanced diagnostic services. Community support is organised through the Long-Term Care Plan 2.0 (LTC 2.0) A–B–C network: A-level centres coordinate case management and referrals, B-level stations provide day care, rehabilitation, and caregiver support, and C-level neighbourhood points offer local activities, prevention programmes, and community outreach. This system supports home-based care and connects hospital services with community and long-term care support.

Taiwan's dementia care ecosystem is anchored in major university-affiliated medical centres such as National Taiwan University Hospital (NTUH), Taipei Veterans General Hospital (TVGH), the Chang Gung Memorial Hospital (CGMH) network, and Taipei Medical University hospitals (TMU/Wanfang, TMU/Shuang-Ho). These institutions provide comprehensive diagnostic services, including neurology, psychiatry, neuropsychology, advanced imaging (MRI, PET), and CSF/blood biomarkers, and manage complex or atypical dementia presentations. Large private hospitals operate with similar capabilities and often offer shorter appointment waiting times for self-funded services.

At the community level, Long-Term Care Plan 2.0 (LTC 2.0) organises support through the A–B–C network:

A-level integrated service centres act as regional case-management hubs, handling assessment, navigation, and referral (including dementia pathways).
B-level community service stations provide day care, rehabilitation, caregiver support programmes, respite services, and dementia-friendly education.
C-level neighbourhood "points" anchor hyperlocal activities such as memory cafés, screening and referral assistance, prevention workshops, and volunteer-led home visits.

This model aims to keep people at home as long as possible by coordinating transport, personal care workers, assistive devices, and respite. Taiwan is also expanding palliative and end-of-life care for dementia patients, with hospital-based palliative teams increasingly linked to community nursing services through national plans overseen by the Ministry of Health and Welfare (MOHW).

Approved medication

Generic Name	Trade Name	Used for
Donepezil; Official National Product Information; https://www.nhi.gov.tw/ch/dl-89880-8dd2ce16d1a84bad8c5d29f9205f49ca-1.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://www.nhi.gov.tw/ch/dl-89880-8dd2ce16d1a84bad8c5d29f9205f49ca-1.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
Galantamine ;Official National Product Information; https://www.nhi.gov.tw/ch/dl-89880-8dd2ce16d1a84bad8c5d29f9205f49ca-1.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://www.nhi.gov.tw/ch/dl-89880-8dd2ce16d1a84bad8c5d29f9205f49ca-1.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, approved but not reimbursed	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

Generic Name	Trade Name	Used for
Donanemab, approved but not reimbursed	Kisunla	Donanemab is indicated for the treatment of mild cognitive impairment and mild dementia due to Alzheimer's disease (AD) in adult patients that are apolipoprotein Eε4 (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

Under Taiwan's National Health Insurance (NHI), visits to primary care doctors and specialists are covered with modest copayments that vary by facility level. Standard Alzheimer's medications (donepezil, rivastigmine, galantamine, memantine) are included in the national formulary with regulated copays. Some brand-name products and convenience services may require additional out-of-pocket payment. New anti-amyloid therapies such as lecanemab and donanemab are generally not reimbursed and are mainly available through self-pay programmes or clinical studies, which can create significant additional costs due to treatment, monitoring, and follow-up requirements.

Under NHI, outpatient visits to primary care doctors and specialists are reimbursed with modest copayments that vary by facility level, lower in community clinics and higher in medical centres, with exemptions for low-income and certain chronic disease categories. Standard symptomatic AD medications (donepezil, rivastigmine, galantamine, and memantine) are covered under the national formulary; while patients pay a regulated copay for the initial month, subsequent second and third refills within a 90-day chronic illness prescription are exempt from copayment.

However, brand-name products, certain dispensing preferences, and convenience services can produce out-of-pocket expenses. Importantly, new anti-amyloid therapies (e.g., lecanemab, donanemab) are not broadly reimbursed in Taiwan. Since amyloid-targeting therapies require regular infusions with MRI monitoring, and specialist follow-up, the indirect costs — transportation, imaging fees not fully covered, and caregiver time — add to the financial load when these interventions fall outside the NHI benefit scope.

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Caregiver support

Taiwan's Long-Term Care Plan 2.0 (LTC 2.0) provides in-kind support services for caregivers, including case management, in-home care, day-care centres, rehabilitation, respite care, and caregiver training through its A–B–C community network. Non-governmental organisations such as the Taiwan Alzheimer's Disease Association (TADA) also offer helplines, support groups, education programmes, memory cafés, and dementia-friendly community initiatives.

Taiwan does not offer dementia-specific cash allowances, but LTC 2.0 funds a wide suite of in-kind services that support caregivers directly or indirectly. These include case management, in-home personal care, day-care centres, community rehabilitation, short-stay and respite services, and formal caregiver training. Taiwan has also implemented measures to improve workforce retention, including raising wages for long-term care personnel under LTC 2.0, with average salaries reaching around NT$38,000 per month. Non-governmental organisations like the Taiwan Alzheimer's Disease Association (TADA) provide additional support, such as caregiver helplines, psychoeducation, support groups, memory cafés, safety-awareness programmes, and nationwide dementia-friendly community initiatives. MOHW's policy documents describe these expansions and integration efforts across health and social care.

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Policy

Taiwan's dementia policy is guided by the Dementia Prevention and Care Policy & Action Plan 2.0 (2018–2025) and supported by Long-Term Care Plan 2.0, which provides a nationwide community network for services and caregiver support. Current efforts focus on improving implementation, expanding community care, and strengthening referral pathways. Key challenges remain in urban–rural disparities, limited access to specialists and advanced diagnostics outside major cities, and the continued reliance on families for caregiving, influenced by cultural expectations and indirect care costs.

National dementia plan

Taiwan's dementia policy is guided by the Dementia Prevention and Care Policy & Action Plan 2.0 (2018–2025) issued by the Ministry of Health and Welfare. The strategy focuses on public awareness and prevention, early detection, standardised diagnosis and treatment, workforce training, and stronger support for family caregivers. It is closely linked with Long-Term Care Plan 2.0, which provides the community-based service network used to deliver dementia care and support across the country.

Taiwan's overarching framework for dementia is the Dementia Prevention and Care Policy & Action Plan 2.0 (2018–2025), issued by the MOHW. The strategy adopts a dementia-friendly society approach, structured around six pillars:

Public awareness and risk reduction, including large-scale health promotion campaigns, dementia-friendly community activities, and workplace education.
Early detection and timely referral, integrating opportunistic cognitive checks into chronic-disease management and linking primary care to LTC 2.0 navigation hubs.
Standardised diagnosis and treatment, promoting guideline-based cognitive testing, imaging pathways, and access to tertiary hospital expertise.
Workforce development, including dementia-care training for physicians, nurses, social workers, community case managers, and long-term care personnel.
Support for family caregivers, providing training, respite, day care, and psychological support through the LTC 2.0 A–B–C community network.
Dementia-friendly communities and environments, expanding memory cafés, volunteer programmes, safe-wandering initiatives, and city/county certification programmes.

The plan is explicitly linked to Long-Term Care Plan 2.0, which provides the community infrastructure (A/B/C) needed to operationalise dementia policy at the local level. Together, they aim to create a system where early detection at clinics seamlessly connects to long-term home and community care.

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Upcoming plans

Taiwan's upcoming policy focus is on strengthening implementation of the current dementia plan rather than introducing a new strategy. Priorities include expanding the LTC 2.0 community care network (especially in rural and indigenous areas), developing guidance for the clinical use of new diagnostic tools such as blood-based biomarkers, improving referral pathways within the National Health Insurance system, and aligning clinical standards for diagnosis and follow-up across healthcare providers.

Emerging priorities for the remainder of the 2018–2025 cycle, outlined in ongoing updates from MOHW and NHI, focus on scaling and standardising implementation rather than introducing new policy layers. The main forthcoming directions include:

Expansion and strengthening of LTC 2.0's A–B–C network: The government aims to enhance case-management capacity, increase coverage in rural and indigenous communities, and raise the quality and consistency of home-care and respite services. This includes more structured training for community workers and improved data sharing across localities.

Embedding new diagnostic technologies in tertiary pathways: Major academic hospitals and MOHW taskforces are developing consensus guidance on the use of blood-based biomarkers (p-tau, Aβ ratios) as first-line signals, with PET imaging reserved for confirmatory or complex cases. Standardised protocols are being piloted through Taiwan-ADNI and tertiary neurology departments to ensure consistent interpretation and referral logic.

Continued optimisation of Universal Health Coverage (UHC): Following the 2023 copay reforms, NHI is strengthening tiered usage of primary/community providers to reduce crowding in medical centres. For dementia, this means streamlining referral pathways, reducing unnecessary repeat imaging, and improving financial protection for long-term home care.

Cross-sector guidance on diagnosis and care: Government–academic working groups are preparing new professional consensus statements to reduce regional variation in cognitive testing, biomarker use, and follow-up schedules, and to align primary-care providers with tertiary standards.

According to the latest announcements, LTC Plan 3.0 is to be launched in 2026. The new plan builds on the foundation of LTC 2.0 and responds to the country's transition into a super-aged society. It is expected to further advance a community-based, person-centred system by strengthening continuity of care and pursuing key goals such as healthy ageing, ageing in place, and dignified end-of-life care.

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Policy gaps

Legal barriers

Taiwan has strong universal health coverage and a national dementia strategy, but gaps remain in implementation. Urban–rural disparities persist, with fewer neurologists, community care stations, and long-term care services available in rural and indigenous areas. Workforce shortages among case managers, long-term care workers, and home-care providers further limit service availability outside major cities. Access to advanced diagnostics such as PET imaging and biomarker testing is also concentrated in large tertiary hospitals, requiring travel for many patients. Differences in how local governments implement dementia programmes and caregiver services also lead to uneven use of available support.

Taiwan's strong Universal Health Coverage (UHC) system and the rapid expansion of the LTC framework provide a solid foundation for dementia care, yet evaluations consistently point to several structural and operational shortcomings. Urban–rural disparities remain one of the most persistent challenges: rural and indigenous townships continue to have far fewer neurologists, fewer A/B/C community service networks, and limited access to day-care, respite, or rehabilitation programmes, all of which weaken early detection and reduce continuity of care. These geographic inequalities are reinforced by workforce shortages, as community case managers, LTC workers, and home-care providers remain insufficient in number across mountainous areas and outer islands, limiting the ability of LTC 2.0 to function as designed in less populated regions.

Even where services exist, local implementation capacity varies significantly. Municipal governments differ in how effectively they roll out dementia-friendly programmes, provide caregiver training, integrate early-detection activities into primary care, or recruit and retain community case managers. As a result, uptake of services such as case management or community day care remains uneven, with some eligible populations using far fewer services than expected. Access to specialty diagnostics poses an additional barrier: CSF biomarker testing, PET imaging, and newer plasma biomarker assays are concentrated almost exclusively in tertiary medical centres located in major cities. For residents of rural and remote areas, long travel distances and limited coordination between local providers and tertiary hospitals reduce the practical availability of advanced diagnostic tools, reinforcing inequity across the pathway.

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Cultural barriers

Public awareness of dementia has improved through national campaigns and the work of organisations such as the Taiwan Alzheimer's Disease Association. However, care responsibilities still fall mainly on families, who often face indirect costs such as travel to major hospitals, time off work, and arranging respite care. Cultural expectations around filial piety can also delay help-seeking, as families may feel responsible for managing care privately rather than using formal support services. As a result, even with strong national policies, the use of available dementia services varies across communities.

Stigma and misconceptions about dementia further complicate progress. The Polish Alzheimer's Association notes that Alzheimer's disease is still frequently perceived as a natural part of aging rather than a medical condition in need of early intervention .

Research

Alzheimer's research in Taiwan is led by major academic hospitals such as National Taiwan University Hospital, Taipei Veterans General Hospital, Chang Gung Memorial Hospital, and Taipei Medical University. The country participates in international initiatives like ADNI and operates its own national cohort, Taiwan-ADNI, which studies imaging and biomarkers in people with mild cognitive impairment and Alzheimer's disease. Taiwan also hosts multinational clinical trials and maintains a national clinical trials registry, while recent research innovations focus on blood-based biomarker screening combined with targeted PET imaging to improve early and cost-effective diagnosis.

Selected academic institutions

National Taiwan University Hospital (NTUH) Taipei Veterans General Hospital (TVGH) Chang Gung Memorial Hospital (CGMH) Taipei Medical University

Clinical trials and registries

Taiwan contributes to Worldwide-ADNI, providing imaging and plasma/CSF samples for harmonised international datasets coordinated by the Alzheimer's Association. This includes standardised amyloid PET, MRI, and molecular biomarker pipelines. Taiwan operates its own national Alzheimer's disease research cohort, Taiwan-ADNI (TW-ADNI), coordinated through major academic centres including NTUH, TVGH, CGMH, and collaborating universities. As the country's main platform for biomarker and imaging research, TW-ADNI conducts longitudinal follow-up of individuals with MCI and Alzheimer's disease, integrates multimodal MRI techniques such as structural imaging, DTI, and functional MRI, and incorporates advanced amyloid and tau PET protocols. The programme also maintains plasma and CSF biobanks and performs targeted genetic screening in selected subgroups, enabling precise phenotyping of Taiwanese participants. TW-ADNI contributes harmonised datasets to the global ADNI network, positioning Taiwan as a key node in international efforts to standardise biomarker development and improve early detection tools for Alzheimer's disease.

The Taiwan Clinical Trials Registry, managed by the Center for Drug Evaluation, serves as Taiwan's central public platform for transparently tracking ongoing and completed clinical research across the country. It provides searchable listings of interventional and observational trials, detailed information on study sites and investigators, and links to regulatory submissions and post-marketing surveillance studies, making it a key resource for researchers, sponsors, and the public. By integrating trial data with real-world evidence initiatives and offering English-language access, the registry enhances Taiwan's visibility as a high-quality clinical research environment and supports international collaboration and oversight.

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Selected innovative methods

Taiwan's Taiwan-ADNI (TW-ADNI) research programme has developed a new diagnostic approach that uses blood-based biomarkers (such as plasma p-tau217) as an initial screening step, followed by amyloid PET imaging only when needed. This two-step method can reduce the number of expensive scans while maintaining diagnostic accuracy. In parallel, the Taiwan Dementia Society released 2024 guidance supporting the clinical use of blood-based biomarkers (including p-tau181, p-tau217, Aβ42/40, and NfL) to help improve early detection and make Alzheimer's diagnosis more scalable and cost-effective.

A landmark 2025 TW-ADNI study proposed one of Taiwan's most influential diagnostic innovations to date: a two-step plasma-to-PET triage workflow designed to make Alzheimer's disease diagnosis both more accessible and more cost-effective. The model begins with Step 1, a plasma p-tau217 screening test, which TW-ADNI researchers showed could reliably predict amyloid pathology with high sensitivity and specificity. Because plasma testing is accessible, minimally invasive, and quick to process, it can be deployed at scale in busy outpatient clinics, allowing memory specialists to screen far more patients than previously possible using CSF or PET alone. This first step is particularly well suited to Taiwan's volume medical centres, where waiting times for advanced imaging and specialist evaluation can slow diagnostic timelines.

Step 2 of the workflow reserves amyloid PET imaging for only those patients who screen positive or borderline on plasma biomarkers. This selective use of PET allows clinicians to confirm amyloid status when it is most clinically meaningful, while dramatically reducing the number of unnecessary scans. TW-ADNI's modelling demonstrated that such an approach can cut PET utilisation by a substantial margin without compromising diagnostic accuracy, essentially redirecting high-resource testing to the subgroup most likely to benefit.

The broader implication of this workflow is its alignment with Taiwan's NHI priorities, which emphasise efficient resource allocation and precision diagnostics. By shifting the initial diagnostic burden onto scalable blood tests, the system can reduce costs, improve access for patients in both urban and rural regions, and speed up the pathway from suspicion to confirmed diagnosis. The TW-ADNI plasma-to-PET workflow is therefore emerging as a template for how middle-income and high-income Asian health systems can incorporate biomarker innovation into routine practice while maintaining financial sustainability.

The Taiwan Dementia Society released, in 2024, one of the first professional recommendations in Asia outlining how blood-based biomarkers should be incorporated into clinical Alzheimer's disease pathways. This guidance represents a major shift toward scalable, cost-effective diagnostics, reflecting both international evidence and Taiwan's own research capacity. The document emphasises that plasma markers can enhance earlier detection, streamline referral decisions, and reduce dependence on more invasive or expensive tests.

Central to the recommendations is the clinical use of several key biomarkers: p-tau181, p-tau217, the plasma Aβ42/40 ratio, and NfL (neurofilament light). These markers have shown high diagnostic accuracy in distinguishing Alzheimer's disease from other dementias and in predicting amyloid and tau PET positivity. Other studies increasingly support their reliability in local populations, reinforcing the rationale for formal clinical adoption.

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Support

Dementia support in Taiwan is provided by a network of foundations, caregiver organisations, and professional associations, including the Taiwan Alzheimer's Disease Association and the Taiwan Association of Family Caregivers. Community initiatives such as Dementia-Friendly Taiwan promote awareness, training, and inclusive services across communities and businesses, while annual World Alzheimer's Month campaigns provide public education and outreach. Educational resources and caregiver information are mainly distributed through association platforms and hospital programmes.

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:

Taiwan Alzheimer's Disease Association (TADA) Taiwan Association of Family Caregivers (TAFC) Taiwan Association of Gerontology and Geriatrics (TAGG)

Selected initiatives

Taiwan promotes dementia awareness through initiatives such as Dementia-Friendly Taiwan, a national programme that trains communities, businesses, and public services to better support people living with dementia. Additional activities include World Alzheimer's Month campaigns, organised by the Taiwan Alzheimer's Disease Association and local partners, featuring public education events, memory checks, and community outreach to connect families with care and support services.

Dementia-Friendly Taiwan

Dementia-Friendly Taiwan, Taiwan's most visible community initiative, is a nationwide program that certifies dementia-friendly communities, neighbourhoods, businesses, transport operators, banks, and public service counters. Participants receive training in communication, safety awareness, and supportive customer service. Municipal governments use badges, signage, and public-facing activities to normalise dementia awareness and encourage social inclusion.

TADA and local partners also coordinate annual World Alzheimer's Month events, including educational seminars, public screenings, volunteer mobilisation, and social media campaigns across LINE and Facebook. Hospitals often host open days, memory-check booths, and family workshops, while county bureaux promote community walks, caregiver fairs, and dementia-friendly business outreach. These activities reinforce early recognition, reduce stigma, and connect families with LTC 2.0 community stations and case managers.

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Dedicated media outlets

Taiwan does not have dementia-exclusive mainstream media, but information is disseminated through a dense ecosystem of association websites, hospital memory-clinic portals, local government pages, and popular social media platforms such as LINE and Facebook, which are widely used by caregivers. TADA publishes periodic newsletters, caregiver guides, and digital resources, while hospitals provide online educational materials, FAQ portals, and webinar recordings. During major policy updates, such as the release of biomarker guidelines or LTC reforms, Taiwanese newspapers and TV networks provide short explanatory coverage, usually concentrated around September (World Alzheimer's Month) and during national campaign launches.

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