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

AN ASSESSMENT OF KOREA’S HEALTH CARE INFRASTRUCTURE

Early intervention is the key

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 Korea’s healthcare system ready? Projections based on a simulation model suggest otherwise.

Wait lists might be extensive

Of the 14.4 million people 50 years and older who are eligible, 7.2 million would get screened in a doctor’s office. 0.9 million would see a dementia specialist for evaluation, 0.8 million would get amyloid biomarker testing, 0.4 million might test positive for amyloid deposits and return to the specialist to learn about treatment, 0.3 million would receive treatment at infusion centers. An anticipated rush to treatment facilities a deluge of patients will arrive at the doors of limited-capacity centers—first screening and dementia specialist offices, then testing facilities, and, finally, treatment centers.

Increased capacity could avoid unnecessary disease progression

With a 20% increase in capacity for specialist appointments an additional 39,000 (SCENARIO 1) people would not develop Alzheimer’s dementia. With enough capacity for dementia specialist appointments and infusion delivery an additional 130,000 (WITH ALL CONSTRAINTS REMOVED) people would not develop Alzheimer’s dementia.

Action is needed to reduce capacity constraints

- Leverage dementia centers for case finding and triage and introduce blood test.
- Expand brief training programs for physicians interested in dementia care.
- Utilize all options for infusion therapy, including the home setting.
- Ensure appropriate coverage of services and tests.

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

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Thanks to investment in PET scanning capacity, no wait times for biomarker testing are projected. Patients could face a 6-month wait for their first appointment with a specialist.

As many as 16 million infusions might be needed. It could take almost a decade to clear the backlog of cases.