WHEN ALZHEIMER’S TREATMENTS ARRIVE, HOW PREPARED WILL JAPAN BE TO MEET DEMAND?

AN ASSESSMENT OF JAPAN’S HEALTH CARE INFRASTRUCTURE

All evidence suggests that Alzheimer’s disease must be treated in its early stages to prevent the progression to full-blown dementia. There is hope that one or more drug therapies with that effect may become available by 2023. However, preventive treatment of Alzheimer’s disease implies a complex patient journey. At that point, a complex patient journey will start—sending those over the age of 50 on a four-part path, involving various specialists with multiple appointments at different facilities, to:

1. Screen for mild cognitive impairment (MCI).
2. Evaluate for potential Alzheimer’s disease.
3. Test for signs of brain pathology.
4. Treat with intravenous (IV) infusion therapy.

Ideally, this process would happen as quickly as possible to prevent progression, but is Japan’s healthcare system ready?

Projections based on a simulation model suggest otherwise.

Of the 51.6 million people 50 years and older who are eligible

31 MILLION WOULD GET SCREENED IN A DOCTOR’S OFFICE

3.7 million who screen positive for MCI

3.9 MILLION WOULD SEE A DEMENTIA SPECIALIST FOR EVALUATION

3.5 MILLION WOULD GET Aß BIOMARKER TESTING

3.9 million with positive biomarker screening

3.5 MILLION WOULD GET Aß BIOMARKER TESTING

1.2 MILLION WOULD RECEIVE TREATMENT AT INFUSION CENTERS

1.6 MILLION MIGHT TEST POSITIVE FOR Aß DEPOSITS AND RETURN TO THE SPECIALIST TO LEARN ABOUT TREATMENT

1.2 million who screen positive for MCI

18 month of infusion treatment

It would take two dozen years to clear the backlog of cases

Patients could face more than a 15-month wait for their first appointment with a specialist

As many as 46.8 million infusions might be needed

It could take two dozen years to clear the backlog of cases

Wait lists might be extensive

Early intervention is the key

Increased capacity could avoid unnecessary disease progression

With enough capacity for Aß testing and treatment on an additional 121,000 people would not develop Alzheimer’s dementia

With enough capacity for all aspects of care (diagnosis by specialist, Aß testing, and treatment) an additional 616,000 people would not develop Alzheimer’s dementia

Action is needed to reduce capacity constraints

TRAIN MORE PROVIDERS IN DEMENTIA CARE AND DEVELOP TOOLS TO MAKE THEM MORE EFFICIENT.

EXPAND USE OF CSF TESTING FOR BIOMARKERS.

UTILIZE ALL OPTIONS FOR INFUSION THERAPY, INCLUDING THE HOME SETTING.

ENSURE APPROPRIATE COVERAGE OF SERVICES AND TESTS.

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