Bermuda

Research conducted in

Bermuda's dementia response is pathway and NGO-forward for a small jurisdiction, combining formal system planning with strong civil-society engagement. The public hospital system, led by the Bermuda Hospitals Board through King Edward VII Memorial Hospital and the Mid-Atlantic Wellness Institute, provides core clinical and imaging capacity, including local access to CT and MRI and specialist medical and mental health care. In parallel, Dementia Bermuda plays an outsized role in caregiver support, education, and cross-system coordination, a role reinforced by its international recognition as a member of Alzheimer's Disease International. Financing remains heavily insurance-based, with meaningful out-of-pocket exposure, while recent UHC reforms emphasize expanding prescription coverage as a pragmatic way to reduce household burden rather than creating dementia-specific entitlements.

Highlights

Health system **Non-Universal, Mixed Funding (Mixed Provision)**
ADI member association(s): **Dementia Bermuda**
National dementia plan: **Dementia Integrated Care Pathway (ICP) Report**
Dementia plan funding: **Funded plan**
Dementia prevalence rate: **1369**
Dementia incidence rate: **236**
Population: **64485**
Median age: **46**
Health expenditure (% of GDP): **NA**

Diagnosis

Patients enter care through a general practitioner who refers them to the Bermuda Hospitals Board for specialist evaluation at King Edward VII Memorial Hospital or the Mid-Atlantic Wellness Institute. The Mood and Memory Clinic offers multidisciplinary assessments. Cognitive screenings utilise the MMSE and MoCA, but domestic clinical neuropsychologist shortages mean complex cases require off-island referrals. Structural neuroimaging like CT and MRI is available locally, but PET scans, genetic testing, and fluid biomarkers are not routinely standardised. Diagnosis costs are shared between individuals and private or public insurers.

Diagnosis pathway

Patients typically enter care via a primary care physician who refers them to the Bermuda Hospitals Board for specialist evaluation. Medical diagnostics occur at King Edward VII Memorial Hospital, while psychiatric symptoms are evaluated at the Mid-Atlantic Wellness Institute. The Mood and Memory Clinic offers multidisciplinary assessments by geriatricians and clinical psychologists. Cognitive screenings use the MMSE and MoCA, but local clinical neuropsychologist shortages restrict complex testing, sometimes requiring overseas referrals. Neuroimaging like CT and MRI is available locally, but functional PET scans and genetic or biomarker testing are not routine.

Most people enter dementia-related care in Bermuda through a primary care physician (GP), who initiates clinical assessment and refers onward into the Bermuda Hospitals Board (BHB) system for specialist evaluation. This typically involves services at King Edward VII Memorial Hospital (KEMH) for medical diagnostics and, where behavioral or psychiatric symptoms predominate, the Mid-Atlantic Wellness Institute (MWI). In parallel to the general hospital pathway, Bermuda has explicit dementia-focused diagnostic capacity outside routine specialist clinics. A key example is the Mood & Memory Clinic model, which operates on a physician-referral basis and delivers multidisciplinary assessment, most commonly involving a geriatrician and a clinical psychologist. This model emphasizes differential diagnosis, functional assessment, and guidance on further investigations and treatment planning rather than acting as a stand-alone screening service. NGO-based support plays a prominent role in Bermuda's dementia pathway. Dementia Bermuda frequently functions as a bridge between families, clinicians, residential care providers, and government bodies. While it does not provide diagnosis, its education and advocacy role often triggers earlier help-seeking, facilitates referrals, and improves continuity across fragmented points of care.

References

- https://bermudahospitals.bm/
- https://bermudahospitals.bm/services-listing
- https://helpingservices.bm/listing/mood-memory-clinic/
- https://dementiabermuda.bm/

Wait times

Status: Long wait time

Bermuda lacks a single official national metric or standardised benchmark for tracking patient wait times for dementia-related imaging, specialist appointments, or neuropsychological testing. Public documentation focuses heavily on healthcare resource strain, coordination challenges, and intense workloads rather than tracking metrics. While available evidence indicates that a high caseload relative to the small population exerts pressure on specialist and diagnostic services, exact wait times remain unpublished. Consequently, access times vary significantly depending on referral urgency, individual insurance coverage, and whether assessments are routed through hospitals or specialised clinics.

Public dementia documentation in Bermuda centers heavily on the strain, coordination, and heavy workloads placed on healthcare resources, rather than tracking standardised national benchmarks for patient wait times. There is no single official national metric for waiting periods for dementia-related imaging, specialist neurology/geriatrics appointments, or neuropsychological testing. Available evidence suggests that dementia represents a high caseload relative to Bermuda's small population, implying pressure on specialist and diagnostic services. However, the absence of published benchmarks means access and wait times likely vary depending on referral urgency, insurance coverage, and whether assessment is routed through hospital services or specialized clinics such as Mood & Memory.

References

- https://www.gov.bm/sites/default/files/2025-12/Dementia%20ICP%20Report%2020251210.pdf
- https://helpingservices.bm/listing/mood-memory-clinic/

Diagnosis cost

Status: Not covered

Bermuda utilises a mixed public-private, insurance-centred health financing model dominated by private insurance, where public schemes and direct payments play complementary roles. Out-of-pocket spending accounted for 14.9 percent of total health financing in 2018, representing non-trivial household exposure. Diagnostic costs for consultations, cognitive tests, and imaging are shared between insurers and individuals based on specific policies and service settings. Universal health coverage reforms like HIP and FutureCare focus on expanding prescription drug coverage, showing that medication affordability is a primary cost pressure point rather than diagnostic access.

Bermuda operates a mixed public–private, insurance-centered financing model for healthcare, including dementia diagnosis. Overall health system financing is dominated by private insurance, with public schemes and direct household payments playing a complementary role. According to the Bermuda Health Council's National Health Accounts for the fiscal year ending in 2018, out-of-pocket spending accounted for 14.9% of total health financing, indicating a non-trivial level of cost exposure for households. Within this structure, the costs associated with dementia diagnosis, including medical consultations, cognitive testing, and diagnostic imaging, are typically shared between insurers and individuals, depending on the specific insurance coverage held and the setting in which services are delivered. Recent UHC-oriented reforms, particularly those linked to HIP and FutureCare, have placed explicit emphasis on expanding drug coverage, signaling that medication affordability, rather than diagnostic access alone, has emerged as a key cost pressure point in dementia care in Bermuda.

References

https://healthcouncil.bm/wp-content/uploads/2022/11/2019-NHA-Report-20201014.pdf
- https://www.gov.bm/articles/strengthening-bermudas-healthcare-system-and-advancing-our-progress-toward-0

Cognitive tests

Status: Available

Bermuda's dementia diagnosis pathway is clinically led, with cognitive testing as the primary evidentiary basis for both diagnosis and staging. In routine practice, widely used brief screening instruments such as the MMSE MoCA are understood to be available and in use within primary care and early specialist encounters. These tools are typically used to establish the presence of cognitive impairment, guide clinical judgment, and justify referral onward for more specialized assessment.

However, because Bermuda faces critical domestic workforce shortages in specialized subspecialties like clinical neuropsychology, the pathway diverges sharply from larger jurisdictions. Rather than routing patients through dedicated, multi-disciplinary memory clinics for exhaustive neuropsychological testing, local evaluation at the specialist level relies primarily on psychiatric, neurological, or geriatric consultations combined with structural neuroimaging, such as CT or MRI scans. When highly complex differential testing is required to distinguish Alzheimer's from atypical or mixed dementias, the lack of local, specialised clinical psychologists means full neuropsychological batteries are often heavily restricted or coordinated via off-island medical referrals to overseas institutions. Ultimately, there is no evidence of a nationally mandated, uniform cognitive test battery applied across the island. Instead, as highlighted in Bermuda Ministry of Health strategic frameworks, the selection of tools remains entirely clinician-driven, heavily dependent on individual patient presentation, insurance coverage, and available hospital resources rather than a centralised protocol.

References

- https://www.gov.bm/sites/default/files/2025-12/Dementia%20ICP%20Report%2020251210.pdf
- https://www.physio-pedia.com/Mini-Mental_State_Examination
- https://www.physio-pedia.com/Montreal_Cognitive_Assessment_%28MoCA%29

Imaging tests

Status: Used in specific cases

Structural neuroimaging for dementia assessment is available locally in Bermuda through the public hospital system. The Bermuda Hospitals Board (BHB) lists both CT and MRI among its diagnostic imaging capabilities, and these modalities are used as part of the standard dementia work-up to exclude alternative structural causes, assess cerebrovascular burden, and evaluate patterns of cerebral atrophy that may support clinical diagnosis. The availability of CT and MRI within the domestic health system means that access to essential neuroimaging is not dependent on overseas referral, an important consideration for a small island jurisdiction. By contrast, functional imaging such as PET is not described as a routine component of dementia diagnosis in publicly available system documentation and does not appear to form part of standard diagnostic pathways in Bermuda.

References

https://bermudahospitals.bm/services-listing/diagnostic-services/diagnostic-imaging/

Genetic tests

There is no indication that genetic or APOE testing forms part of the standard dementia diagnostic pathway in Bermuda. Government and health system–level documents do not describe APOE genotyping or other genetic analyses as elements of routine or recommended standard-of-care practice.

References

- https://www.gov.bm/sites/default/files/2025-12/Dementia%20ICP%20Report%2020251210.pdf
- https://dementiabermuda.bm/wp-content/uploads/2026/01/EndOfYear_DB_FNL.pdf

Biomarker tests

Status: Rarely used

Cerebrospinal fluid biomarkers, including amyloid and tau, are not documented as routine or nationally standardised components of dementia diagnosis within the public system. Similarly, blood-based biomarkers, such as emerging plasma assays for amyloid or tau, are not described as being integrated into standard clinical pathways.

References

- https://www.gov.bm/sites/default/files/2025-12/Dementia%20ICP%20Report%2020251210.pdf

Treatment & care

Dementia care is embedded within broader medical, geriatric, and mental health services at King Edward VII Memorial Hospital and the Mid-Atlantic Wellness Institute, rather than standalone facilities. Dementia Bermuda provides community-based home assessments, occupational therapy support, and structured activity groups. Care is funded through a mixed insurance system including private plans, the Health Insurance Plan, FutureCare, and government subsidies, leaving families with out-of-pocket costs. Dementia Bermuda, an Alzheimer's Disease International member since 2023, prioritises caregiver education alongside government awareness campaigns.

Specialized facilities and services

Dementia treatment and care are embedded within broader medical, geriatric, and mental health services rather than dedicated stand-alone dementia hospitals. The core clinical capacity for medical management, psychiatric assessments, and behavioural support is provided through the public hospital and mental health infrastructure managed by the Bermuda Hospitals Board, specifically King Edward VII Memorial Hospital and the Mid-Atlantic Wellness Institute. In the community sector, Dementia Bermuda offers crucial services including home-based assessments, occupational therapy-linked support, structured activity groups, and quality-of-life programming to help translate diagnoses into ongoing care.

Treatment and care for people living with dementia in Bermuda are anchored in the island's public hospital and mental health infrastructure, which is operated by the Bermuda Hospitals Board (BHB). BHB manages King Edward VII Memorial Hospital (KEMH) and the Mid-Atlantic Wellness Institute (MWI), which together provide the core clinical capacity for medical management, psychiatric assessment, and behavioral symptom support related to dementia. Dementia care is not delivered through dedicated stand-alone dementia hospitals but is instead embedded within broader medical, geriatric, and mental health services. BHB's service directories indicate access to a range of relevant supports, including specialist medical care and allied mental health services, which form the institutional backbone for dementia treatment on the island.

In parallel with hospital-based care, dementia-specific and dementia-focused support services are particularly visible in the community sector. Dementia Bermuda plays a central role in this landscape, providing education, advocacy, and practical support to people living with dementia and their families. Publicly available descriptions of its work, as well as listings in local service directories, point to services such as home-based assessments, occupational therapy-linked support, structured activity groups, and quality-of-life programming. In practice, Dementia Bermuda functions as an intermediary between families, clinicians, residential care providers, and government institutions, helping to translate diagnosis into ongoing, practical care.

Approved medication

*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

Bermuda does not have a dedicated government-funded Alzheimer's disease treatment programme that universally covers all costs. Instead, care is financed through private insurance, the Health Insurance Plan, FutureCare for seniors, or the Government Employees Health Insurance plan. These plans cover physician visits, hospital care, and limited home care, but patients still face out-of-pocket costs, deductibles, or copayments depending on prescription drug coverage. Government subsidies like the Certificate of Entitlement reduce premiums for eligible seniors, while online evidence reveals no approved dementia medications on the island.

In Bermuda, there is no dedicated government-funded Alzheimer's disease treatment program that universally covers all costs. Most medical care for people with Alzheimer's or other dementias is financed through Bermuda's health insurance system—either private insurance, the government-run Health Insurance Plan (HIP), FutureCare (for many seniors), or the Government Employees Health Insurance (GEHI) plan., These plans cover physician visits, hospital care, diagnostic services, and some home-care benefits, but coverage is subject to benefit limits and reimbursement schedules. Prescription drug coverage varies by plan, and patients may still face out-of-pocket costs, deductibles, or copayments depending on their insurance arrangement. Government subsidies (such as the Certificate of Entitlement for eligible seniors) can reduce premiums and help cover certain hospital and outpatient services.

References

- https://healthcouncil.bm/wp-content/uploads/2022/11/2019-NHA-Report-20201014.pdf
- https://www.gov.bm/articles/strengthening-bermudas-healthcare-system-and-advancing-our-progress-toward-0

Caregiver support

Caregiver support is a prominent component of the domestic dementia ecosystem, heavily acknowledging the central role of families. Dementia Bermuda actively delivers education, practical guidance, and advocacy to mitigate caregiver burden, and its global knowledge exchange is reinforced by international recognition from Alzheimer's Disease International since 2023. Complementing this non-governmental role, government bodies maintain dedicated dementia information resources and run public awareness campaigns aimed at educating family caregivers and professionals, supporting families even in the absence of extensive institutional long-term care infrastructure.

Caregiver support occupies a particularly prominent position within Bermuda's dementia care ecosystem. Dementia Bermuda explicitly frames its mission around supporting caregivers and improving quality of life for people living with dementia, offering education, guidance, and advocacy alongside practical support services. Its recognition as a member of ADI since 2023 situates Bermuda within global dementia advocacy and knowledge-exchange networks. Complementing this NGO role, government bodies maintain dementia information resources and public awareness campaigns aimed at educating family caregivers and professionals. Together, these efforts reflect a care model that formally acknowledges the central role of families in dementia care and seeks to mitigate caregiver burden even in the absence of extensive institutional long-term care infrastructure.

References

https://www.alzint.org/member/action-on-alzheimers-dementia-aad-bermuda

Policy

Bermuda's national policy is guided by the Dementia Integrated Care Pathway Report, a strategic planning framework mapping service utilisation rather than a standalone statute. December 2025 messaging indicates that future strategies will absorb dementia into broader universal health coverage reforms, prioritising financial protection and expanding prescription drug coverage under public schemes. Legal gaps remain because the framework establishes no legally binding care standards, statutory entitlements, or enforceable timelines. Furthermore, cultural expectations for family-centred long-term support can obscure caregiver burden and delay formal healthcare engagement.

National dementia plan

Bermuda's national approach is strategic and technocratic, utilising the Dementia Integrated Care Pathway Report as an official system-level planning framework rather than a standalone statute. Grounded in administrative and clinical data from the Bermuda Hospitals Board, this document maps service utilisation, outlines system pressures, and projects future needs. The strategy frames dementia as a system-wide challenge requiring coordination across hospital services, mental health institutions, community providers, and non-governmental organisations, prioritising service alignment, strategic planning, and integration over prescriptive regulations.

As of 2025, Bermuda has developed an official, system-level dementia planning framework in the form of a Dementia Integrated Care Pathway (ICP) Report, which functions as a strategic coordination and service-mapping document rather than as a standalone dementia act or statute. The ICP is grounded in administrative and clinical data drawn from the BHB, including estimates of unique patients with dementia-related diagnoses recorded in recent years, and uses this evidence base to describe current service utilization, system pressures, and projected needs. The document focuses on how dementia care is organized across hospital services, mental health institutions, community providers, and NGOs, and it frames dementia as a system-wide challenge requiring coordination rather than as a condition confined to a single specialty or institution. In this sense, Bermuda's national approach is strategic and technocratic, emphasizing planning, integration, and service alignment over prescriptive regulation.

References

- https://www.gov.bm/sites/default/files/2025-12/Dementia%20ICP%20Report%2020251210.pdf

Upcoming plans

More recent government messaging from December 2025 situates dementia policy within broader universal health coverage (UHC) reforms, rather than announcing a separate, disease-specific strategy. In particular, policy discussions around affordability increasingly reference the expansion of prescription drug coverage under public schemes such as HIP and FutureCare, both of which are highly relevant to dementia given the chronic and progressive nature of the condition. This framing suggests that the government's forward-looking dementia-

relevant policy priorities are likely to focus on financial protection, medication access, and sustainability of long-term care, rather than on creating parallel dementia-specific institutions. Dementia is therefore being absorbed into a wider reform agenda centered on cost containment, equity of access, and system resilience.

References

- https://www.gov.bm/articles/strengthening-bermudas-healthcare-system-and-advancing-our-progress-toward-0

Policy gaps

Legal barriers

Legal and regulatory gaps are evident even within the Dementia ICP framework itself. While the document provides system level analysis and planning guidance, it does not establish legally binding standards for dementia diagnosis, treatment, or care coordination. There is no indication of statutory entitlements to dementia-specific services, mandated care pathways, or enforceable timelines for diagnosis and follow-up. The ICP also acknowledges the need for further validation of prevalence estimates and service utilization data, pointing to gaps in standardized measurement, reporting consistency, and formal accountability mechanisms as dementia prevalence rises. In the absence of dedicated dementia legislation or regulatory mandates, implementation relies heavily on institutional cooperation and professional discretion rather than on legal obligation.

References

- https://www.gov.bm/sites/default/files/2025-12/Dementia%20ICP%20Report%2020251210.pdf

Cultural barriers

Cultural stereotypes shape how dementia policy operates in practice. Dementia care in Bermuda remains strongly family-centered, with an implicit expectation that relatives will provide the majority of long-term support, even as clinical and NGO services expand. While this cultural norm aligns with community values, it can obscure caregiver burden and delay formal engagement with services. The ICP's emphasis on coordination and capacity-building implicitly reflects these challenges, as it recognizes the need to improve awareness, normalize early help-seeking, and strengthen cross-sector collaboration.

Research

Academic and clinical research institutions include the Bermuda Hospitals Board and the Mid-Atlantic Wellness Institute. Due to the jurisdiction's small population and a healthcare structure that prioritises service delivery over experimental studies, there are no locally hosted clinical drug trials or advanced interventional dementia investigations. Bermudians seeking cutting-edge research opportunities must rely on overseas medical referrals or international studies. Bermuda's primary innovation is governance-based, utilising a dual-track model that integrates the formal planning of the Dementia Integrated Care Pathway with the community-focused coordination layer provided by Dementia Bermuda.

Selected academic institutions

Bermuda Hospitals Board (BHB) Mid-Atlantic Wellness Institute (MWI)

Clinical trials and registries

No Bermuda-based Alzheimer's disease drug trials or advanced interventional dementia studies are clearly evidenced in publicly available government or health system sources. The absence of a visible clinical trial pipeline reflects both the island's small population size and the structure of its health system, which prioritizes service delivery and coordination over experimental research. Where Bermudians participate in cutting-edge Alzheimer's research or trials, this is more likely to occur off-island, through overseas referral, private arrangements, or personal participation in international studies rather than through locally hosted trials.

References

- https://clinicaltrials.gov/

Selected innovative methods

Bermuda's most notable innovation in the dementia field lies not in novel diagnostics or therapies, but in organizational and governance approaches. The combination of a formal, system-level planning instrument, the Dementia ICP, and a strong, well-embedded NGO presence represents a distinctive model for a small island jurisdiction. The ICP provides a structured framework for mapping services, identifying gaps, and coordinating actors across the health and social care system, while Dementia Bermuda functions as a practical navigation and support layer that connects families, clinicians, care homes, and government institutions. This dual-track approach, formal planning coupled with community-based coordination, constitutes Bermuda's primary innovation in dementia response, compensating for limited scale and research infrastructure through integration and social capital.

References

- https://dementiabermuda.bm/about-aad

https://www.gov.bm/sites/default/files/2025-12/Dementia%20ICP%20Report%2020251210.pdf

Support

Community support is driven by the Age Concern Bermuda Fund and Dementia Bermuda. Key community-focused initiatives include the Circle of Care evening held in September 2025, a family caregiver education session with a geriatrician in December 2025, and a January 20 session detailing non-pharmacological care strategies. These initiatives focus on early recognition, coping mechanisms, and practical tools to mitigate caregiver burden. There are no standalone dementia-specific media outlets on the island. Instead, public education and information dissemination rely heavily on direct non-governmental organisation outreach and supplementary government health campaigns.

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:

Dementia Bermuda

Selected initiatives

Dementia initiatives are community and caregiver-focused, led by government public education and Dementia Bermuda's programmes. In September 2025, the Circle of Care evening at Peace Lutheran Church Hall provided family caregivers with mutual support, collecting reflections for a Washington Mall display. In December 2025, a session with a Bermuda Hospitals Board geriatrician educated families on diagnostic processes and medication limitations. Furthermore, a January 20 session titled Making a Difference Without Drugs, led by a Northshore Pharmacy pharmacist at the Argus Hub, taught practical, non-pharmacological strategies to enhance wellbeing.

Dementia Bermuda activities

Dementia-related initiatives in Bermuda are primarily caregiver and community-focused, rather than research or technology-driven. Dementia Bermuda actively delivers caregiver education programs, support groups, and public awareness activities designed to improve understanding of dementia, reduce stigma, and equip families with practical coping strategies. These efforts are reinforced by government dementia information resources and public education campaigns, which frame dementia as both a health and a social care issue. The emphasis across initiatives is on early recognition, informed caregiving, and quality of life, rather than on disease modification or high-intensity institutional care.

Making a Difference Without Drugs

Dementia Bermuda is hosting a caregiver-focused session titled "Making a Difference Without Drugs", led by a pharmacist from Northshore Pharmacy. The event focuses on practical, non-pharmacological strategies to support the wellbeing of people living with dementia, offering caregivers tools to improve daily care in a more effective and compassionate way. The session takes place on Tuesday, January 20, at the Argus Hub building on Wesley Street and is positioned as an opportunity for caregiver empowerment and education.

Family caregiver education

In December 2025 Dementia Bermuda held a family caregiver education session featuring a geriatrician at the Bermuda Hospitals Board (BHB). The session focused on helping families understand what to expect during the dementia diagnostic process, how the condition typically progresses, the role and limitations of medications, and the medical factors underlying behavioral and psychological changes. Designed as an interactive and preparatory forum, the event provided caregivers with an opportunity to ask questions and gain clearer, clinically grounded insight into dementia care.

Gatherings

In September 2025, Dementia Bermuda hosted "Circle of Care: An Evening for Family Caregivers", a dedicated, in-person gathering for past and present family caregivers of people living with dementia. Held at Peace Lutheran Church Hall in Paget, the evening was facilitated by a professional and centered on reflection, mutual support, and recognition of caregiving experiences. Participants took part in symbolic activities to honor their caregiving journeys and shared food and conversation to close the event. Reflections from the gathering were collected for inclusion in a community display at Washington Mall, amplifying caregiver voices and experiences across Bermuda.

References

- https://www.instagram.com/p/DTaOvcaDdAh/
- https://www.instagram.com/p/DRzjrsJjCj8/
- https://www.instagram.com/p/DOvnqBPDrtH/

Dedicated media outlets

There is no clearly documented, standalone dementia-specific media outlet in Bermuda. Instead, outreach and public communication appear to be driven through a combination of NGO-led communications, government health messaging, community events, and general media coverage. Dementia Bermuda functions as the primary content generator and focal point for dementia-related information dissemination, while government campaigns and health resources provide supplementary educational framing. This model reflects Bermuda's scale, where targeted advocacy and direct community engagement substitute for specialised media platforms.