Dementia healthcare needs a revolutionary rethink, experts say

Clinical services for people at high risk of dementia need a radical rethink in line with the latest scientific understanding of the condition, say leading researchers.

There is a crucial need for new strategies to diagnose and treat the condition in light of significant challenges that health services will face in future, according to experts from across the UK.

Their report – The Edinburgh Consensus – which has been coordinated at the University of Edinburgh and led by the UK’s most prominent researchers in the field, focuses on a new era of Alzheimer’s disease assessment and treatment.

It relates to the search for a new generation of drugs aimed at tackling the early underlying biological causes of dementia – treatments that are referred to as being disease-modifying.

This approach presents one of the best hopes for preventing dementia, according to scientists. Implementing these new treatments, however, will pose huge challenges to how the condition is managed in healthcare settings in the UK and globally. It will require a much more detailed assessment of patients, with a reliance on tests not normally available in existing services.

Disease-modifying drugs are based on evidence that Alzheimer’s disease – a condition that leads to problems with memory and confused thinking if not treated – has its roots in middle age, with changes in the brain occurring many years before the final symptoms of dementia develop.

Scientists say this offers a window during which treatment could limit brain damage before the development of dementia. Delaying the emergence of these symptoms by a few years would have a huge impact on the number of people affected by dementia.

Identifying people who are most likely to benefit from early intervention will require gathering specialist information such as genetics and brain scan imaging, which current services cannot deliver on the required scale, experts say.

The Edinburgh Consensus was written by Alzheimer’s disease researchers and clinicians from UK universities alongside the Royal College of Psychiatrists, the Association of British Neurologists and the charities Alzheimer Scotland, Alzheimer’s Society and Alzheimer’s Research UK.
Prof Craig Ritchie from the Centre of Dementia Prevention at the University of Edinburgh, who led the group with Prof Martin Rossor (UCL), Prof Alistair Burns (University of Manchester) and Dr Tom Russ (University of Edinburgh), said: “Brain changes that lead to dementia begin decades before symptoms. Experiences at all stages of life can influence the likelihood of developing dementia and it is never too early to think about reducing your risk. What we have to ensure is that clinical services keep step with scientific advances to make sure the public and patients benefit.”

James Pickett, Head of Research at Alzheimer’s Society and co-author of the report, said: “Globally, the hunt is on to find the first drug to slow down or prevent dementia by 2025. We need to make significant changes in the way dementia is diagnosed and managed, finding ways to identify people in the earliest stage of disease. It is imperative that we continue with this proactive approach to ensure families in the UK will gain access to the latest breakthrough treatments as quickly as possible.”

Matthew Norton, Director of Policy at Alzheimer's Research UK and co-author of the report, said: “We must ensure that when a breakthrough is made in research, any new treatment is put in the hands of the people who need it as quickly as possible. Advances in science being made today could transform the way we treat people with dementia, and this report underlines an urgent need to ready our health services for that day. The clinical experts, researchers and charities involved in this Consensus agree that we cannot wait to do this vital planning in the NHS.”

Jim Pearson, Director for Policy and Research at Alzheimer Scotland said, "The Edinburgh Consensus articulates the paradigm shift in our understanding of dementia. As we improve our ability to detect and treat the disease, or reduce risk factors long before the emergence of the symptoms of dementia, we must begin now to prepare to completely transform our approach to dementia services."

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