

# Uruguay

Research conducted in 01/12/2025

Uruguay's dementia ecosystem is well institutionally developed health-and-care landscapes: the National Integrated Health System (SNIS) and the National System of Integrated Care (SNIC) that targets dependency and caregiver needs beyond the health sector. Dementia support is strongly anchored by the ADI member Asociación Uruguaya de Alzheimer y Similares (AUDAS), founded in 1991 and based in Montevideo, which acts as a key civil-society hub for families. On the clinical side, Uruguay has issued a substantial Ministry of Public Health document, "Recommendations for the Comprehensive Approach to Dementia (2015)", explicitly aiming to improve prevention, timely diagnosis, pharmacological and non-pharmacological treatment, and caregiver supports, while emphasising stronger inter-institutional articulation with social services and the care system.

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## Highlights

Health system **Universal coverage with mixed funding and mixed provisions**

ADI member association(s): **Asociación Uruguaya de Alzheimer y Similares (AUDAS)**

National dementia plan: **National Dementia Plan (2023-2027)**

Dementia plan funding: **Funded plan**

Dementia prevalence rate: **1149**

Dementia incidence rate: **206**

Population: **3383703**

Median age: **36**

Health expenditure (% of GDP): **9**

## Diagnosis

Uruguay's dementia care is integrated within the SNIS, with primary care leading early detection and coordination. Diagnosis relies on cognitive tests, CT/MRI imaging, and multidisciplinary assessment, while biomarker and genetic testing remain limited to specialised centres. The "Health Without Waiting" initiative sets maximum wait times and expands rural specialist positions. Core services are publicly funded, but families may face indirect costs for advanced diagnostics, private tests, and caregiving, reflecting regional and resource-based disparities.

### Diagnosis pathway

Uruguay frames dementia diagnosis as a system-wide, multidisciplinary practice within its National Integrated Health System. Primary care acts as the gateway for early detection, assessment, and coordination, with GPs identifying cognitive or functional concerns. Persistent or progressing symptoms prompt referral to specialists. The approach emphasises continuous, person-centred care integrating medical, psychological, and social support, recognising caregivers as part of the care unit, reflecting Uruguay's broader philosophy of integrated, continuous healthcare across all levels, though implementation may vary regionally.

In Uruguay, the dementia diagnostic pathway is formally conceptualised as a system-wide clinical practice issue rather than a narrow specialist domain. This framing is codified in the 2015 national Recommendations for the Comprehensive Approach to Dementia which are explicitly designed as a practical guide for multidisciplinary health teams operating at all levels of care, with particular emphasis on primary care as the gateway to detection and coordination. Unlike models that rely heavily on specialist-led memory clinics, the Uruguayan approach seeks to embed dementia recognition, initial assessment, and follow-up within routine health services across the National Integrated Health System (SNIS).

In practice, the diagnostic pathway typically begins in first-level care within SNIS providers, where general practitioners (GPs) and family physicians are expected to identify early cognitive or functional red flags through clinical observation, patient complaints, or caregiver concerns. When symptoms persist or progress, referral is made to neurology, geriatrics, psychiatry, or interdisciplinary teams, depending on availability and clinical presentation. The national guide emphasises progressive, continuous, and person-centred care, integrating medical, psychological, and social dimensions and explicitly recognising the caregiver as part of the unit of care. This design reflects Uruguay's broader health-system philosophy of integrated care and continuity, even if real-world implementation varies by region and provider capacity.

### References

- [https://www.gub.uy/ministerio-salud-publica/sites/ministerio-salud-publica/files/documentos/publicaciones/Recomendaciones\\_Demencias.pdf](https://www.gub.uy/ministerio-salud-publica/sites/ministerio-salud-publica/files/documentos/publicaciones/Recomendaciones_Demencias.pdf)
- <https://www.gub.uy/sistema-cuidados>
- <https://www.gub.uy/presidencia/comunicacion/noticias/salud-publica-presento-nuevo-protocolo-nacional-para-tratamiento-demencia>
- <https://www.gub.uy/sistema-cuidados>
- <https://www.gub.uy/sistema-cuidados/comunicacion/publicaciones/conoce-sistema-nacional-integrado-cuidados>

## Wait times

*Status: Short wait time*

Since March 2025, Uruguay's Ministry of Public Health has implemented the "Health Without Waiting" strategy to reduce delays and improve care. Measures include maximum waiting times, standardised prioritisation, improved data systems, extended prescriptions, and a multi-stakeholder oversight commission. Targets set waits at 30 days for specialists, 5 days for general medicine, and 2 days for paediatrics. Persistent regional disparities are addressed through decentralised residencies and 25 new rural specialist positions, while implementation is monitored via ASSE and the open-data platform A Tu Servicio.

Since March 2025, the Ministry of Public Health has launched a comprehensive strategy to reduce waiting times and improve access to quality healthcare, focusing on regulatory reforms, better system management, and stronger information systems. Key measures include setting maximum waiting times for priority procedures, standardizing patient prioritisation criteria, improving data systems, extending prescription periods for chronic conditions, promoting appropriate use of primary care, and creating a multi-stakeholder commission to coordinate and oversee these reforms.

As of 2026, Uruguay has introduced national waiting-time targets through the "Health Without Waiting" initiative, led by the Ministry of Public Health (MSP), to address persistent delays within the SNIS. The plan sets maximum waits of 30 days for specialist consultations, 5 business days for general medicine, 2 days for pediatric care, and immediate access for emergency surgery, with additional priority areas (including oncology) to be phased in during 2026-2027 via performance-based indicators. Implementation is monitored through public and technical channels, including State Health Services Administration (Administración de los Servicios de Salud del Estado, ASSE) and the open-data platform A Tu Servicio. Despite these mandates, regional disparities persist due to specialist shortages outside Montevideo, prompting the government to decentralise medical residencies and create 25 new rural specialist positions starting in 2026 to reduce de facto waiting times in the interior.

## References

- <https://www.gub.uy/ministerio-salud-publica/comunicacion/noticias/msp-presento-estrategia-integral-para-reduccion-tiempos-espera-mejora-del>
- <https://www.gub.uy/ministerio-salud-publica/comunicacion/noticias/msp-presento-estrategia-integral-para-reduccion-tiempos-espera-mejora-del>
- <https://www.montevideo.com.uy/Noticias/-Que-cambios-implementara-Salud-Publica-para-mejorar-tiempos-de-espera-en-atencion--uc929037>

## Diagnosis cost

Uruguay's SNIS covers GP and specialist visits, cognitive testing, and routine imaging through public and private non-profit providers, with small copayments. High-cost PET-CT scans are financed via CUDIM and FNR, while advanced biomarkers and genetic testing require special authorisation or private payment. Families may face indirect costs, including private tests, non-standard diagnostics, and caregiving expenses, meaning core services are publicly funded but complex evaluations can still impose financial burdens.

Uruguay's National Integrated Health System (SNIS) covers GP visits, specialist consultations (neurology, geriatrics), cognitive testing, and routine imaging (CT and MRI) through the public provider (ASSE) and private non-profit

insurers (mutualistas). Patients generally pay small copayments (tasas moderadoras) for outpatient visits and diagnostic tests, with amounts varying by provider and plan.

High-cost diagnostic tools such as PET-CT scans (including amyloid PET) are available in Uruguay through the national molecular imaging center (CUDIM). Many PET studies have been financed by the Fondo Nacional de Recursos (FNR), which covers selected high-cost technologies upon clinical justification. However, access to advanced biomarkers (CSF tests, blood biomarkers) and genetic testing is not uniformly routine and may require special authorisation, private payment, or research participation.

While much of the diagnostic pathway is publicly financed, families often bear indirect and out-of-pocket costs. These include copayments for visits and tests, paying privately to reduce wait times, covering non-standard biomarker or genetic tests, and absorbing broader caregiving expenses and lost income. Thus, core diagnostic services are largely covered, but financial burden can still fall partly on patients and families depending on the complexity of the evaluation.

## References

- <https://www.gub.uy/tramites/afiliacion-asse>
- <https://www.smi.com.uy/mvdcms/Afiliados/Valores-de-tickets-y-ordenes-Fonasa-Activos-uc89>
- <https://casmu.com.uy/valores-de-tasas-y-tickets/>
- <https://cudim.org/diagnostico-pet-ct>
- <https://www.gub.uy/presidencia/comunicacion/noticias/fondo-nacional-recursos-financio-30000-tomografias-emision-positrones-ultima>
- <https://www.gub.uy/ministerio-economia-finanzas/comunicacion/publicaciones/exposicion-motivos-rc-2023/58-salud/587-fondo-nacional-recursos>
- [https://www.scielo.edu.uy/scielo.php?pid=S1688-70262018000200098&script=sci\\_arttext](https://www.scielo.edu.uy/scielo.php?pid=S1688-70262018000200098&script=sci_arttext)

## Cognitive tests

Cognitive assessment is routinely performed in clinical settings (primary care, geriatrics and neurology clinics and neuropsychology services) using standard brief instruments such as the MMSE and increasingly the MoCA (both used in Uruguayan studies and clinical practice) and by more detailed neuropsychological batteries in specialist centres. Local publications and the MSP recommendations emphasise multidisciplinary assessment rather than mass screening.

## References

- [https://www.gub.uy/ministerio-salud-publica/sites/ministerio-salud-publica/files/documentos/publicaciones/Recomendaciones\\_Demencias.pdf](https://www.gub.uy/ministerio-salud-publica/sites/ministerio-salud-publica/files/documentos/publicaciones/Recomendaciones_Demencias.pdf)

## Imaging tests

The national recommendations are explicitly oriented toward improving diagnostic timeliness and clinical decision-making within the existing SNIS infrastructure. Structural neuroimaging, Computed Tomography (CT) or Magnetic Resonance Imaging (MRI), is considered part of the standard differential diagnostic process when clinically indicated, particularly to exclude secondary causes or support subtype differentiation. Access to imaging is therefore embedded within the general health system, rather than organised through dementia-specific diagnostic

hubs. However, practical availability varies by provider capacity, contractual arrangements, and geographic location.

## References

- [https://www.gub.uy/ministerio-salud-publica/sites/ministerio-salud-publica/files/documentos/publicaciones/Recomendaciones\\_Demencias.pdf](https://www.gub.uy/ministerio-salud-publica/sites/ministerio-salud-publica/files/documentos/publicaciones/Recomendaciones_Demencias.pdf)
- <https://ccmhealthmn.com/service/imaging-services-radiology-montevideo/>

## Genetic tests

There is no evidence of a nationally standardised pathway for genetic testing in dementia care in Uruguay, including APOE genotyping or testing for monogenic forms of dementia. Genetic investigations, where they occur, are most likely specialist-led and case-specific, typically reserved for early-onset cases, strong family histories, or atypical clinical presentations.

## Biomarker tests

While biomarker-based diagnosis (cerebrospinal fluid (CSF) or blood biomarkers) is expanding in parts of Latin America, the reviewed sources provide no Uruguay-specific evidence of standardised national Alzheimer's disease biomarker pathways being incorporated into routine clinical care. Use of biomarkers, where available, appears to be centre-dependent, likely limited to research contexts or highly specialised clinical settings. This suggests that Uruguay's dementia diagnostic model remains clinically driven, relying on history, cognitive assessment, and structural imaging rather than molecular confirmation. While this may limit early or etiological precision in some cases, it is consistent with the country's emphasis on system-wide accessibility and equity, avoiding reliance on diagnostics that are not uniformly available across SNIS providers.

## References

- <https://pmc.ncbi.nlm.nih.gov/articles/PMC10906502>

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## Treatment & care

Uruguay frames dementia care as an interdisciplinary, continuous process within SNIS, integrating medical, psychosocial, and functional support, with specialist assessments concentrated in Montevideo. Day centres, caregiver programs, and palliative care vary regionally. Core services are publicly funded, but households face indirect costs. Caregiver support is coordinated through SNIC and PACP, emphasising education, guidance, and psychosocial strategies, framing dementia as a social and family issue, though implementation and access remain uneven outside major urban centres.

### Specialized facilities and services

Uruguay frames dementia care as an interdisciplinary, continuous process embedded within the SNIS rather than isolated specialist interventions. Guidance emphasises integrated medical, psychosocial, and functional support, extending into social services and community resources. Specialist memory assessments are concentrated in Montevideo, with rural access limited. Day centres, caregiver support, and community programs vary regionally. National palliative care covers advanced dementia, with stronger urban provision. NGOs like AUDAS complement services, offering navigation, counseling, and bridging gaps between formal policy and families' real-world experiences, particularly during transitions from diagnosis to long-term care.

Uruguay's national Recommendations for the Comprehensive Approach to Dementia explicitly conceptualise dementia care as an interdisciplinary, longitudinal process rather than a discrete episode of specialist intervention. The guidance stresses the need for continuous and progressive attention, integrating medical follow-up with psychosocial support, functional assessment, and planning for increasing dependency. Importantly, the document also calls for articulation beyond the health sector, recognising that effective dementia care necessarily extends into social services, community resources, and the broader care system, a framing that aligns dementia with ageing and dependency policy rather than isolating it within neurology or psychiatry alone.

In practical terms, Uruguay does not rely on a dense network of stand-alone memory clinics. Instead, dementia-related services are embedded within SNIS provider networks, with interdisciplinary responses assembled through combinations of primary care, specialists, mental health services, rehabilitation professionals, and social workers.

Specialised memory assessment and dementia care in Uruguay are concentrated in Montevideo, particularly in national referral centres such as the Hospital de Clínicas (with neuropsychology and neurology services) and private memory clinics. These services provide diagnostic evaluation, cognitive testing and specialist follow-up. Outside the capital, access to multidisciplinary memory clinics is more limited, and patients in smaller cities or rural departments often need referral or travel to Montevideo or other main urban centres for comprehensive assessment.

Day and community support services are more geographically distributed but vary in scope and intensity. The Asociación Uruguaya de Alzheimer y Similares (AUDAS) operates a dedicated Alzheimer day centre in Montevideo and has regional filials (e.g., in Salto), offering caregiver support and community activities. In addition, the national Sistema de Cuidados supports Centros de Día for older adults across multiple departments. However, the

availability of specialised dementia-focused programming, professional staffing and service hours differs by locality, with stronger provision in Montevideo and larger cities.

Uruguay has an established National Palliative Care Programme under the Ministry of Health, with hospital-based teams and some home-care models intended to serve patients across the country, including those with advanced dementia. Coverage has expanded beyond the capital, but access and team capacity remain stronger in major hospitals and urban centres. Rural areas may rely on general health services with referral links to regional or Montevideo-based palliative teams.

Civil society plays a complementary and often highly visible role. In particular, AUDAS, based in Montevideo, functions as a practical navigation and support hub for families, providing information, counseling, caregiver guidance, and links to available services. This NGO presence helps bridge gaps between formal policy intent and families' real-world experience of fragmented pathways, especially during the transition from diagnosis to longer-term care planning.

## Approved medication

Generic Name	Trade Name	Used for
Donepezilo	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. <a href="#">Official UK medicine details (MHRA SPC) link</a>

\*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

In Uruguay, core dementia care is covered by SNIS, providing baseline financial protection. However, households bear significant costs over time, including informal caregiving, travel, home adaptations, productivity losses, and private services, creating socioeconomic disparities despite universal coverage.

The cost profile of dementia care in Uruguay is shaped primarily by whether patients and families are able to remain within SNIS provider networks or choose (or feel compelled) to supplement care through private services. Core medical components, consultations, basic diagnostics, and standard treatments, are generally covered within the integrated system, supporting a relatively strong baseline of financial protection by regional standards. However, the largest economic burden emerges over time and falls disproportionately on households. These costs include informal caregiving time, transport to appointments, particularly from the interior to Montevideo, home adaptations, and productivity losses for family members. When waiting times or service gaps lead families to seek private diagnostics or therapies, out-of-pocket spending increases, introducing socioeconomic gradients in care experience despite universalist policy design. Dementia thus remains a condition where formal health coverage

moderates but does not eliminate financial strain.

## References

- <https://www.gub.uy/ministerio-salud-publica/snis>
- <https://www.greenrock.vc/en/blog/uruguay-overview-system-structure-history-challenges-health>

## Caregiver support

Uruguay's SNIC provides a coordinated framework for supporting functional dependence, including home-based care and caregiver recognition, relevant as dementia progresses. PACP offers long-term care subsidies, while national dementia guidance emphasises caregiver support through education, guidance, and psychosocial strategies. Together, these structures frame dementia as a social and family issue, though implementation and reach remain limited outside Montevideo.

Government documentation defines the National System of Integrated Care (SNIC) as a coordinated set of public and private actions aimed at supporting people with dependency in activities of daily living, a framework that becomes increasingly relevant as dementia progresses from cognitive impairment to functional dependence. Although not dementia-specific, the system provides a structural platform for home-based care, support services, and recognition of caregiving needs.

Programa de Apoyo al Cuidado Permanente (PACP) offers a subsidy for long-term care support, which can indirectly aid caregivers of older adults who may include people living with dementia.

Complementing this, Recommendations for the Comprehensive Approach to Dementia explicitly recognise caregiver support as an integral component of the dementia response, including guidance, education, and psychosocial support strategies. This dual anchoring, within both dementia-specific clinical guidance and the broader care system, signals an advanced conceptual understanding of dementia as a family and social condition, not merely a medical diagnosis. The main challenge lies in operational reach and scalability, particularly outside Montevideo, but institutionally Uruguay has laid groundwork that many regional peers have yet to establish.

## References

- <https://www.gub.uy/sistema-cuidados/comunicacion/publicaciones/conoce-sistema-nacional-integrado-cuidados>
- <https://lac.unwomen.org/sites/default/files/Field%20Office%20Americas/Documentos/Publicaciones/2019/10/SNIC%20web%20INGLES.pdf>
- <https://www.gub.uy/sistema-cuidados/comunicacion/comunicados/programa-apoyo-cuidado-permanente-pacp>
- [https://www.gub.uy/ministerio-salud-publica/sites/ministerio-salud-publica/files/documentos/publicaciones/Recomendaciones\\_Demencias.pdf](https://www.gub.uy/ministerio-salud-publica/sites/ministerio-salud-publica/files/documentos/publicaciones/Recomendaciones_Demencias.pdf)

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## Policy

Uruguay's 2023 National Dementia Plan promotes timely diagnosis, specialised care, caregiver support, and public awareness. However, non-binding legal guidance, normalisation of ageing, family-centred care norms, and uneven professional training create gaps in access, accountability, and integrated dementia care.

### National dementia plan

Uruguay launched its National Dementia Plan on March 9, 2023, aiming to improve timely diagnosis, specialised care, caregiver support, and public awareness to reduce stigma around cognitive decline.

Uruguay officially launched its National Dementia Plan (Plan Nacional de Demencia) on March 9, 2023. Developed by the Ministry of Public Health in collaboration with the Asociación Uruguaya de Alzheimer y Similares (AUDAS) and Alzheimer's Disease International, the plan aims to address the growing public health challenge of cognitive decline through seven key areas. These include improving timely diagnosis, enhancing specialised care and support for both patients and caregivers, and promoting public awareness to reduce the social stigma surrounding the disease.

### References

- <https://www.alzint.org/news-events/news/positive-global-developments-for-national-dementia-plans>
- <https://www.gub.uy/ministerio-salud-publica/comunicacion/noticias/asociacion-internacional-alzheimer-celebra-plan-nacional-demencia-uruguay>

### Upcoming plans

No single, officially published or time-stamped "next national dementia strategy" was identified through public sources.

### Policy gaps

#### Legal barriers

Uruguay lacks binding dementia-specific laws, relying on non-mandatory guidance. Cultural norms normalise ageing, reinforce family-centred care, and limit early diagnosis, service use, caregiver support, and integrated person-centred care, especially outside cities.

Despite strong national clinical guidance, Uruguay lacks a binding, dementia-specific legal framework that clearly defines enforceable standards of access, timelines, and service entitlements across the full dementia pathway. The 2015 Recommendations function as authoritative guidance rather than a law, which means implementation depends heavily on provider networks, local governance capacity, and professional discretion. This results in uneven delivery, particularly outside Montevideo, where specialist availability, interdisciplinary coordination, and

continuity of care are more limited. A related structural gap lies in the interface between health law and long-term care policy. While the SNIC provides a strong institutional foundation for dependency support, dementia is not consistently operationalised as a distinct legal category with specific care requirements. As a result, entitlement to services may be assessed primarily through age or generic disability criteria rather than cognitive trajectory, behavioural symptoms, or decision-making capacity. The absence of explicit legal mandates for dementia-sensitive service design, caregiver rights, and coordinated care planning weakens accountability and makes it difficult to ensure uniform standards across sectors.

## References

- [https://www.gub.uy/ministerio-salud-publica/sites/ministerio-salud-publica/files/documentos/publicaciones/Recomendaciones\\_Demencias.pdf](https://www.gub.uy/ministerio-salud-publica/sites/ministerio-salud-publica/files/documentos/publicaciones/Recomendaciones_Demencias.pdf)
- <https://www.nicolasdemodena.com/blog/healthcare-in-uruguay-a-comprehensive-guide-for-expatriates/>

## Cultural barriers

In Uruguay, dementia is often normalised as ageing, delaying diagnosis and intervention. Strong family-centred care norms, professional silos, and uneven training limit early service use, caregiver support, and integrated, person-centred care, especially outside urban centres.

Alongside institutional gaps, cultural and behavioural factors continue to shape how dementia is recognised and addressed in practice. In both clinical and community settings, early cognitive symptoms are often normalised as part of “normal ageing”, delaying presentation, referral, and diagnosis despite the availability of primary care guidance. This contributes to later-stage diagnosis and reduces the window for planning, caregiver preparation, and non-pharmacological interventions. Caregiving norms also present a barrier. Dementia care in Uruguay remains highly family-centred, with strong expectations that relatives, often women, will absorb care responsibilities. This cultural norm can discourage early engagement with formal services or support programs, even when they exist, and can limit uptake of caregiver training and respite options. Finally, while interdisciplinary care is emphasised in policy, professional silos and uneven dementia-specific training can persist in day-to-day practice, particularly outside major urban centres, constraining the full realisation of integrated, person-centred dementia care.

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## Research

Uruguay's dementia innovation emphasises system-level integration and primary care strengthening rather than high-tech diagnostics. National recommendations guide multidisciplinary, continuous care with caregiver inclusion. Exemplary local hubs like San Bautista polyclinic provide coordinated, person-centred services. Research, including LatAm FINGERS, highlights early genetic influences, reinforcing prevention-focused, evidence-informed strategies within an equitable, scalable SNIS framework.

### Selected academic institutions

[University of the Republic – Faculty of Medicine](#) [University of Montevideo](#) [Catholic University of Montevideo](#)

### Clinical trials and registries

The Ministry of Public Health (MSP) regulates all clinical research in Uruguay. However, the country does not maintain a centralised, public-facing database specifically designed for patients to find clinical trials. However, in late 2025, Uruguay passed a major healthcare reform to establish its first independent drug regulatory body: the Agencia de Vigilancia Sanitaria del Uruguay (AViSU). This new, autonomous agency is taking over the responsibilities of drug licensing, pharmacovigilance, and the authorisation of clinical trials from the MSP.

Data collection therefore remains fragmented across providers and academic projects, constraining population-level planning and outcome evaluation. This positions Uruguay closer to a service-oriented rather than research-intensive model of dementia response, in contrast to countries that emphasise registries as policy tools.

### References

- <https://www.gub.uy/ministerio-salud-publica/>
- <https://www.gabionline.net/policies-legislation/uruguay-to-establish-independent-auvisa-drug-agency-for-healthcare-reform>
- <https://clinicaltrials.gov/>

### Selected innovative methods

Innovation in Uruguay's dementia response focuses on system-level organisation and standardised clinical practice rather than novel diagnostics or therapeutics. The national Recommendations for the Comprehensive Approach to Dementia provide a multidisciplinary guide to strengthen primary care recognition, referral, and coordination, prioritising equity, feasibility, and scalability within SNIS. Emphasising interdisciplinary workflows, caregiver inclusion, and continuity of care, Uruguay innovates through integration rather than high-technology or specialist-only models.

The San Bautista polyclinic in Canelones exemplifies these reforms, evolving into a community-based primary care hub offering essential medicines, labs, specialties, home visits, and coordinated hospital referrals. Managed by the State Health Services Administration and linked to the University of the Republic, it provides person-centred,

integrated care in a rural context, serving older populations with limited transport.

Complementing system innovation, a 2025 LatAm FINGERS study found ApoE genotype affects subtle memory differences in cognitively normal, highly educated adults, highlighting the value of incorporating genetic factors into multidomain dementia-prevention and ageing research frameworks.

Uruguay's approach demonstrates innovation through governance, integration, primary care strengthening, and research-informed preventive strategies.

Innovation in Uruguay's dementia response is most evident at the level of system organisation and standardised clinical practice, rather than novel diagnostics or therapeutics. The national Recommendations for the Comprehensive Approach to Dementia represent a deliberate innovation in governance: a nationally endorsed, multidisciplinary guide explicitly designed to change day-to-day practice across all levels of care, particularly strengthening primary care recognition, referral, and coordination. This form of innovation prioritises feasibility, equity, and scalability within the SNIS. By focusing on interdisciplinary workflows, caregiver inclusion, and continuity of care, Uruguay's approach innovates through process and integration, aligning dementia care with broader health system reform rather than relying on high-technology or specialist-only models.

A public polyclinic in the town of San Bautista, in Canelones, illustrates how Uruguay's health system reform translated universal health coverage into effective primary care at the local level. Following the launch of reforms to the SNIS the facility evolved from a setting with limited medicines, no on-site laboratory, and fragmented care into a community-based primary care hub providing essential medicines, laboratory services, basic medical specialties, home visits, and coordinated referrals with hospitals. Serving a largely older population in a rural context with limited transport options, the polyclinic emphasises continuity of care and comprehensive, person-centred practice that integrates medical, psychological, and social dimensions. Managed by the State Health Services Administration and linked to the University of the Republic for training and workforce development, the polyclinic has become a trusted access point for a significant share of local residents. Its model, combining strong primary care, community outreach, and equitable access regardless of income, has been highlighted by national and international health institutions as an example of good practice. The experience reflects Uruguay's broader universal health strategy, under which coverage expanded substantially through the National Health Fund, reinforcing the role of strengthened primary care as the foundation of an integrated and inclusive health system.

A study from January 2025 examined 73 cognitively healthy, highly educated adults from the Uruguayan cohort of the LatAm FINGERS project to explore how ApoE genotype relates to cognitive performance and dementia risk factors. Participants underwent ApoE genotyping, standardised cognitive testing, and assessment of vascular and lifestyle risk factors. Only one individual carried the high-risk ApoE  $\epsilon 4/\epsilon 4$  genotype and was excluded from group analyses. Results showed significant differences in CERAD total and CERAD delayed recall scores across ApoE allele combinations, indicating that even among cognitively normal individuals, genetic variation is associated with subtle differences in memory performance. No significant differences were observed in other cognitive domains. Higher educational level correlated positively with CERAD scores and negatively with functional and depressive measures (CDR, GDS), while vascular risk correlations aligned between Framingham and CAIDE risk scores. Overall, the findings suggest that ApoE-related cognitive variability is detectable before clinical impairment in an underrepresented, high-education population, underscoring the importance of incorporating genetic factors into multidomain dementia-prevention and ageing-research frameworks, even among cognitively.

## References

- [https://www.gub.uy/ministerio-salud-publica/sites/ministerio-salud-publica/files/documentos/publicaciones/Recomendaciones\\_Demencias.pdf](https://www.gub.uy/ministerio-salud-publica/sites/ministerio-salud-publica/files/documentos/publicaciones/Recomendaciones_Demencias.pdf)
- <https://www.paho.org/en/news/19-7-2018-uruguayan-polyclinic-improves-access-health-rural-population>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC11710586/>

## Support

AUDAS leads Uruguay's dementia civil-society support, offering guidance, advocacy, and post-diagnosis continuity in Montevideo, while media coverage relies on NGOs, government channels, and mainstream outlets.

*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:**

[Asociación Uruguaya de Alzheimer y Similares \(AUDAS\)](#) [The Uruguayan Association of Animators and Gerontological Assistants \(AUDAAG\)](#)

### **Selected initiatives**

AUDAS serves as Uruguay's main civil-society dementia organisation, providing psychosocial support, caregiver guidance, advocacy, and system navigation—primarily in Montevideo. Complementing public services, it ensures continuity post-diagnosis. Montevideo also hosts an AAIC Neuroscience Next hub, connecting local researchers and clinicians with global Alzheimer's research, fostering collaboration and professional development.

#### **AUDAS**

AUDAS effectively operates as the central civil-society initiative in the dementia space, with national visibility but activities largely concentrated around Montevideo, consistent with its organisational base and the broader urban concentration of specialist services. Through public campaigns, support groups, and caregiver-focused activities, it fills critical gaps in psychosocial support and system navigation, particularly during the post-diagnosis phase. While initiatives remain limited in scale, their significance lies in institutional continuity and functional complementarity with public services. Rather than duplicating clinical care, AUDAS focuses on areas where formal systems are often weakest: emotional support, information, advocacy, and caregiver empowerment.

#### **AAIC Neuroscience Next**

AAIC Neuroscience Next is a no-cost Alzheimer's Association's global hybrid conference taking place February 23-26, 2026. As one of the official in-person hubs, Montevideo connects local early-career researchers, clinicians, and students with a worldwide neuroscience community through live scientific sessions, networking, and professional-development activities. The hub format strengthens regional collaboration while giving participants direct access to cutting-edge Alzheimer's disease and dementia research shared across the global AAIC Neuroscience Next program.

## References

- <http://www.audas.org.uy/>
- <https://www.alz.org/neuroscienext>

## Dedicated media outlets

No dedicated Alzheimer or dementia-only media outlet is clearly evidenced in the sources reviewed; dissemination typically runs through NGO communications (AUDAS), Ministry channels, and mainstream media.

## References

- <https://www.facebook.com/audasuruguay>
- <https://www.instagram.com/audasuruguay>