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 2022. 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.

Millions of patients would need to be seen

Of the 52.7 million people 50 years and older who are eligible

- 31 million would get screened in a doctor’s office
- 3.9 million would see a dementia specialist for evaluation
- 1.5 million might test positive for amyloid deposits and return to the specialist to learn about treatment
- 1.2 million would receive treatment at infusion centers

wait lists might be extensive

- Patients could face a 14-month wait for their first appointment with a specialist
- It could take a decade to clear the backlog of cases

increased capacity could avoid unnecessary disease progression

- With enough capacity for Aβ testing and treatment an additional 1.5 million people would not develop Alzheimer’s dementia
- With enough capacity for all aspects of care (diagnosis by specialist, Aβ testing, and treatment) an additional 644,000 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 and introduce blood-based test.
- Utilize all options for infusion therapy, including the home setting.
- Ensure appropriate coverage of services and tests.

Excerpted from: Assessing the Preparedness of the Japanese Health Care System Infrastructure for an Alzheimer’s Treatment, available at: cesr.usc.edu/research/publications

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