

Dementia policy: will finances follow aspirations?

On both sides of the Atlantic, politicians have voted overwhelmingly to adopt measures to make dementia a health priority: in January the European Initiative on Alzheimer's Disease and Other Dementias was approved by the European Parliament and the US National Alzheimer's Project Act (NAPA) was signed into law. Both initiatives promote the creation of national strategies and include a multitude of aims that cover prevention, early diagnosis, treatment, care, advocacy, and research to tackle the escalating burden of dementia, and Alzheimer's disease (AD) in particular. But in the current economic climate, can these ambitious goals be translated into action?

With such wide-ranging aims these initiatives could be difficult to implement, and policy makers would do well to prioritise some key areas in health care. Establishing systems so that dementia can be diagnosed at an early stage should be a core focus: early diagnosis unlocks access to support and treatment, and enables patients to plan for the future and take steps to slow decline in memory and cognition. The creation of specialist centres and improved training of health professionals involved in the care of patients should facilitate early recognition of the disease and enhance quality of care.

A key aim of both initiatives is to raise awareness among the public, health-care professionals, and policy makers about dementia symptoms to aid early diagnosis and combat stigma. As part of the plans to raise awareness, the European resolution calls for a European Year of Mental Health; however, awareness of dementia might be diluted in such a broad campaign. Both initiatives outline a central role for patients' associations in education campaigns, and these associations can help governments to develop national strategies tailored to patients and their carers. Importantly for successful implementation, the US Act includes plans for monitoring progress, although whether the European effort will include follow-up is less clear.

The recommended improvements in health care and awareness would no doubt help patients and their carers, but long-term progress in the battle against dementia will ultimately depend on innovations from research to halt disease progression before symptom onset. The new European resolution rightly stresses the importance of research into biomarkers and the development of common protocols for early diagnosis, although the emphasis needs to shift towards diagnosis at the pre-dementia stage. The call for more studies of epidemiology, which

is already well documented, seems unwarranted unless the focus is on pre-dementia stages. And research into basic mechanisms—which is crucial to drive the search for targets for disease prevention—is neglected.

The emphasis in the European resolution on a national approach makes sense for health-care strategies, for which countries need to tailor plans to their own needs and cultural issues. But the resolution points out the fragmented nature of research in Europe; for research efforts such as the development of biomarkers to be effective and affordable, a coordinated European-wide approach is essential, but it is not clear how this would be achieved. The resolution recognises the European Joint Programming Initiative on Combating Neurodegenerative Diseases (JPND), which aims to coordinate efforts between countries with shared interests in basic, clinical, and health-care research. However, the JPND will not necessarily provide increased funding and should not be used as an excuse for the European Commission to curb funds for dementia research.

The European Union has so far provided €159 million for dementia research under the FP7 programme and in 2011 the US National Institutes of Health will spend US\$480 million, compared with \$6 billion on cancer and \$4 billion on heart disease research. Neither the US nor the European initiative sets out plans for increased funding for research; yet according to a recent US Alzheimer's Association (AA) report, only \$100 is spent on AD research for every \$25 000 on dementia health care, and health-care costs are projected to soar from \$172 billion in 2010 to a staggering \$1 trillion in 2050 in the USA alone. Research resulting in treatments that delay onset of AD by 5 years could lead to a 45% decrease in government spending on the disease, according to the AA report.

These two initiatives highlight the increased recognition of the looming dementia crisis, and researchers and health professionals should embrace this opportunity to push dementia up the political agenda. Raising the profile of dementia and the creation of better coordinated national health-care strategies are important first steps. But if politicians are serious about translating their worthy aims into action, they must take a long-term view and provide the much-needed investment in research to identify strategies for disease prevention. ■ *The Lancet Neurology*

For more on the **European Initiative** see <http://www.europarl.europa.eu/oeil/FindByProcnum.do?lang=en&procnum=INI/2010/2084>

For more on the **NAPA** see <http://www.alz.org/napa>

For more on the **JPND** see <http://europa.eu/rapid/pressReleasesAction.do?reference=IP/10/431&format=HTML&aged=0&language=EN&guiLanguage=en>

For the **Alzheimer's Association report** see <http://www.alz.org/boomers/>