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WELCOME



I would like to begin with the exciting news that registrations are now open for the 36th Alzheimer Europe Conference, taking place from 27 to 29 October in Dublin (Ireland) under the banner “*Sláinte*: Building momentum in dementia through policy, research and partnership”. We are delighted to be working together with co-host The Alzheimer Society of Ireland, and together with our Irish colleagues, we look forward to welcoming all of you to #36AEC. Register before the end of June and benefit from our reduced Early Bird rates!

I am also delighted to announce the publication of the 50th edition of our “Dementia in Europe” magazine. It is incredible to think back to the first edition, published in 2008! Over the past 18 years, the publication has developed and adapted to the evolving dementia policy landscape, as well as changing to reflect the different areas of focus in our work and that of our members across Europe. Given the increasing focus being placed on dementia research and Public Involvement in our work and that of our member associations, I am pleased to announce a brand-new section in our magazine, focusing specifically on these areas.

This month also saw the second session of our popular online workshop series, the Alzheimer's Association Academy, this time organised together with Project Alzheimer's Value Europe (PAVE) and focusing on the topic of "Pathways to access for Alzheimer's treatments: HTA and reimbursement". Together with PAVE, we welcomed over 50 partic-

ipants from 17 countries and six different companies. Our Academies are always a pleasure to attend, as these capacity-building workshops always have a wonderfully collaborative atmosphere, bringing together representatives of national Alzheimer's associations with members of the European Working Group of People with Dementia and European Dementia Carers Working Group, as well as representatives from pharmaceutical companies, to learn about dementia advocacy, care, policy, research and treatment.

On the research and treatment front, this month was a bit of a mixed bag, with both positive and negative news. In Switzerland, Swissmedic has authorised donanemab for the treatment of early Alzheimer's disease, whilst in Germany and the Netherlands, lecanemab has not fared so well. The healthcare decision-making body of Germany found no added benefit for lecanemab, and the Dutch National Health Care Institute has advised against reimbursement of lecanemab in the Netherlands.

In closing, I would like to note that we were delighted to learn that the European Commission has recognised Alzheimer Europe as a key innovator in the development of the IHI-PROMINENT innovation “Patient-centered diagnostic summary reports for dementia care” on its public platform the “Innovation Radar”. We are honoured and truly grateful for this recognition!

I wish all of you a fantastic month ahead and look forward to sharing our March newsletter with you, with more important dementia-related updates from across Europe.

Jean Georges, Executive Director

Alzheimer Europe Board

Chairperson: Maria do Rosário Zincke Dos Reis (Portugal); Vice-Chairperson: Mario Possenti (Italy); Honorary Secretary: Lorène Gilly (France); Honorary Treasurer: Marco Blom (Netherlands); Members: Stefanie Becker (Switzerland), René Friederici (Luxembourg), Andy Heffernan (Ireland), Martina Mártová (Czechia), Mary-Frances Morris (United Kingdom - Scotland), Kevin Quaid, Chairperson of the European Working Group of People with Dementia (Ireland), Trevor Salomon, Chairperson of the European Dementia Carers Working Group (United Kingdom - England), Katarina Suonu (Finland), Jochen René Thyrian (Germany).

Alzheimer Europe Staff

Executive Director: Jean Georges; Communications Officers: Kate Boor Ellis and Margarita Reyes; Conference Coordinator: Isabelle Collet; Events Coordinator: Cristina Pencea; Policy Officer: Owen Miller; Director for Public Involvement and Ethics: Dianne Gove; Public Involvement Lead: Ana Diaz; Public Involvement Officers: Sarah Campill, Faye Forsyth and Soraya Moradi-Bachiller; Director for Research: Angela Bradshaw; Project Officers: Christophe Bintener; Cindy Birk and Lukas Duffner.

ALZHEIMER EUROPE

17 FEBRUARY:

Alzheimer Europe hosts a session of its Alzheimer's Association Academy together with Project Alzheimer's Value Europe (PAVE)

PAVE On 17 February 2026, Alzheimer Europe held a session of its popular online workshop series, the Alzheimer's Association Academy, together with Project Alzheimer's Value Europe (PAVE). This was the second Academy of 2026 and focused on the topic of "Pathways to access for Alzheimer's treatments: HTA and reimbursement".

Jean Georges, Executive Director, Alzheimer Europe, opened the session, welcoming over 50 participants from 17 countries and six companies.

Speakers at the session included:

- Laura Campo (Executive Director, International Corporate Affairs, Alzheimer's Disease, Lilly; PAVE Steering Committee) and Olivia LeSueur (Director, High Lantern Group; PAVE Secretariat), who delivered a presentation introducing PAVE and its activities and tools to advance access to new therapies
- Linus Jönsson (Professor of Health Economics, Karolinska Institutet, Sweden), who shared some of the concepts and challenges around health economics in HTA evaluations for Alzheimer's disease (AD)
- Angela Bradshaw (Director for Research, Alzheimer Europe), who provided an update on HTA processes for disease-modifying therapies in Europe
- David Thomas (Head of Policy and Public Affairs, Alzheimer's Research UK), who shared some reflections on the HTA process in the United Kingdom

Following these presentations, Lydia Lanman (Senior Global Policy Leader, Hoffmann-La Roche; PAVE Steering Committee) led a panel discussion about navigating HTA realities in practice, including questions from the audience.

The Alzheimer's Association Academy is a series of online capacity-building workshops bringing together representatives of national Alzheimer's associations with members of the European Working Group of People with Dementia (EWGPWD) and European Dementia Carers Working Group (EDCWG), as well as representatives from pharmaceutical companies, to learn about dementia advocacy, care, policy, research and treatment.

Project Alzheimer's Value Europe (PAVE) is a consortium of organisations created to increase collaboration and understanding between key stakeholders in the Alzheimer's ecosystem within Europe, including regulators, bodies

responsible for health technology assessment, payers, clinicians, patient advocates and industry. PAVE's work builds on the Pathways for the Introduction of Alzheimer's disease Treatments (PIAdT) initiative and leverages European-focused stakeholders and experts. Find out more about PAVE:

<https://www.paveurope.com/>

During the session, a PAVE toolkit, which explains how Health Technology Assessment (HTA) works across Europe and provides guidance for patients, caregivers, and advocacy groups to participate meaningfully at each stage of the process, was presented. You can find it here:

<https://static1.squarespace.com/static/5d9265a3b07e152c35bd6db3/t/69275c44da8df223c7e237c3/1764187204998/PAVE+HTA+Toolkit+2025.pdf>

A huge thank you to all speakers and participants at the Academy of 17 February, to co-hosts PAVE, and to our Gold and Silver sponsors, Bristol Myers Squibb, Eisai, Lilly and Roche as well as to the European Union's Citizen's, Equalities, Rights and Values (CERV) programme, without whom our Academy sessions would not be possible.

23 FEBRUARY:

Alzheimer Europe recognised as key innovator for patient-centred diagnostic reports in PROMINENT



On 23 February, the European Commission's Innovation Radar published the PROMINENT innovation "Patient-centered diagnostic summary reports for dementia care" on its public platform, recognising Alzheimer Europe as a key innovator in its development.

The innovation focuses on structured, patient-centred diagnostic summary reports designed to improve how diagnostic information in dementia care is communicated and used in

clinical practice. By presenting results in a clearer and more accessible format, the reports aim to support clinicians, people with dementia and their families in understanding complex diagnostic information and facilitating shared decision-making. According to the Innovation Radar assessment, the innovation is at an “Exploring” stage of market maturity and addresses the needs of existing markets and existing customers. The listing also recognises the innovation as women-led, as a woman held a leadership role in its development within at least one of the key innovator organisations. Identified go-to-market needs include preparing for market entry and scaling up market opportunities.

The innovation was developed within the Innovative Medicines Initiative funded PROMINENT consortium together with COMBINOSTICS OY (Tampere, Finland), a small or medium-sized enterprise, and Klinikum der Universität zu Köln (Cologne, Germany), a higher education and research institution. All three organisations are listed as key innovators for this solution.

The Innovation Radar entry is available here:

<https://innovation-radar.ec.europa.eu/innovation/65103>

27 FEBRUARY:

We are proud to publish the 50th edition of our Dementia in Europe magazine



Alzheimer is delighted to publish the 50th edition of Dementia in Europe magazine! It is incredible to think back to the first edition, published in 2008. Over the past 18 years, our magazine has developed and adapted to the evolving dementia policy landscape, as well as changing to reflect the different areas of focus in our work and that of our members across Europe. Whilst policy remains the focal point, we also have a dedicated section showcasing the work of Alzheimer Europe, as well as one called “Dementia in Society”, which is a great platform for articles by people with lived experience of dementia, as well as articles from our members highlighting their work. This section also showcases a variety of artistic endeavours aiming to increase public understanding and reduce stigma. Given the increasing focus being placed on dementia research and Public Involvement in our own work and that of our members, we are pleased to introduce a new section, focusing specifically on these areas, as part of our 50th edition!

We open our Alzheimer Europe section looking back at our successful lunch debate in December 2025, held in the European Parliament in Brussels and hosted by two Co-Chairs of

the European Alzheimer’s Alliance (EAA), Tilly Metz MEP (Luxembourg) and Sirpa Pietikäinen MEP (Finland). Thank you to both of them, as well as to other EAA members who attended, for their support. We follow this up with an article about the winners of the 2025 Alzheimer Europe Anti-Stigma Award. Our next two articles present two new publications: Our Dementia in Europe Yearbook 2025, which highlights programmes and resources relating to transport and access to cultural life, recreation, leisure and sport; and our report on “The Prevalence of Dementia in Europe 2025”, providing prevalence figures for the number of people living with dementia both for Europe as a whole, as well as the countries within. The final article in this section covers our three most recent Alzheimer’s Association Academy sessions.

Our Policy Watch section opens with an article with contributions from EAA MEPs who participated in a recent European Parliament Plenary Debate on the subject of “a European strategy for addressing Alzheimer’s and other types of dementia”. We then look at an event hosted by EAA Co-Chair Nina Carberry MEP (Ireland) focused on Women’s brain health. The following article examines the new political agreement on the reform of the EU pharmaceutical legislation and the European Commission’s proposal of the next Multiannual Financial Framework (MFF) EU for the period 2028-2034. We close the section with a summary of the most recent meeting of the European Group of Governmental Experts on Dementia, held in Bologna (Italy), just prior to the 35th Alzheimer Europe Conference (35AEC).

Our new section, “Research and Public Involvement”, opens with highlights from the 2025 European Day of Persons with Disabilities, hosted by the European Commission and the European Disability Forum. Following this, we have four articles about EU-funded research projects in which Alzheimer Europe is a partner: ACCESS-AD, AD-RIDDLE, FIGARO and REBALANCE. The ACCESS-AD and FIGARO articles introduce these two new and exciting projects, whilst the AD-RIDDLE article presents a new policy report, and the REBALANCE article shares some developments as the project passes its half-way point. The final piece in this section is written by six people with lived experience of dementia, from two different continents, who share their reflections on the importance of Public Involvement.

The Dementia in Society section begins with an interview with departing Director of Alzheimer Switzerland, Stefanie Becker, who reflects on ten years in the role. Next, we talk to Michelle Dyson, the recently appointed CEO of the Alzheimer’s Society (UK), who shares her hopes and plans for the future of the organisation. We then hear about work underway in Scotland to raise awareness about Childhood Dementia - this article follows a presentation from Claire Fyvie, the mother of a child affected by childhood dementia, during 35AEC which was met with a huge amount of interest from the audience. In our penultimate article, we interview the director of a new German adaptation of “The Lion’s Face” opera, portraying the life of a

person with Alzheimer’s disease residing in a nursing home. Last, but by no means least, we include an article written by Pia Knudsen, a former member of the European Working Group of People with Dementia, in which she shares her experience of receiving her diagnosis, how this has shaped her

life and what it might mean if the diagnosis turned out to be something else.

We hope you enjoy this 50th edition of our magazine!

Dementia in Europe magazine issue 50 can be downloaded, here: <https://bit.ly/DementiaInEurope50>



Celebrating 50 editions of Dementia in Europe
Making dementia a European priority in policy and research, giving a voice to people with lived experience

Alzheimer Europe logo and Dementia in Europe logo are present. The banner also features a collage of magazine covers on the right side.

28 FEBRUARY:

Early bird registrations are now open! Join us at #36AEC!

The 36th Alzheimer Europe Conference will take place from 27 to 29 October 2026 in Dublin, Ireland at the Convention Centre Dublin. Take advantage of the early bird registration fees between 28 February and 30 June. Your full registration includes access to all sessions, networking events, the exhibition hall, refreshments, and more. [Click here to register for #36AEC](#)

Special rates are available for people with dementia, carers and students.

Visit the [conference website](#) to learn more about the organisers, travel information, accommodation options, and the venue.



36th Alzheimer Europe Conference
27 - 29 OCTOBER 2026 DUBLIN, IRELAND

Sláinte: Building momentum in dementia through policy, research and partnership

Alzheimer Europe logo, The Alzheimer Society of Ireland logo, and the website www.alzheimer-europe.org/conferences/2026-dublin are included. The background features a scenic view of Dublin, Ireland, including the Convention Centre Dublin and the Samuel Beckett Bridge.

Help us give a voice to people with dementia

Donate

@AlzheimerEurope
Non-profit NGO, making dementia a European priority.

- Learn about the Prevalence of Dementia in Europe 2025 Report
- Check out the Dementia in Europe Yearbook 2025
- Join our Public Involvement Pool
- Help us give a voice to people living with dementia
- Submit an abstract to the #36AEC Conference in Dublin
- Subscribe to our Newsletter

Join AlzheimerEurope on Linktree

SPONSORS OF THE MONTH

Alzheimer Europe would like to express its gratitude to all its sponsors for 2026:



All corporate sponsors have provided sponsorship to support educational and healthcare related activities and have no input in the content or activities produced by Alzheimer Europe.

Read more about sponsorship opportunities here:
<https://www.alzheimer-europe.org/about-us/governance/finances/2025-sponsorship-opportunities>

AE NETWORKING

3 FEB	Soraya facilitated a meeting with the PREDICT-FTD Public Involvement Board
3 FEB	Jean met with Lilly
3-4 FEB	Cindy and Ange attended the European Medicines Agency (EMA) Joint Patients' and Consumers' (PCWP) and Healthcare Professionals' (HCPWP) meeting
5 FEB	Owen attended a meeting of the European Non-Governmental Organisations hosted by the European Disability Forum
5 FEB	Jean and Isabelle met with Demenz Selbsthilfe Austria to discuss the 2029 Alzheimer Europe Conference venue selection
5 FEB	The #36AEC Organising Committee held its monthly meeting
6 FEB	Faye and Chris facilitated an online meeting of the FluidX-AD Public Advisory Board.
9 FEB	Margarita and Kate facilitated a meeting with the ASI communications team
9-11 FEB	Isabelle did a site visit to Sofia (Bulgaria), as a possible location for the 37 th Alzheimer Europe Conference in 2027
10 FEB	Dianne, Ana and Sarah facilitated a meeting with the European Working Group of People with Dementia.
11 FEB	Ana, Dianne and Sarah attended and facilitated a meeting with the European Dementia Carers Working Group.
11 FEB	Jean met with Roche
11 FEB	Ange attended a project proposal meeting in Germany and Dianne attended online.
16-18 FEB	Isabelle did a site visit to Belgrade (Serbia), as a possible location for the 37 th Alzheimer Europe Conference in 2027
17 FEB	Jean met with Biogen
17 FEB	Alzheimer Europe organised a session of its Alzheimer's Association Academy together with Project Alzheimer's Value Europe (PAVE)
20 FEB	Dianne facilitated a meeting for the AI4Hope project with a small mixed group of members of the EWGPWD and EDCWG
20 FEB	Jean met with European Public Health Alliance to discuss collaboration opportunities in 2026
23 FEB	The Alzheimer Europe Board met for an online meeting
24 FEB	Dianne attended the Urge to Act Alliance February update call
26 FEB	Soraya facilitated a meeting with the PREDICT-FTD Public Involvement Board (Group A)
26 FEB	Alzheimer Europe organised an information meeting with BMS on its ADEPT trial programme
27 FEB	Owen and Dianne took part in the online webinar on the FRA report "Places of Care = Places of Safety? Violence against persons with disabilities in institutions"

EU PROJECTS

29 JANUARY:

AI-Mind wins first-ever award for excellence in clinical trials



The AI-Mind project, a European research project developing artificial intelligence (AI)-based tools for early dementia risk prediction, has been awarded the first-ever award for excellence in clinical trials, winning the category Innovative Environment

of the Year. The award ceremony took place on 29 January 2026 at the Grand Hotel in Oslo during Norway's inaugural national celebration of excellence in clinical research. The ceremony was attended by more than 190 representatives from across Norway's research, industry and healthcare sectors. The event, opened by the Norwegian Minister of Health and Care Services, celebrated excellence across six categories of clinical research, recognising exceptional contributions to patient-oriented science and innovation. The Award for Excellence in Clinical Trials recognises outstanding achievements in patient-oriented and innovative clinical studies.

AI-Mind was selected by the jury for its pioneering integration of artificial intelligence into clinical research, its strong patient-centred design and its ability to translate complex biomedical data into clinically meaningful decision support tools.

The jury highlighted AI-Mind as one of the first clinical studies in Norway to apply artificial intelligence as a clinical method for early dementia risk identification. The project was also recognised for its strong emphasis on patient involvement, ethical responsibility, and long-term engagement, as well as for its standardised data collection and scalable design across multiple European clinical centres.

The recently launched FluidX-AD project is building on AI-Mind's data infrastructure and protocols. It will integrate FluidX-AD data with relevant AI-Mind clinical data from shared participants in a unified, pseudo-anonymised database and will standardise data formats and metadata using approaches developed in AI-Mind and eBRAIN-HEALTH, including protocols for public sharing of results.

"We are deeply honoured to receive this award. This recognition belongs to the entire consortium and, in particular, to the dedicated clinical teams and study participants across Spain, Italy, Finland and Norway. AI-Mind is built on close collaboration between clinicians, researchers, technologists and patients, and this award highlights what can be achieved when

expertise and commitment come together across borders to advance patient-centred clinical research", said Ira Haraldsen, AI-Mind Project Coordinator.

1 FEBRUARY:

Members of the DORIAN GRAY Public Involvement Board meet with the research team to discuss the development of the games

DORIAN GRAY is a collaborative project that investigates the link between cardiovascular disease (CVD) and mild cognitive impairment (MCI) in the elderly population. The project aims at designing a multidomain intervention to delay CVD-related MCI



progression and developing digital solutions to enhance the adherence. This digital solution will use an avatar-based coaching exergame and serve as a cognitive enhancement tool with structured physical and cognitive activities promoting healthy behaviours experienced in the virtual environment. On 22 January, members of the DORIAN GRAY Public Involvement Board (DORIAN GRAY-PIB) gathered online with the research team of this project. The consultation was facilitated by Soraya Moradi-Bachiller (Public Involvement Officer at Alzheimer Europe).

During the consultation, researchers provided an update on how the feedback of the DORIAN GRAY-PIB shaped the games. Researchers showed the different games, their design, and the type of physical activity and part of the body that each one focuses on.

Members who attended this session participated actively and provided insightful feedback to the research team for further improvement of the games in order to develop a digital solution that is engaging and appealing for people with mild cognitive issues or in the early stages of a neurodegenerative disease.

3 FEBRUARY:

Members of the PREDICTFTD Public Involvement Board meet to provide feedback on patient-facing materials.

On 3 February, the members of the PREDICTFTD Public Involvement Board (PREDICTFTD-PIB) gathered online for a consultation to review a nasal swab leaflet that researchers developed for the participants of the

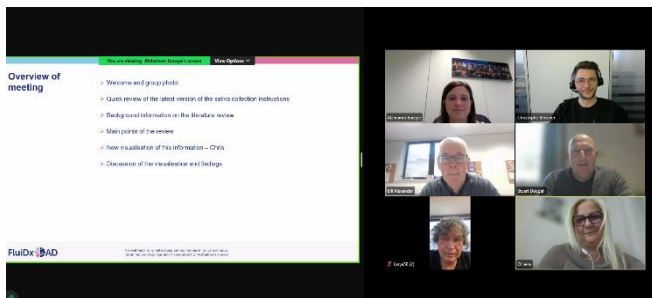


PREDICTFTD study. During the consultation, the members of the PREDICTFTD-PIB were shown the draft leaflet and provided insightful feedback to improve it and making it more accessible and understandable. This consultation was attended and facilitated by Soraya Moradi-Bachiller, Public Involvement Officer at Alzheimer Europe.

The PREDICTFTD project was launched in December 2024, funded by the EU's Horizon Europe programme for a period of 4.5 years. The project, which includes partners from 8 countries, is developing biomarkers and tools to advance the diagnosis of FTD, aiming to reduce the time it takes to obtain an accurate, biological diagnosis of the condition.

6 FEBRUARY:

Members of the FluiDx-AD Advisory Board participate in consultation about findings from a systematic review and its communication to the public

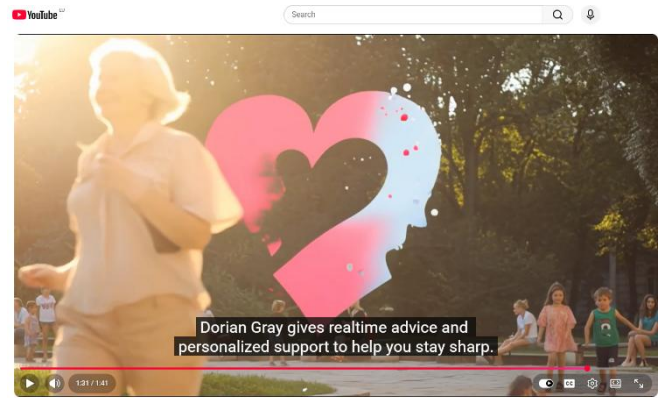


FluiDx-AD is a collaborative project aimed at improving Alzheimer's disease (AD) diagnosis and management through the development of innovative saliva and blood-based diagnostic tests. These tests, if validated, could improve early detection, facilitate access to next-generation treatments and enhance quality of life for the millions of people affected by AD. On 6 February, four members of the FluiDx-AD advisory board met with Faye Forsyth and Christophe Bintener (Alzheimer Europe) for their second online meeting. The main topics of discussion were findings from a systematic review about the benefits and drawbacks of diagnosing AD via fluid-based biomarker tests. Fruitful discussions were held about the potential ethical issues and benefits, including how these vary depending on the individual context and perspective. Further, the group deliberated an ethics grounded, dynamic visualisation tool that could support people navigating the fluid-based biomarker process, potentially assisting informed decision making. Learn more about the Public Involvement Board:

<https://www.fluidx-ad.eu/public-involvement/>

18 FEBRUARY:

DORIAN GRAY project releases new promotional video



The DORIAN GRAY project, a European Union-funded research initiative led by the University of Brescia in Italy, has released a new promotional video introducing its mission to explore the links between cardiovascular disease (CVD) and mild cognitive impairment (MCI). The project aims to develop an integrated approach to detect, prevent and manage cognitive decline in people with CVD, ultimately promoting resilience and healthier ageing across Europe.

In the video, viewers can learn about DORIAN GRAY's innovative research framework, from leveraging advanced Artificial Intelligence and digital health technologies to its goal of improving overall health outcomes for ageing populations at risk of cognitive and cardiovascular conditions.

Watch the video here:

<https://www.youtube.com/watch?v=ghLaTyJvTWo>

20 FEBRUARY:

Mixed Alzheimer Europe working group contributes to AI4Hope project



On 20 February, a small group made up of two people with dementia and five carers from the European Working Group of People with Dementia and the European Dementia Carers Working Group provided feedback on the development of a platform for people with dementia and carers in an online

meeting with the developers. The group was facilitated by Izidor Maklar with support from Zala Meklav (both from the University of Maribor, Slovenia) and Dianne Gove (Director for Public Involvement and Ethics at Alzheimer Europe). The members of the working groups were enthusiastic about the Dementia Journey Companion and have a lot of ideas about

how it could be development further and made more attractive to people with dementia and carers. Further discussions are planned.

<https://www.ai4hope.eu/>

EU project acknowledgements



A number of the projects in which Alzheimer Europe is a project partner receive funding from Horizon 2020, Horizon Europe, the Innovative Medicines Initiative 2 (IMI2) Joint Undertaking (JU), or the Innovative Health Initiative (IHI) JU. Projects funded through the IMI2 or IHI JU receive support from EU Research & Innovation programmes, as well as industry federations and other contributing partners. Please visit the project website(s) listed below for specific details on the organisations, federations and funders providing support for individual projects.

Several projects have also received funding through:



Please see our website, to find out more about each project, its funding, and to explore the project websites: <https://www.alzheimer-europe.org/our-work/current-work>

Understanding the scale of dementia in Europe



MEMBERS OF THE EUROPEAN ALZHEIMER'S ALLIANCE



Currently, the total number of MEPs in the European Alzheimer's Alliance (EAA) stands at **89**, representing **22** Member States of the European Union and seven out of eight political groups in the European Parliament. Alzheimer Europe is grateful to the Co-Chairs of the EAA: Nina Carberry (EPP, Ireland); Tilly Metz (Greens/EFA, Luxembourg); Romana Jerković (S&D, Croatia); Sirpa Pietikäinen (EPP, Finland);

Vladimir Prebilič (Greens/EFA, Slovenia); Hilde Vautmans (Renew Europe, Belgium) and Dainius Žalimas (Renew Europe, Lithuania) for their leadership and for hosting the organisation's European Parliament lunch debates on dementia. Alzheimer Europe would also like to thank the following MEPs for their support of the EAA:

Belgium: Kathleen van Brempt (S&D); Johan Van Overtveldt (ECR); Hilde Vautmans (Renew Europe). **Bulgaria:** Radan Kanev (EPP); Andrey Kovatchev (EPP); Ilhan Kyuchyuk (Renew Europe); Tsvetelina Penkova (S&D); Kristian Vigenin (S&D). **Croatia:** Biljana Borzan (S&D); Romana Jerković (S&D); Tonino Picula (S&D); Tomislav Sokol (EPP). **Cyprus:** Costas Mavrides (S&D). **Czechia:** Ondřej Dostál (NI); Tomáš Zdechovský (EPP). **Denmark:** Kira Marie Peter-Hansen (Greens/EFA); Christel Schaldemose (S&D). **Estonia:** Urmas Paet (Renew Europe). **Finland:** Maria Guzenina (S&D, Finland); Merja Kyllönen (The Left); Sirpa Pietikäinen (EPP). **France:** François-Xavier Bellamy (EPP); Mélissa Camara (Greens/EFA); Laurent Castillo (EPP); David Cormand (Greens/EFA); Marie Dauchy (PFE); Christophe Gomart (EPP); Catherine Griset (PFE); Céline Imart (EPP); Isabelle Le Callennec (EPP); Nadine Morano (EPP); Philippe Olivier (PFE); Mounir Satouri (Greens/EFA); Majdouline Sbai (Greens/EFA); Marie Toussaint (Greens/EFA). **Germany:** Alexandra Geese (Greens/EFA); Erik Marquardt (Greens/EFA); Angelika Niebler (EPP); Manuela Ripa (Greens/EFA); Terry Reintke (Greens/EFA). **Greece:** Tsiodras Dimitrios (EPP); Emmanouil (Manolis) Kefalogiannis (EPP); Nikos Papandreou (S&D); Elissavet Vozemberg-Vrionidi (EPP). **Hungary:** Tamás Deutsch (PFE); Enikő Győri (PFE); Kinga Gál (PFE); György Hölvényi (EPP); András Kulja (EPP). **Ireland:** Barry Andrews (Renew Europe); Lynn Boylan (The Left); Nina Carberry (EPP); Luke 'Ming' Flanagan (NI); Billy Kelleher (Renew Europe); Seán Kelly (EPP); Aodhán Ó Ríordáin (S&D); Maria Walsh (EPP). **Italy:** Brando Benifei (S&D); Caterina Chinnici (EPP); Carlo Fidanza (ECR); Aldo Patriciello (PFE). **Lithuania:** Vytenis Povilas Andriukaitis (S&D); Petras Auštrevičius (Renew Europe); Vilija Blinkevičiūtė (S&D); Liudas Mažylis (EPP); Dainius Žalimas (Renew Europe). **Luxembourg:** Marc Angel (S&D); Charles Goerens (Renew Europe); Tilly Metz (Greens/EFA); Isabel Wiseler-Lima (EPP). **Poland:** Elżbieta Katarzyna Łukacijewska (EPP); Michał Szczęcha (EPP); Anna Zalewska (ECR). **Portugal:** Marta Temido (S&D); Catarina Martins (The Left). **Romania:** Vlad Vasile-Voiculescu (Renew Europe). **Slovenia:** Matjaž Nemeč (S&D); Irena Joveva (Renew Europe); Vladimir Prebilič (Greens/EFA); Marjan Šarec (Renew Europe); Romana Tomc (EPP); Milan Zver (EPP). **Spain:** Rosa Estaràs Ferragut (EPP); Juan Fernando López Aguilar (S&D); Idoia Mendia (S&D); Diana Riba i Giner (Greens/EFA); Ana Miranda Paz (Greens/EFA). **Sweden:** Pär Holmgren (Greens/EFA); Jonas Sjöstedt (S&D).

EU DEVELOPMENTS

10 FEBRUARY:

Parliamentary Assembly of the Council of Europe issues negative opinion on additional protocol to Oviedo Convention



On 28 January, the Parliamentary Assembly of the Council of Europe (PACE) issued a negative opinion on the "Draft Additional Protocol to the Convention on Human

Rights and Biomedicine" (also known as the Oviedo Convention). The opinion recommends a stronger focus on mechanisms that promote autonomy, in accordance with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). However, the opinion is non-binding and the final

decision on the future of the protocol remains with the Committee of Ministers.

On 10 February, the European Disability Forum (EDF) and other civil society organisations reiterated their long-standing opposition to the Additional Protocol through a joint statement, calling on the Council of Europe's Committee of Ministers to withdraw the draft additional protocol.

More information on the PACE decision is available at: <https://pace.coe.int/en/news/10181>

More information on the campaign by EDF and other civil society organisations is available at: <https://www.edf-feph.org/publications/council-of-europes-parliamentary-assembly-opposes-harmful-protocol-on-coercion-in-mental-healthcare/>

18 FEBRUARY:

European Ombudsman asks Commission to explain handling of EU4Health operating grants



The European Ombudsman has asked the European Commission to explain why it did not inform civil society organisations, in timely and transparent way, about the effect of budget cuts in the EU4Health programme.

This follows a complaint lodged by civil society organisations from the EU4Health Civil Society Alliance, who highlighted that health sector civil society organisations had signed Framework Partnership Agreements (FPAs) with the Commission under the EU4Health programme in 2024, expecting the Commission to publish calls for operating grants for 2025.

Following the revision of the EU long-term budget 2021-2027 decided by the Council with budgetary cuts affecting the programme, the Commission decided not to publish any calls but failed to inform the organisations who had signed FPAs. Despite civil society organisations contacting the Commission on multiple occasions in 2024 and 2025 seeking clarification, they did not receive an answer. Only following the intervention of the Ombudswoman, did the Commission respond to these concerns.

Based on the Commission's reply, the Ombudsman noted that, while the Commission was not obliged to publish calls in 2025 for operating grants even if FPAs existed, it still has a duty to communicate in a timely and transparent way with stakeholders on decisions that directly affect them. Failure to do so was noted as not being in line with the principles of good administration.

The Ombudsman emphasised that if the Commission had kept the NGOs informed of relevant developments in a timely manner, they could have planned their activities accordingly and made informed decisions on how to manage their budget.

The Ombudsman also pointed out that that the budgetary cuts affecting the EU4Health programme were known to the Commission as early as December 2023. Despite this, the Commission signed FPAs with the NGOs in October 2024, without giving any indication as to whether cuts to the programme could affect the provision of grants. In addition, FPA holders were requested to amend their agreements in line with new institutional guidance in April 2025, again with no mention of how operating grants may be affected.

The Ombudsman has asked the Commission to provide a written reply to their assessment of the issue by 15 May 2026. More information on the complaint is available at:

<https://www.ombudsman.europa.eu/en/case/en/70535>

24 FEBRUARY:

European Parliament SANT Committee hosts hearing on brain health



On 24 February, the European Parliament's SANT Committee held a hearing on the subject "Brain Health: Policy challenges and opportunities to manage neurological diseases" examining developments and the current state of affairs in relation to neurological conditions in Europe.

The session opened with a presentation on "Strengthening Brain health: Policy Recommendations to Tackle the Rising Burden of Neurological Diseases" by Elly Hol, Vice-Dean of Research of the University Medical Centre Utrecht and Professor of "Glia biology of brain diseases" at Utrecht University. In advance of the session, Professor Hol had prepared a briefing for the Committee on the subject, highlighting that neurological diseases are one of Europe's most urgent and rapidly expanding health, social and economic challenges, specifically noting that as the population ages, neurodegenerative conditions, such as dementia (including Alzheimer's disease), Parkinson's disease and ALS, will rise sharply, increasing pressure on healthcare systems, social support structures and informal caregivers.

During the session, she also noted that the economic cost of neurological disorders in Europe was estimated at EUR 368 billion per year in 2019, with more than half of the costs attributable to informal care, reflecting the significant responsibilities placed on families and communities.

Both in the session and in the briefing, Professor Hol cited figures from Alzheimer Europe's "The Prevalence of Dementia in Europe 2025" report, showing that the number of people living with dementia in the EU27 will grow from 9.1 million in 2025 to 14.3 million by 2050. She further noted that major inequalities persist across Member States in access to diagnosis, specialist care, innovation and caregiver support.

It was explained that early detection is often delayed due to uneven availability of biomarkers and diagnostic tools, combined with limited public awareness. Furthermore, Professor Hol outlined how informal caregivers face fragmented support systems, increasing social and workforce pressures.

The key ask emerging from the session was the development of an ambitious, coordinated European health plan dedicated to neurological health, linking elements including prevention, early diagnosis, research and innovation, in order to enable effective therapies, care and social supports.

Additional presentations were given by:

Mirosław Zabek, Professor, Head of the Neurosurgery Clinic at Mazowiecki Bródnowski Hospital in Warsaw

Ana Verdelho, Professor, Associate Professor of Neurology at the School of Medicine, University of Lisbon

Orla Galvin, Executive Director, European Federation of Neurological Associations (EFNA)

Sameer Zuberi, Vice-Chair of the European Brain Council.

The background briefing is available at:

[https://www.europarl.europa.eu/Reg-DATA/etudes/BRIE/2026/780418/ECTI_BRI\(2026\)780418_EN.pdf](https://www.europarl.europa.eu/Reg-DATA/etudes/BRIE/2026/780418/ECTI_BRI(2026)780418_EN.pdf)

Further information on the hearing is available at:

<https://www.europarl.europa.eu/committees/en/brain-health-policy-challenges-and-oppor/product-details/20260216CAN76410>



24 FEBRUARY:

Urge to Act Alliance members meet online for catchup call

On 24 February, the members of the Urge to Act Alliance met online to

catch up on latest developments around continence care, research and policy across Europe. Dianne Gove (Director for Public Involvement and Ethics) attended on behalf of Alzheimer Europe and shared perspectives from Alzheimer Europe's earlier work on continence care and dementia, particularly in relation to the issue of shame and stigma.

Information and recommendations from that work have been incorporated into an upcoming report from the alliance about continence problems experienced by people with a broad range of conditions, including dementia. One of the objectives of the Alliance is to ensure that men have equal access to continence bins in communal toilets, which is what Alzheimer Europe organised for the first time at its 2025 Annual Conference in Bologna.

<https://uroweb.org/an-urge-to-act>

POLICY WATCH

18-20 FEBRUARY:

Work commences on new United Nations convention on the rights of older people

On 18-20 February 2026, The Intergovernmental Working Group on older persons, an open-ended intergovernmental body, met in Geneva, Switzerland, to develop a comprehensive, internationally legally binding instrument on the human rights of older persons. Its intention is to develop a convention which promotes, protects and ensures the full enjoyment of human rights by older persons.

In this kick-off meeting of the working group, the primary intention was to determine and articulate the methods of work of the working group and to define the main elements of a programme of work for its first session.

More information on the Working Group and its ongoing work is available at:

<https://www.ohchr.org/en/hrc-subidiaries/iwg-older-persons>



SCIENCE WATCH

18 JANUARY:

Research group publishes paper on predictors and correlates of loneliness and social isolation in people with dementia

On 18 January, an IDEAL programme team published an article on predictors and correlates of loneliness and social isolation in people with dementia in the International Journal of Geriatric Psychiatry journal.

Using data from the Improving the experience of Dementia and Enhancing Active Life (IDEAL) cohort study (2014–2018), the authors analysed 1,547 people with mild-to-moderate dementia over 24 months, measuring loneliness at baseline and 24 months and social isolation at baseline, 12 and 24 months,

then modelling potential predictors including individual characteristics, depression, cognition, cultural participation and neighbourhood characteristics.

At baseline, 35.4% of participants were categorised as lonely and 28.8% as socially isolated, rising to 39.3% and 32.0% two years later. Across the 24-month follow-up, none of the tested predictors were associated with change in social isolation scores, while perceived neighbourhood trust was the only factor associated with change in loneliness over time; at baseline, higher depressive symptoms, living alone, smaller social networks and lower neighbourhood trust were associated with greater loneliness.

Cross-sectionally, loneliness and lower cognitive ability were associated with greater social isolation, while greater cultural



participation, more green and blue spaces nearby and higher neighbourhood trust were associated with lower social isolation scores, supporting a focus on local environment and participation when considering support for people with dementia. The article has been published open access and can be read here: <https://doi.org/10.1002/gps.70191>

21 JANUARY:

From visibility to recognition in healthy longevity: Transgender ageing in Thailand



In a commentary published in the Lancet, the authors Suchanan Chieowisamana and Krit Pongpirula highlight important challenges and opportunities related to the ageing of

transgender people in Thailand. Although the country is internationally recognised for its visible transgender community and long-standing knowledge in gender-affirming care, many transgender adults continue to face significant barriers that affect their health, wellbeing and ability to age with dignity. Despite Thailand's reputation for openness, transgender people, particularly transgender women frequently experience stigma, discrimination and limited economic opportunities. These long-term inequalities can accumulate over the life course, making older age especially vulnerable. The article underlines that healthy ageing is not solely about living longer but ensuring that everyone, regardless of gender identity, has access to appropriate care, social protection and recognition. In July 2025, a policy milestone came in when hormone therapy was included in Thailand's Universal Health Coverage scheme, known as the Gold Card. This marked an important step forward by acknowledging that gender-affirming treatment forms an essential component of healthcare. The introduction of subsidised hormone medication and specialised clinics was widely welcomed by advocates and represents meaningful progress for transgender people across the country.

Significant gaps remain and many transgender adults continue to lack legal recognition, face persistent social stigma and struggle to secure stable income or age-appropriate healthcare. These barriers limit their opportunities to fully participate in society and to access the support needed to maintain autonomy and wellbeing in later life.

Overall, it is emphasised that healthy longevity must be inclusive. Ensuring that transgender people can age with dignity requires sustained attention to their rights, lived experiences and specific health and social needs.

[https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568\(25\)00132-1/fulltext](https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568(25)00132-1/fulltext)

22 JANUARY:

Distinguishing apathy from depression in neurocognitive disorders

In a recent narrative literature review, Lanctôt, Ismail, Bawa, Cummings, Husain, Mortby and Robert compared the clinical features of apathy and depression in people with neurocognitive disorders, to systematically differentiate the two syndromes from one another across clinical presentation, diagnostic criteria, neuro-pathological features and responses to treatments. The literature reviewed includes studies identified through PubMed searches, together with additional references added based on the authors' expertise.



Based on the literature, the authors concluded that apathy and depression are distinct and may be differentiated by behavioural features, underlying neurobiology (as reflected in brain imaging), and their responses to specific treatments. Apathy and depression occur with varying prevalence, meaning that their frequency differs across individuals and types of neurocognitive disorders, such as Alzheimer's disease. They also carry different risks of progression to dementia and have distinct, though sometimes overlapping, neurobiological foundations. For example, apathy is primarily characterised by reduced motivation, lack of initiation and diminished emotional responsiveness, whereas depression involves persistent sadness, guilt, hopelessness or emotional distress. At the same time, both conditions may share outward signs such as social withdrawal or reduced engagement, contributing to the difficulty in distinguishing them.

Unlike apathy, depression has well-defined diagnostic criteria presented in the DSM-5. Apathy is associated with particularly unfavourable outcomes, especially in people with neurodegenerative conditions such as Alzheimer's disease. It contributes to a higher burden for both patients and caregivers. Identifying apathy accurately is not only essential for guiding

appropriate care, but also for supporting the development of targeted interventions. Although no approved pharmacological treatments for apathy currently exist, the review reinforces its status as a distinct neuropsychiatric condition that requires dedicated therapeutic approaches aimed at reducing its impact on daily functioning. In simple terms, recognising apathy as separate from depression helps ensure that people receive care tailored to their specific difficulties, rather than relying on treatments intended for a different condition.

The authors highlighted that improving how apathy is evaluated and treated is an urgent priority in dementia care. Given the lack of specific tools and treatments, better identification of apathy is essential. They emphasised that accurate diagnosis and recognising apathy as a distinct syndrome are key steps toward developing targeted therapies and advancing clinical trials. Ultimately this may contribute to reduce the burden on people with dementia and their caregivers.

<https://pubmed.ncbi.nlm.nih.gov/36739588/>

3 FEBRUARY:

Social exposome shapes dementia risk and brain health over the lifespan in a large Latin American cohort



A recent research article in Nature Communications has highlighted the effects of the multidimensional social exposome on dementia risk and brain health over the lifespan, in a cohort

of 2211 people from underserved regions in six Latin American countries. The social exposome can be understood as the total sum of all environmental and lifestyle exposures an individual experiences from conception to death.

In this study the authors calculated a social exposome score that was based on the combined lifespan measures of education, food insecurity, financial status, assets, access to healthcare, childhood labour, subjective socioeconomic status, childhood experiences, traumatic events, and relationship assessments. They then used advanced statistical techniques to explore the impacts of the combined score and different combinations of the score sub-components, to explore their impact within the cohort which included healthy controls, people with Alzheimer's disease and people with frontotemporal lobar degeneration.

The analyses revealed that an adverse exposome score was associated with poorer cognition in healthy controls. In those with dementia and frontotemporal lobar degeneration, adverse or more complex exposome scores were associated with lower brain and physical functioning. The authors' exploration of various combinations of the exposome score suggested

that in this cohort of people from Latin America, food insecurity, financial resources, subjective socioeconomic status, and access to healthcare were key correlates or predictors of outcome. However, if these factors were collectively present, they more heavily influenced clinical and cognitive outcomes. The authors performed sensitivity analysis with Magnetic Resonance Imaging (MRI) scans obtained from a subset of the cohort, confirming the statistical correlations with physical MRI data (brain connectivity data). The authors conclude that greater understanding of the individual and cumulative effects of the exposome can help researchers and clinicians develop more personalised or tailored prevention and management strategies, particularly in developing countries where risk profiles may be different from those identified by current literature. More information on this study is available here:

<https://pubmed.ncbi.nlm.nih.gov/40935836/>

4 FEBRUARY:

Swissmedic authorises donanemab for the treatment of early Alzheimer's disease

On 4 February, the Swiss medicines regulator Swissmedic authorised donanemab for the treatment of early Alzheimer's disease (AD), including mild cognitive impairment and mild dementia due to AD. The announcement marks the first approval in Switzerland of a disease-modifying AD drug that can slow disease progression at an early stage. Donanemab, developed by the pharmaceutical company Eli Lilly, has already received approval from other major regulators, including the US Food and Drug Administration (FDA), the European Medicines Agency (EMA) and Japan's Ministry of Health, Labour and Welfare.

In its opinion, Swissmedic assessed that the potential benefits of donanemab outweigh its possible side effects and therefore recommended granting the authorisation. Alzheimer Schweiz Suisse Svizzera and the Swiss Memory Clinics welcomed the decision, describing it as a significant advance in AD treatment in Switzerland, while emphasising that many people with AD and their families continue to face substantial challenges. They also noted that the drug will be available to a limited number of people in the early stages of the disease and stressed that key questions remain about broader access and cost coverage, notably the drug's inclusion in Switzerland's official list of reimbursable medicines.

<https://www.alzheimer-schweiz.ch/fr/medias/communique-de-presse-4022026-swissmedic-autorise-le-donanemab>

9 FEBRUARY:

What is the link between long-term intake of caffeinated coffee and tea and dementia risk?



Alzheimer's disease (AD) is the most common cause of dementia for which there are currently limited treatment options, some of them with potential adverse effects. In this context, modifiable risk factors, which include lifestyle habits (e.g. diet), have gained attention. Coffee

may offer benefits for brain health by reducing the inflammation of the nervous tissue. In fact, several studies suggest that caffeine exposure may influence the pathogenic process of AD. Moreover, caffeine has also been reported to improve the sensitivity to insulin and vascular function, both of which may help protect the brain against cognitive decline. Several studies have examined the relationship between the intake of coffee and caffeine and brain health and the dose-response relationship between dementia risk and caffeine intake. However, the findings remain inconsistent.

In a recent study published in *The Journal of the American Medical Association (JAMA)*, a team of researchers led by Mr. Zhang and Dr Liu (T.H. Chan School of Public Health, Harvard University, and Brigham and Women's Hospital and Harvard Medical School, Harvard University, Boston, US), examined the association between the consumption of caffeinated coffee and tea with the risk of dementia and cognitive performance.

The authors used data from the Nurses' Health Study (NHS) and the Health Professionals Follow-up Study (HPFS). The NHS enrolled 121,700 women aged 30 to 55 years and started in 1976. The HPFS began in 1986 and enrolled 51,529 male health professionals aged 40 to 75 years at baseline. The study began at the moment when diet was first assessed in both cohorts (1980 for the NHS cohort and 1986 for the HPFS cohort) and the duration of the follow-up was 43 years. In both cohorts, participants were excluded if they had history of cancer, Parkinson's disease or dementia or did not consume caffeinated beverages. After exclusions, 86,606 women in the NHS cohort and 45,215 men in the HPFS cohort were included in the analysis (mean age 46.2 in the NHS cohort and 53.8 years in the HPFS cohort at baseline; 65.7% were female).

At baseline, and every two to four years thereafter, questionnaires were sent to the participants to help researchers collect information on lifestyle factors and health conditions. In the questionnaires, participants reported how often they consumed each food and beverage. Caffeine intake was derived

from intake levels of coffee, tea, soda, and chocolate. Dementia cases were identified through death records or biennial self-reported diagnosis of AD or other types of dementia. Subjective cognitive decline was assessed using questionnaires covering general memory, executive function, attention, and visuospatial skills. Objective cognitive function was also evaluated using telephone-based cognitive tests from 1995 to 2008.

Researchers observed that women consumed a median of 4.5 cups of coffee or tea per day, whereas men consumed 2.5 cups per day. During the follow-up, 11,033 cases of dementia were identified, and a higher level of caffeinated coffee intake was associated with a lower risk of dementia. In a similar way, higher tea intake was associated with lower dementia risk. Decaffeinated coffee intake was, in contrast, not associated with dementia risk. Regarding the associations of caffeinated coffee and tea intake with subjective cognitive decline, the findings were similar. In the NHS cohort, higher intake of caffeinated coffee was also associated with slightly better cognitive performance.

The authors found that consumption of approximately two to three cups per day of caffeinated coffee, one to two cups of tea per day, or 300 mg/d of caffeine was associated with the lowest risk of dementia compared with no consumption. Similar patterns were also observed for subjective and objective cognitive decline.

The results highlight that in these two cohorts with participants assessed for their diet repeatedly and during a long period of time, higher intake levels of caffeinated coffee, tea and caffeine were associated with a reduced risk of dementia. These findings were also corroborated by the lower prevalence of subjective cognitive decline and modestly better cognitive function in participants consumed caffeinated beverages. Important to note is that the strongest protective associations between dementia risk, cognitive performance and caffeinated beverages was observed when the consumption level was moderate. In addition, this link was independent of genetic predisposition and other risk factors for dementia.

Although higher moderate consumption of caffeinated coffee and tea was associated with reduced risk of dementia and better cognitive performance, further research is needed to understand the pathways by which caffeinated and decaffeinated beverages influence brain health.

<https://jamanetwork.com/journals/jama/article-abstract/2844764>

18 FEBRUARY:

Zorginstituut Nederland advises against reimbursement of lecanemab

On 18 February, Zorginstituut Nederland, the Dutch National Health Care Institute, advised the Minister of Health, Welfare and Sport (VWS) not to reimburse lecanemab for the treatment of early Alzheimer’s disease (AD) under the basic health insurance package. According to Zorginstituut Nederland, lecanemab is not effective enough for people with early AD, is unsuitable for a large group and only a small percentage of patients would be eligible for treatment.

Following this negative advice, Alzheimer Nederland issued a statement calling on the minister to make lecanemab available to the limited group of patients who could benefit and to allow them to make an informed choice together with their doctor. “This small group should be given the opportunity to choose together with their doctor. We see that the patient perspective has not been sufficiently considered in this recommendation,” said Wiesje van der Flier, Director of Alzheimer Nederland.

Read the negative advice from Zorginstituut Nederland here:

<https://www.zorginstituutnederland.nl/actueel/nieuws/2026/02/18/zorginstituut-nieuw-alzheimermedicijn-werkt-onvoldoende-voor-vergoeding>

Read Alzheimer Nederland’s statement here:

<https://www.alzheimer-nederland.nl/nieuws/patient-buitenspel-bij-afwijzing-alzheimermedicatie>

19 FEBRUARY:

Gemeinsame Bundesausschuss finds no added benefit for lecanemab in Germany

On 19 February, at its plenary session in Berlin, the Gemeinsame Bundesausschuss (G-BA), Germany’s highest healthcare decision-making body representing physicians, dentists, hospitals and statutory health insurers, determined that the amyloid antibody lecanemab shows no evidence of added benefit in the treatment of early Alzheimer’s disease (AD) compared with the current standard of care. Overall, the G-BA concluded that no advantages or disadvantages relevant to the benefit assessment could be identified for lecanemab compared to the current standard therapy. Consequently, the committee found that no additional benefit has been demonstrated.

Lecanemab has been available in Germany since September 2025 for people with mild cognitive impairment and mild dementia as part of the treatment of early AD. Under Germany’s pharmaceutical regulation system, the G-BA’s decision now forms the basis for price negotiations for the drug between the National Association of Statutory Health Insurance Funds (GKV-Spitzenverband) and the drug’s manufacturer. The G-BA decision does not entail any new restrictions on prescribing lecanemab.

<https://www.navlindaily.com/article/29585/g-ba-rules-no-added-benefit-for-alzheimer-s-drug-leqembi-in-germany>

Read the G-BA’s announcement here:

<https://www.g-ba.de/presse/pressemitteilungen-meldungen/1313/>

MEMBERS’ NEWS

17 FEBRUARY:

Alzheimer’s Care Armenia’s Support Café expands into four regions across the country

The Artsakh Support Café, an initiative of Alzheimer’s Care Armenia (ACA), has become a powerful example of how community-based dementia and mental health support can take root and flourish—even in the most challenging circumstances. What began as a small pilot designed to support displaced elders from Azerbaijan has now expanded into four regions across Armenia, bringing connection, dignity, and practical services to hundreds of older adults navigating cognitive decline, depression, trauma, and social isolation. The café model is simple yet transformative. Hosted in welcoming community settings, the Artsakh Support Café offers structured cognitive stimulation activities, psychosocial support, mental health education, and access to trained professionals. Participants engage in memory exercises, art

and music activities, facilitated discussion groups, and psychoeducation sessions that address both dementia-related symptoms and the emotional impact of displacement and loss. For many, the café is the first safe space where memory



concerns, anxiety, grief, and behavioral changes can be discussed openly and without stigma.

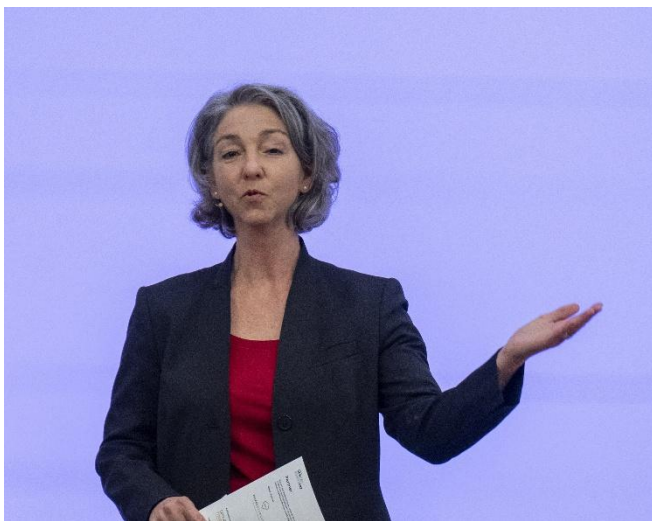
Importantly, the initiative has also drawn participation from local Armenian elders who have joined the gatherings in a visible show of solidarity and shared community responsibility. Their involvement has strengthened social cohesion and reinforced the message that supporting brain health and emotional wellbeing is a collective effort.

The expansion to four regions was made possible through the generous support of the Armenian Women’s Welfare Association (AWWA). Through this partnership, ACA trained local facilitators, standardized a culturally grounded curriculum, and established sustainable regional hubs that integrate dementia care with broader community mental health services.

The Artsakh Support Café demonstrates that low-cost, scalable interventions can simultaneously address cognitive health, trauma recovery, and social connection—helping to build a more compassionate and resilient system of care across Armenia.

18 FEBRUARY:

After ten years in charge of Alzheimer Switzerland, Stefanie Becker steps down



After ten years as Director of Alzheimer Schweiz/Suisse/Svizzera (Alzheimer Switzerland), Stefanie Becker stepped down from her position at the end of 2025.

Commenting on her departure, in an interview for Alzheimer Europe’s February 2026 edition of “Dementia in Europe” magazine, she said:

“Now, after ten years, the organisation has reached a level of stability and strategic clarity that allows for a transition. Core objectives have been implemented, responsibilities are well anchored, and the organisation is equipped to move into its next phase with new leadership.”

She also noted that her hope for Alzheimer Switzerland’s future is that it “continues to develop as a strong, independent,

and trusted national actor that consistently centres the rights, dignity, and everyday realities of people living with dementia and their families.”

Finally, she mentioned that stepping down from this role “does not mark a departure from the field of dementia, but rather a recalibration of how and where I contribute. Dementia will remain a substantive point of reference, given both my long-standing expertise and my ongoing commitment to improving the lives of people living with dementia and their families.”

Stefanie Becker has also been a Board member of Alzheimer Europe for the past ten years and we are delighted that she will remain on the Board until the next mandate begins later this year.

19 FEBRUARY:

“Memorable” project, coordinated by Alzheimer Bulgaria, presents the European Compendium of Dementia-Friendly Cultural Practices

The Memorable project was launched in January 2025 in Sofia, Bulgaria. It is an Erasmus+ initiative led by a consortium of five organisations: Alzheimer Bulgaria Association (coordinator), SHINE 2Europe (Portugal), AFEdemy – Age-Friendly Environments Academy (Netherlands), ISIS Institut für Soziale Infrastruktur (Germany), and Dublin City University (Ireland).



The project aims to connect people living with dementia to their communities through arts and culture, highlighting cultural activities’ potential to support emotional well-being, social connection, and a sense of identity.

The first step towards achieving the project’s goals was the development of the **European Compendium of Dementia-Friendly Cultural Practices**, which explores how art-based and cultural activities can be beneficial for people living with dementia. The research adopted a qualitative, exploratory design combining desk research (reviewing academic literature, policy documents, and project reports) with in-person stakeholder interviews involving people with dementia, informal and formal caregivers, and cultural professionals. Drawing on findings from Bulgaria, Germany, Ireland, the Netherlands, and Portugal, the publication examines both the benefits and the challenges of cultural participation.

The findings highlight significant emotional, cognitive, and social benefits. Cultural activities provide alternative forms of

communication and self-expression, particularly as verbal abilities decline. Participation supports identity preservation, fosters continuity between past and present experiences, and strengthens social inclusion by reducing isolation and building meaningful connections. The compendium also reviews the current state of dementia-friendly cultural institutions and relevant national and regional policies, presenting best practice examples from across Europe.

A key conclusion is that successful cultural participation requires person-centred, flexible, and inclusive approaches. Sustainable progress depends on integrating arts and culture into health and cultural policy frameworks, ensuring accessible spaces, offering targeted professional training, and securing stable financial support.

The compendium is available in English, as well as all partner country languages, [on the project website](#). There you can also find the National reports of each partner country.

The next important step in the project is the development of a curriculum on dementia-friendly cultural spaces, as well as an E-Learning platform for cultural professionals. Find out more and stay up to date on the latest developments [HERE](#).

21 FEBRUARY:

NGO Futura in Montenegro shares its recent activities, including a sculpting workshop, and remains commitment to strengthening dementia care and advocacy at national and local levels



NGO Futura in Montenegro remains actively engaged in the Council for Dementia in the Capital City of Podgorica, contributing to discussions and policy recommendations aimed at improving support systems for people living with dementia and their families.

Currently, the organisation is intensively working with decision-makers across Montenegro to advocate for the establishment of free day care centres for people with dementia and their family members in all municipalities.

Ensuring equal and accessible community-based services remains one of their key strategic priorities.

At present, a day care centre is successfully operating in the Municipality of Nikšić, supporting 13 beneficiaries. The service provides free transportation, meals, refreshments, and structured occupational and creative therapies. In recent months, NGO Futura has organised a series of art workshops, including painting and sculpting sessions, which have shown encouraging results in fostering social interaction, emotional expression and cognitive stimulation. The latest sculpting workshop, held at their centre, demonstrated once again the importance of creative engagement in dementia care.

In parallel, they have launched a socially responsible initiative through the establishment of the “Dementia Friendly – Point of Memory” network. Public enterprises, public institutions, homes for older people and Centres for Social Work have already joined this movement and NGO Futura is now actively encouraging private sector partners to become part of this growing dementia-friendly community.

NGO Futura remains fully dedicated to advancing dementia awareness, service development and policy dialogue in Montenegro, and values continued collaboration and exchange within the Alzheimer Europe network.

22 FEBRUARY:

Greek Association of Alzheimer’s Disease and Related Disorders of Chalkida is training psychologists as part of an initiative to prevent gender-based violence and ageism at work



The Greek Association of Alzheimer’s Disease and Related Disorders of Chalkida, in collaboration with NGO IASIS, recently completed the training of a number of psychologists, within the framework of the initiative “Breaking the Chains of Gender-Based Violence in the Workplace”. The training was

delivered by the President of the Association and psychotherapist, Evangelia Angelidou, and psychologist Christina Kalavri. The trained professionals will staff the support service operated by Remind – Alzheimer Chalkida at the Day Centre “Agia Irini” in Chalkida, offering free and confidential support to victims and witnesses of gender-based violence.

This completed training reflects the organisation’s long-standing commitment to prevention, mental well-being and social inclusion. Gender-based violence and ageism have a significant impact on psychological health, leading to anxiety, trauma symptoms and cognitive difficulties, making early support essential. The trained counsellors are now applying their strengthened skills to support memory health, enhance mental well-being and help create a more age-inclusive community.

By investing in professional training, the Chalkida organisation aims to show how the dementia and mental-health sectors can help address major social challenges, offering older adults, caregivers and the wider community more informed support, earlier detection of violence and safer environments.

Visit <https://www.alzheimer-chalkida.org/> for more information.

The project ‘Preventing gender-based violence and violence against children’ (PREVENT) aims to prevent and combat gender-based violence and violence against children by supporting Civil Society Organizations (CSOs) in Greece and Cyprus that work in these fields, as well as by strengthening their knowledge, capacities, and sustainability.

PREVENT is co-funded by the European Union through the Citizens, Equality, Rights and Values (CERV) programme, the Bodossaki Foundation, and the NGO Support Center, with a total grant amount of EUR 2.3 million. The coordinator of PREVENT is the Bodossaki Foundation (Greece), in partnership with the NGO Support Center (Cyprus).”

LIVING WITH DEMENTIA

19 FEBRUARY:

“Living with dementia and caring for others (Mother, Brother)” – by Lieselotte “Lilo” Klotz, member of the European Working Group of People with Dementia

Since 2020, I have been working on a voluntary basis at the European level, bringing in my personal experience. Over these years, I have contributed in various European and national networks, organisations, expert groups and events to ensure that the perspective of people with dementia is not only heard, but taken seriously and structurally embedded. I live with a diagnosis of dementia and at the same time I am a family carer. But I am not speaking only for myself – I am speaking for many people in Europe who live with a similar double role.

22 FEBRUARY:

Alzheimer’s Association in Larissa, Greece, revives the “Gaitanaki”

The Gaitanaki (or Maypole dance in English), is a structured music-and-movement activity, a circular dance performed during the Carnival period. It is a Greek custom that symbolises the circle of life - birth and death - as well as the transition from winter to spring. The Alzheimer’s Association in Larissa (E.E.N.A.L.), in the context of reviving the custom, promoting cognitive



empowerment, holistic well-being and social interaction, organised the Gaitanaki with a group of beneficiaries.

After many days of preparation, the participants wore the colourful masks and hats they had created together with E.E.N.A.L volunteers and danced the Gaitanaki. The dance was accompanied by the traditional song “Charalambis.”

This Carnival event, with its colourful ribbons and music, transported the beneficiaries to childhood memories and traditions, evoking positive emotions. At the same time, participants demonstrated cooperation, coordination of movement, flexibility, boldness, and the emotional uplift they experienced. The activity concluded with a photoshoot and many smiles.



But I am not speaking only for myself – I am speaking for many people in Europe who live with a similar double role.

It is important to me to make this clear: my work in Europe is not some abstract “committee work”, but an expression of my own life with dementia – and of my commitment to making sure that other people with dementia and their families receive support earlier, have more rights and gain real opportunities to participate.

In the EU today, millions of people live with dementia, and this number will increase significantly over the coming decades; projections suggest that the number of people with dementia in Europe could roughly double by 2050. At the same time, family members in all Member States carry the main burden of care. We know that around 80 % of care in Europe is provided informally – in families, neighbourhoods and circles of friends. For me, one thing is clear: dementia is not only a medical issue but a European test of our commitment to human rights, social justice and solidarity.

Living with dementia and caring for others: in official language, people like me hardly appear at all – people who live with dementia themselves and at the same time care for relatives. I experience every day how much systems, requirements, services, bureaucracy and legislation assume that family carers are always healthy, resilient and fully capable of decision-making. In reality, my own illness amplifies every gap in services, every bureaucratic hurdle and every delay – and makes me particularly vulnerable, socially and financially. I experienced this in a particularly painful way in 2025.

When politicians talk about “strengthening home care”, they must also think of people like me: doubly burdened, living with an illness, often women, usually very close to the limits of their strength. I do not need more pilot projects, but a permanently funded, local coordination point, less bureaucracy, low-threshold services, real respite options and systematic involvement of people with dementia and family carers in all bodies and areas where “decisions about us” are made.

I want Europe to recognise that family carers need more protection, more respite and better social security – and that in situations of double burden, as in my case, additional, specific support is needed, because the point of self-overload is reached much more quickly. This includes better reconciliation of care and employment, social protection for family carers and targeted services and support for people who are both living with an illness and providing care.

In concrete terms, this means: when European programmes, research projects or guidelines on dementia are developed, the central guiding question should be “What really improves the lives of people with dementia and their family carers?” – and WE must be involved in answering that question.

In my work since 2020, I have seen how much the discussion changes as soon as people with dementia are actually at the table. From Europe, I expect that it understands “dementia” as a mandate to build humane, solidary, inclusive and cross-border structures.

For me, this includes:

- a clear European dementia agenda that brings together and strengthens national strategies
- protection and support for family carers who provide around 80 % of all care work
- a consistent human-rights and participation perspective in line with the UN CRPD
- and research that is guided by our everyday lives and our quality of life, and is not narrowly focused on technology and medications.

Dementia must not be reduced to numbers, policy papers and market forecasts; it has to be translated into concrete rights, reliable support and genuine participation – including for people who live under the “double burden”.

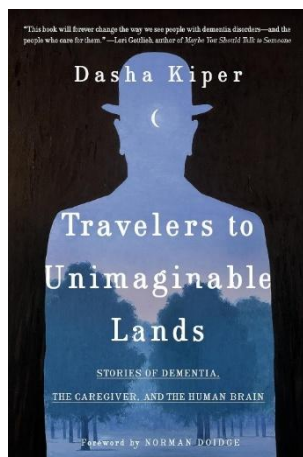
22 FEBRUARY:

“Travelers to Unimaginable Lands” – by Sertaç Hatice, member of the European Dementia Carers Working Group

My mother was diagnosed with Alzheimer’s disease and vascular dementia in 2018 through a brain MRI — without my knowledge at the time — and then again in 2020, through a Mini-Mental State Examination conducted while she was with me.

In the months that followed, I found myself asking her physician countless questions about the disease and its symptoms. Eventually, he referred me to the Turkish Alzheimer Association. I made use of every service they offered: educational programmes, seminars, nurse visits, and both in-person and virtual support groups. For the past two and a half years, I have also been a member of the European Dementia Carers Working Group (EDCWG) within Alzheimer Europe, where I have had the opportunity to connect with fellow carers from across the continent.

There are universal themes that unite those who care for a person living with Alzheimer’s. One of them is guilt — often accompanied by regret. Many carers feel they recognised the illness too late, or that they failed to take sufficient action in time. I belong to that group. I have often caught myself thinking, “If only I had foreseen this. If only I had been more informed and more accepting of what was coming.”



In Chapter Three of “Travelers to Unimaginable Lands: Stories of Dementia, the Caregiver, and the Human Brain”, titled “Dementia Blindness — Why Does It Take So Long to See the Disease?”, Dasha Kiper explores precisely this theme.

Throughout the book, I encountered passages, examples, and reflections that deeply resonated with me. In the dialogues drawn from case studies, I recognised my own conversations with my mother. Realising that I was neither alone nor mistaken in my reactions was profoundly comforting. The progression of the disease can be astonishing. A person’s mood fluctuates dramatically — one day very distressed, another day seemingly back to their old self. Your loved one may remain in denial, and attempts to persuade them to acknowledge the illness or accept treatment can lead to painful confrontations. Each intervention, each struggle, can leave you feeling emotionally depleted — as if, in the words of a well-known Turkish song, your hands are empty and your eyes filled with tears.

Being caught unprepared for the difficult surprises along this journey is never easy. Over time, I made it a habit to consult the association’s nurse and physicians whenever a new challenge arose.

I learned about the recently published Turkish translation of this book through Ezgi Gizem Gürbüz, a colleague from the Turkish Alzheimer Association. I wholeheartedly recommend it to all those who are traveling through their own “unimaginable lands” alongside a loved one.

If we accept that “dementia blindness” can affect family members as well, then I believe part of the burden of detection should shift toward healthcare systems. I hope for diagnostic tools that are as clear and accessible as those used for diabetes — simple, reliable tests and indicators that allow for early detection. Ideally, screening could be offered routinely to individuals in higher-risk groups, certain age brackets, or anyone who wishes to be tested.

My greatest hope is that Alzheimer’s disease will one day be diagnosed so early that it can be managed through routine monitoring, much like hypertension or diabetes — transforming it from a devastating surprise into a condition addressed proactively and systematically.

Below are a few selected excerpts from “Travelers to Unimaginable Lands”:

"Sometimes the hardest part of listening to caregivers is knowing I can’t assuage their guilt. When I tell them that they deserve time off, that it will make them better caregivers, many just nod politely. And even when they take my advice and arrange to get away, their guilt rarely dissipates."

"Dementia blindness exists because we do more than merely observe the world around us. We interpret it, as Andy Clark notes, against “a rich background of prior knowledge.” And it’s precisely because we know our spouse or parent so well that dementia tricks us, making us see enough familiar cues to think that everything is fine."

"The research of Nassim Nicholas Taleb seems to support this explanation. Taleb argues that we have a propensity to overlook the anomalous by creating “narrative fallacies” that impose coherence by tailoring unexpected phenomena to fit into our preexisting assumptions. In the same way that we make sense of the visual world (which sometimes means being fooled by it), we form expectations of the people around us, projecting narratives onto family members which obscure the evidence of their impairment. We unconsciously smooth out the anomalies dementia presents so that what looks like atypical behavior to an outsider feels like just another familiar assault to a caregiver. And just as we subconsciously impose preconceived expectations on the visual world, causing us to fall for optical illusions, we bend dementia symptoms to fit what we already know about our spouse or parent."

"The problem for caregivers is that when patients appear the same, it is very hard not to treat them the same."

"In the early and middle stages of the disease, the patient might have fluctuating moods, variable cognitive capacity, and erratic memory, all of which create a chaotic environment. So even when they expect these behavioral changes, caregivers will weave narratives to explain them away. After all, the mind naturally bends what is unpredictable into what feels familiar. In this way, Alzheimer’s hides behind the unpredictability it creates."

DEMENTIA IN SOCIETY

5 JANUARY:

Bob & Diane Fund awards annual visual storytelling grant for 2025 to Canadian photographer Leah Hennel

The Bob & Diane Fund is excited to announce photographer Leah Hennel as the 2025 grantee for her photography project, "In The Time We Have". This yearly photography grant supports visual storytelling about Alzheimer's & dementia.

This is a personal project about Joan who has been living with dementia for more than 10 years and her husband Alan, who is now her full-time caregiver. Willing to share their most personal moments, they want to be a part of this project. Alan's outlook on life is heartening. As an ambassador for support, he wants to break the stigma of people living with dementia and of the people operating as caretakers. As a way to support caregivers, Alan, after noticing conversation cafes in

California, helped to start the Dementia/Memory Cafe. He has also lent a hand to the formation of Dementia Network Calgary. The couple has never stopped living, and it's an honor to tell their story. Joan is now 75 and Alan, 80.

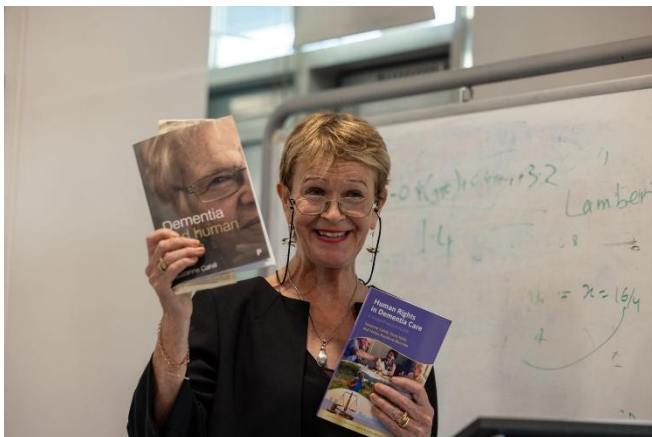
View images from this project at: <https://www.bobanddianefund.org/2025-grantee>



NEW PUBLICATIONS AND RESOURCES

27 FEBRUARY:

"Human Rights in Dementia Care: A Good Practice Guide" recently launched at a special event at Trinity College Dublin



A new book called "Human Rights in Dementia Care: A Good Practice Guide" was recently launched at a special event held

at Trinity College Dublin (TCD) in Ireland. The book was co-authored by Suzanne Cahill (pictured), Fiona Kelly and Helen Rochford-Brennan. The book has been written for health care professionals and for family caregivers and aims to provide the tools required to enable paid and unpaid caregivers to use a human rights-based approach in dementia care.

A panel discussion was held to mark the launch with speakers including Eamon O'Shea, Director of the Centre for Economic and Social Research on Dementia at University of Galway; Suzanne Cahill, TCD School of Social Work & Social Policy, Trinity; Helen Rochford-Brennan LLD, Global Dementia Ambassador and former member and Chairperson of the European Working Group of People with Dementia; Fiona Kelly, former Lecturer in Nursing, School of Health Sciences, Queen Margaret University, Edinburgh, and Andy Heffernan, CEO of The Alzheimer Society of Ireland.

Read more, on the TCD website:

<https://www.tcd.ie/swsp/news/book-launch-of-human-rights-in-dementia-care-a-good-practice-guide/>

AE CALENDAR 2026

DATE	MEETING	AE REPRESENTATIVE
2-3 MARCH	ACCESS-AD first General Assembly in Amsterdam	Ana, Ange, Dianne, Faye and Lukas
3 MARCH	PREDICT-FTD Public Involvement Board meeting (Group B)	Soraya
3 MARCH	Meeting with Frontiers in Dementia	Jean
3 MARCH	Meeting with Roche Diagnostics	Jean
3-5 MARCH	Site visit and coordination meeting with Convention Centre Dublin - CCD for 36 th Alzheimer Europe Conference (Dublin, Ireland)	Isabelle, Sarah
5 MARCH	INTERDEM Academy - Annual International Advisory Board meeting	Dianne
5 MARCH	#36AEC Organising Committee monthly meeting	Isabelle, Jean
5 MARCH	Meeting with Alzheimer Bosnia	Andy, Dianne, Jean, Kevin and Rosário
6 MARCH	Meeting with Luxembourg Fonds National pour la Recherche	Jean
8-10 MARCH	Europe Congress (Budapest, Hungary)	Isabelle
9 MARCH	AD-RIDDLE International Advisory Board meeting (Group A)	Ana, Sarah
10 MARCH	Alzheimer Europe Foundation Board meeting	Jean
12 MARCH	EFPIA Patient Think Tank	Owen
16-17 MARCH	Alzheimer Europe Board (Senningerberg, Luxembourg)	Jean
17 MARCH	AD-RIDDLE International Advisory Board meeting (Group B)	Ana, Sarah
19 MARCH	Young Women's Conference Luxembourg	Margarita
19 MARCH	Meeting with Biogen	Jean
26 MARCH	EU4Health Civil Society Alliance meeting	Owen
26-27 MARCH	PREDICT-FTD General Assembly meeting (Desenzano del Garda, Italy)	Soraya
26-27 MARCH	IMMIDEM conference in Rome	Dianne
31 MARCH	PREDICTOM – practice for project review	Dianne

CONFERENCES 2026

DATE	MEETING	PLACE
26-28 March	20 th edition of the World Congress on Controversies in Neurology (CONy 2026) https://cony.comtecmed.com/	Krakow, Poland
14-16 April	37 th Global conference of Alzheimer's Disease International (ADI), "Solutions for today and tomorrow", https://www.alzint.org/what-we-do/adi-conference	Lyon, France
1-3 July	IPA 2026 International Congress, "Across borders, beyond boundaries: Connecting research, education and practice for better mental health in older people" https://bit.ly/4pbWkuA	Leiden, Netherlands
27-29 October	36 th Alzheimer Europe Conference (#36AEC), "Sláinte: Building momentum in dementia through policy, research and partnership"	Dublin, Ireland



36th Alzheimer Europe Conference

Sláinte: Building momentum in dementia through policy, research and partnership

27 - 29 OCTOBER 2026
DUBLIN, IRELAND



Join healthcare professionals, researchers, policy makers and advocates to explore advances in dementia care, research and policy. Connect, contribute and drive progress! **#36AEC**



www.alzheimer-europe.org/conferences