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

AN ASSESSMENT OF TAIWAN’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 Taiwan’s healthcare system ready? Projections based on a simulation model suggest otherwise.

Wait lists for biomarker testing might persist for decades. Patients could face a 22-month wait for their first appointment with a specialist. As many as 28 million infusions might be needed.

**Wait lists might be extensive**

| Number of patients waiting for diagnosis or treatment, millions | 2021 | 2023 | 2025 | 2027 | 2029 | 2031 | 2033 | 2035 | 2037 | 2039 | 2041 | 2043 | 2045 | 2047 | 2049 |
|---------------------------------------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Dementia specialist visits                                    | 0.1  | 0.2  | 0.3  | 0.4  | 0.3  | 0.2  | 0.1  | 0.0  | 0.0  | 0.0  | 0.0  | 0.0  | 0.0  | 0.0  | 0.0  |
| Biomarker testing                                             | 0.22 | 0.22 | 0.22 | 0.22 | 0.22 | 0.22 | 0.22 | 0.22 | 0.22 | 0.22 | 0.22 | 0.22 | 0.22 | 0.22 |
| Infusion treatment                                            | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 |

With doubling the share of patients who undergo CSF testing to confirm the Alzheimer’s pathology, 118,000 people would not develop Alzheimer’s dementia. With the introduction of a blood-based biomarker for Alzheimer’s disease, 287,000 people would not develop Alzheimer’s dementia.

**Increased capacity could avoid unnecessary disease progression**

**Action is needed to reduce capacity constraints**

- Attract additional specialists into dementia care
- Leverage CSF and blood testing to confirm the Alzheimer’s pathology
- Utilize all options for infusion therapy, including the home setting
- Ensure appropriate coverage of services and tests

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

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