

Assessing the economic case for Alzheimer's disease policy prioritisation



Despite growing recognition of Alzheimer's disease (AD) as a policy priority, our previous report¹ found that current efforts across Europe remain insufficient. We set out recommendations to address the challenges facing patients and health and care systems:

Reframe AD as a manageable disease

Support patient registries and data collection

Focus on early-stage diagnosis and invest in technologies that enable this

Adopt reimbursement and funding models for access to treatments

Support treatment centres and specialist expertise



Objective: Assess the economic case for AD policy prioritisation by estimating how the socioeconomic burden of the disease in the EU4/UK from 2026 to 2036 could be affected by a package of policies designed to enable access to diagnosis and treatment

1

Estimate a baseline on the current socioeconomic burden due to AD in 2026

Total socioeconomic burden per person per stage²

Monetised health impact

Direct medical costs

Direct non-medical costs

Informal care impact

2

Estimate the future socioeconomic burden through 2036 without policy prioritisation

Yearly prevalence based on Alzheimer Europe projections

Patients transition between stages based on probabilities reported in prior studies (MCI, mild, moderate, severe)

New patients included as MCI to match projected prevalence

3

Compare to burden under a scenario of widespread, active, and effective policy prioritisation

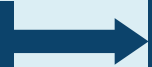
Savings are driven by reduced likelihood of MCI/mild patients progressing, with increased efficacy and coverage of therapies over time³

Estimated socioeconomic burden includes costs due to increase in diagnosis and direct/indirect costs of treatment



The number of people with AD in the EU4/UK alone is expected to increase significantly over the next 10 years

14.8 million
2026



18.3 million
2036



The annual socioeconomic burden of AD for the EU4/UK could nearly double in the absence of policy prioritisation

€552 billion
2026



> €1 trillion
2036

1. CRA (2025) Prioritising Alzheimer's disease policy in Europe: Insights from oncology.

2. Annual costs per person per stage are primarily based on the GERAS studies and Jönsson et al. (2023). Individual costs are based on patient disutilities valued at €80,000 per QALY. All cost inputs are inflated to current prices. Total costs calculated from per person costs based on prevalence from Alzheimer Europe.

3. Assumes treatment effect applied to MCI and mild AD, increasing from 30% for 2026-2030 to 50% in 2036, and treatment effect coverage rate of 0.1% of MCI / mild in 2026 to 80% in 2036, following 'S' shaped curve. Full assumptions and methodology in companion report.



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A package of AD policies would enable the uptake of treatments that slow progression to advanced stages

Policy action can improve diagnosis and treatment, reducing patients' risk of progressing to more advanced stages

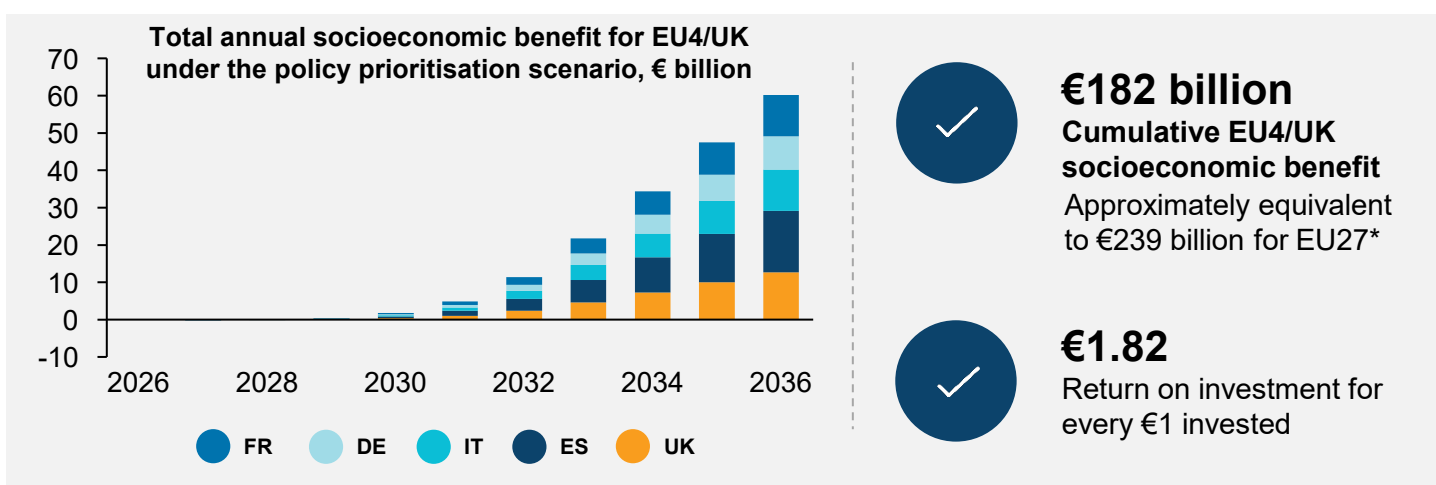
Over time, this would lead to more people remaining in early, less costly stages and fewer severe AD patients



Over 430,000

fewer people with severe AD in 2036

Potential socioeconomic benefits from comprehensive, active, and effective AD policy prioritisation could cumulatively reach €182 billion for 2026-2036



Potential return on investment assumes a package of policies is implemented, showing the need for coordinated action

Potential socioeconomic benefit of €182 billion over 10 years – roughly equivalent to one full year of health care expenditure in Italy

Potential benefits **driven by fewer people with advanced stages** of AD, with major benefits for caregivers, social care systems, and the economy

The need for action is now with the magnitude of benefits **highly dependent on the timing and extent of policy prioritisation**

The analysis has pointed to specific areas where more urgent action is needed:



Accelerate diagnosing patients at scale



Support expansion of infrastructure and capacity for diagnosis and treatment over time



Establish necessary access and reimbursement frameworks

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* Simple population-based scaling based on Alzheimer Europe (2026) dementia prevalence estimates; epidemiology and cost data for EU27 countries not assessed



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