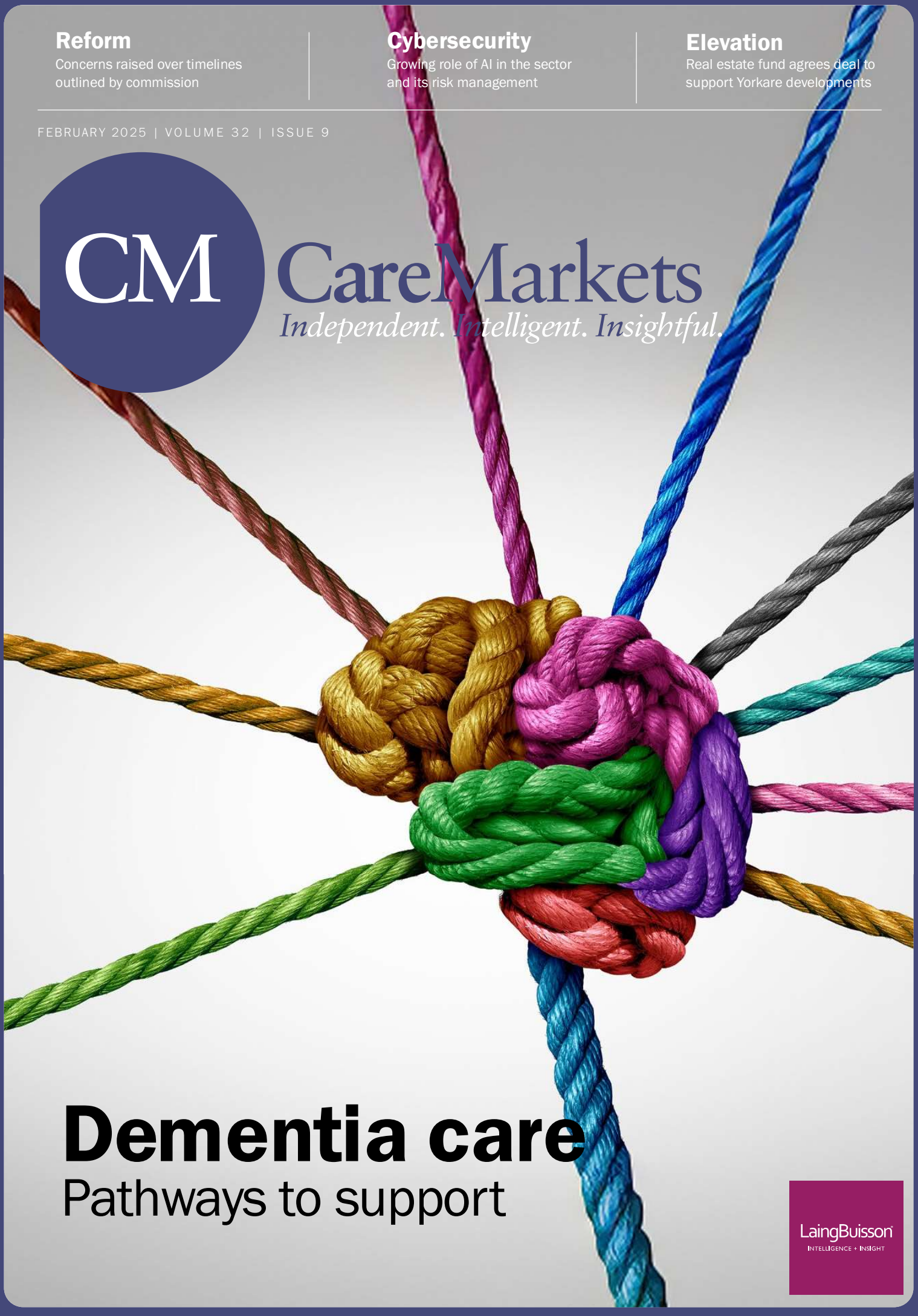
Reform
Concerns raised over timelines outlined by commission

Cybersecurity
Growing role of AI in the sector and its risk management

Elevation
Real estate fund agrees deal to support Yorkare developments

FEBRUARY 2025 | VOLUME 32 | ISSUE 9

CM CareMarkets
Independent. Intelligent. Insightful.



Dementia care
Pathways to support

LaingBuisson
INTELLIGENCE + INSIGHT

Dr Michelle Tempest, senior partner at Candesic, tackles the past inertia in dementia care and rallies investors and operators to understand the opportunities to improve the current sluggish market offer. She argues now is the time to expand the offering to include participatory person-centred treatment and proactive prevention

The time is right

Dementia is a good investment in terms of business and market size – the world is getting older. According to UN projections, the number of people aged 65 and older globally is expected to more than double, rising from 761 million in 2021 to 1.6 billion by 2050 – one in six people on earth. If someone is diagnosed with dementia every three seconds, and the volume of older people is growing by 839m, almost any investment thesis is plausible, and investment is certainly needed.

I believe it is imperative the current pathway to access dementia support is disrupted (see Figure One). The system needs to become more efficient and effective, focusing on empathetic person-centred pathways.

For many, a dementia diagnosis is viewed as a life-changing event to be feared and approached with apprehension, often signifying a journey toward loss of independence, identity and even dignity.

However, as we learn more about dementia, our growing understanding highlights the importance of early diagnosis. Diagnosis provides access to support and enables families to plan inclusively for the future. Some individuals experience relief from finally having an explanation for their symptoms. So, this begs the question: How do we currently deliver a dementia diagnosis?

Sadly, the government funding gap is so significant across health and social care that the chasm in care can cause further distress to individuals and their families all over the UK. In 2023, the average time to be seen at the Sheffield Memory Service was almost a year – 347 days.

> FOR MANY, A DEMENTIA DIAGNOSIS IS VIEWED AS A LIFE-CHANGING EVENT TO BE FEARED AND APPROACHED WITH APPREHENSION

In Bradford, the wait was over 270 days for an assessment. One can only imagine the agony and stress felt by such long and tortuous waits, especially when loved ones may already be suffering symptoms of a cruel and unforgiving disorder.

When Candesic reviewed the waiting times for dementia assessment, the numbers painted a bleak picture. Figure Two highlights the steep waiting list increase of over 60% since the pandemic. People working within these systems are delivering a profoundly important job. Still, demand for their time has outstripped the constrained supply, and it is unlikely the funding wallet in NHS or social care can solve this.

What can be done?

To offer some hope, there are some newly published guidelines on diagnosing cognitive disorders, including Alzheimer's.

As new treatments become available, achieving a timely and accurate diagnosis has become essential for sufferers and their loved ones to make informed decisions and retain the greatest level of autonomy and the best possible outcomes.

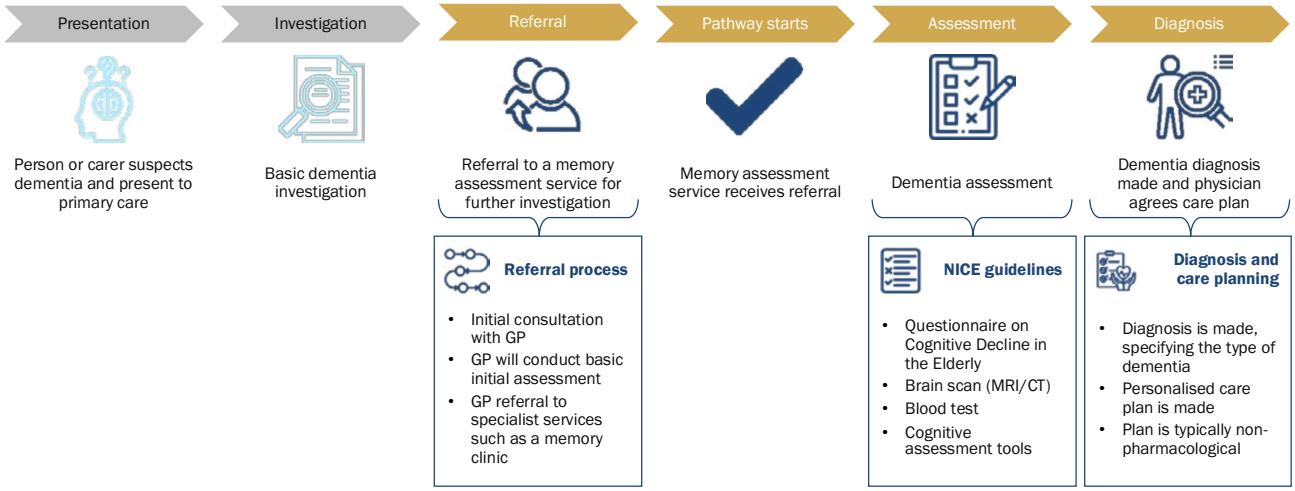
Steps in a dementia screening

Here is a run-down of the latest approach, which reviewed 7,374 publications to help diagnose and manage cognitive issues with person-centred care:

- **Initial referral:** people reporting or showing cognitive, behavioural, or functional changes should be assessed – this should include shared evaluation goals.

FIGURE ONE
NHS PATHWAY FOR REFERRAL AND DEMENTIA DIAGNOSIS

THERE ARE NICE DEMENTIA ASSESSMENT GUIDELINES TO ENSURE STANDARDISED EVALUATION



SOURCE NICE; RCPSYCH; CANDESIC RESEARCH AND ANALYSIS

- **Diagnostic formulation:** Utilise tiered assessments to determine:
  - Cognitive functional status (e.g. mild cognitive impairment or dementia).
  - Cognitive-behavioural syndrome based on symptoms (e.g. memory loss, mood changes).
  - Likely cause(s) or contributing factors.
- **Comprehensive history:** Collect reliable informant-reported data on:
  - Cognitive changes.
  - Activities of daily living (ADLs/IADLs).
  - Mood and neuropsychiatric symptoms.
  - Sensory and motor function.
- **Risk factors:** Evaluate individualised risk factors for cognitive decline during history-taking.
- **Examination:** Conduct a dementia-focused neurologic exam, mental status evaluation, and use validated tools to assess cognition, mood, and behaviour.
- **Laboratory tests:** Follow a multi-tiered approach, performing routine tests for all patients with additional tests based on clinical findings.
- **Imaging:** Obtain structural brain imaging (MRI or CT) to identify potential causes of cognitive-behavioural syndromes. Advanced molecular imaging (e.g. FDG PET) can be used for persistent diagnostic uncertainty.
- **Communication:** Use a structured and compassionate approach to explain diagnostic findings, including:
  - Syndrome characteristics and severity.
  - Likely cause(s) and disease stage.
  - Prognosis, treatment options, and safety concerns.
  - Resources for care planning and support.
- **Specialist referral:** Refer patients with atypical findings, early-onset, or rapidly progressive conditions to a specialist for further evaluation.
- **Neuropsychological testing:** Recommended for cases with diagnostic uncertainty or complex clinical profiles, covering memory, executive function, visuospatial skills, and language.
- **Advanced diagnostics:** In cases with unresolved uncertainty:
  - Obtain CSF analysis for amyloid beta and tau markers.
  - Perform amyloid PET scans if warranted by appropriate use criteria.
- **Genetic testing:** Consider genetic testing for patients with autosomal dominant family histories, involving a genetic counsellor throughout the process.

Brad Dickerson, MD, professor of Neurology at Harvard Medical School, helped develop the list. He said: 'The guidelines are formulated into practical recommendations that are applicable to any practice setting, including primary care, along with additional guidance for specialists and subspecialists.'

This level of focus offers an evidenced-based framework for innovative operators ready to answer the market call for increased dementia screening. It offers consumers more choices than being left on a waiting list.

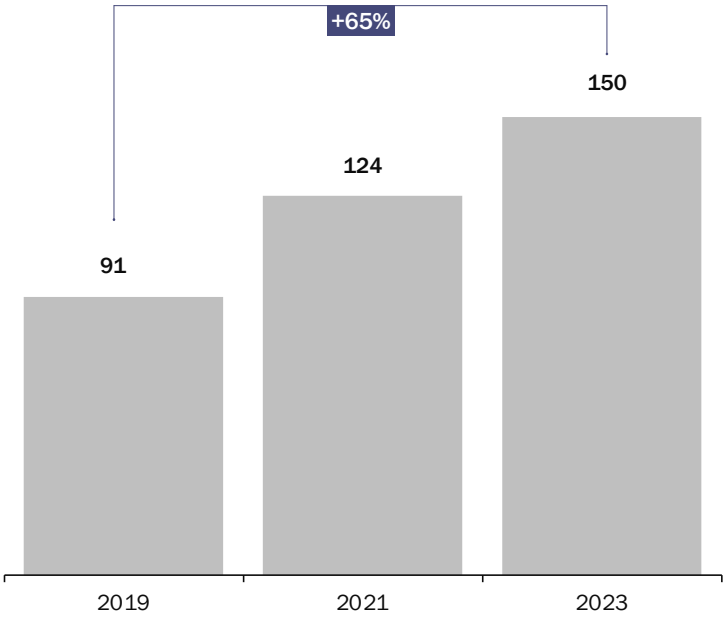
Who is entering the screening market?

With an increasing number of people choosing to self-pay and skip the NHS long waits, traditional and new operators are entering the dementia screening and diagnosis market.

The overall increase in people paying out of pocket for clinic appointments since the pandemic has reportedly increased:

FIGURE TWO
AVERAGE WAITING AND DIAGNOSIS TIME, DAYS

PEOPLE ARE WAITING OVER HALF A YEAR TO BE SEEN IN MEMORY CLINICS, WITH WAITING TIMES INCREASING YEAR ON YEAR



SOURCE GOV.UK; HQIP; RCPSYCH; CANDESIC RESEARCH AND ANALYSIS

- 218% in Northern Ireland.
- 124% in Wales.
- 80% in Scotland.
- 20% in England.

Some private medical insurance policies also cover dementia diagnosis and tests, although most exclude treatments. What is interesting is that alongside the NHS and large independent hospital chains that traditionally offer assessments for older people, there is an emerging group of new entrants who are focusing on memory assessments.

It is exciting as it means that there will be an increasing number of choices for you and your loved ones in the future. For those less able to afford the fees, these services will likely grow and expand to allow commissioning bodies to pay the NHS tariff, expand supply and hopefully reduce the waiting times.

Table One illustrates examples of companies marketing dementia screening and their advertised fee. Candesic's research into what is offered for this fee revealed wide variation when benchmarked against NICE guidelines and the above best clinical practice. There will always be differences based on the workups done in primary care settings, but there was surprisingly little continuity.

This lucrative sector will likely begin attracting new entrants with offerings spinning out of primary care, community, hospital and specialist operators. This, in turn, will hopefully encourage and enable earlier diagnosis.

> THE POWER OF THE BABY BOOMER GENERATION WILL HELP IMPROVE THIS SECTOR, AFTER ALL THEY ARE ECONOMICALLY, POLITICALLY AND CULTURALLY INFLUENTIAL

Research into early diagnostic technologies could be game changing. The project, aptly named Holistic Optical Biomarkers to Transform Dementia Diagnosis (HOpE), provides further hope to future generations.

The research, led by Prof Chris Kipps from University Hospital Southampton and Prof Sumeet Mahajan from the University of Southampton, showed initial tests that detected and diagnosed dementia with an average accuracy rate of 93%. HOpE uses a new technology called Multi-excitation Raman spectroscopy (MX-Raman), which uses lasers to analyse the composition of a single drop of bodily fluid – this can be blood, spinal fluid or mucus.

Researchers based at University College London and the University of Oxford have also been carrying out nationwide trials to identify fast and accurate blood tests for the diagnosis of dementia. The research teams will look at both existing and new blood test types; one team will focus on a particular biomarker for Alzheimer's disease called p-tau217. The team will see whether measuring p-tau217 in the blood increases the diagnosis rate.

Conclusion

The power of the baby boomer generation will help improve this sector, after all they are economically, politically and culturally influential. They hold the majority country's disposable income, get out and vote at election time and are increasingly vocal about improving care as they live longer. This should not only improve access to screening but also spark innovation and encourage new treatments.

When I was in medical school, there was little to offer post-diagnosis, but there have been recent advancements that include:

- **Lecanemab:** An FDA-approved intravenous (IV) infusion therapy that targets and removes beta-amyloid from the brain. It can slow down the decline in memory and thinking skills in people with early Alzheimer's disease.
- **PBA:** A treatment that can reverse signs of Alzheimer's disease, including memory deficits. PBA can cross easily

TABLE ONE
EXAMPLES OF INDEPENDENT MEMORY CLINICS

PRIVATE PAY MEMORY CLINICS ARE STARTING TO OFFER NEXT DAY SERVICES

		INDICATIVE PRICES		
CLINICS	OWNERSHIP	UNDER £1,000	£1,000–2,000	£2,000 AND ABOVE
Dementech Neurosciences Clinical Academic Centre	Private			
Phoenix Hospital Group	Phoenix Group			
The Edinburgh Practice	Private			
Parkside Private Hospital	Nuffield Health			
Re:Cognition Health Brain and Mind Experts	Private			
ReMind UK	Charity			

NOTE REMINDUK ALSO CHARGES AN EXTRA £465 FOR EVERY FOLLOW-UP APPOINTMENT
SOURCE COMPANY WEBSITE; CANDESIC INTERVIEWS, RESEARCH AND ANALYSIS

from the bloodstream into the brain and has already been approved by the FDA for treating metabolic disorders.

- **Semaglutide:** A medication that may help treat dementia by improving insulin sensitivity and potentially interacting with receptors involved in learning and brain cell protection.
- **Tau aggregation inhibitors and tau vaccines:** Clinical trials are studying these treatments to prevent tau from forming tangles, which are another common change in the brains of people with Alzheimer's.
- **Donanemab:** a dementia disease-modifying treatment that has shown success in clinical trials.
- **Brexpiprazole:** a new drug that offers hope for those with early Alzheimer's disease.

There are also promising drugs to come down the pipeline, such as Remternetug and many more. On top of this, there are multiple mechanisms of action, and novel dementia drugs are being spun out of AI drug-discovery labs.

My hope is that operators and investors reading this article will be visionary about the future. This is not the time to be despondent about dementia. In fact, quite the contrary. Brain health globally is buzzing with anticipation as people seek to maintain an active and meaningful life well into their older years. With a focus on earlier diagnosis and available treatments, this goal is achievable.

REFERENCES

Alzheimer's Association: New clinical practice guideline on the process for diagnosing Alzheimer's disease or a related form of cognitive impairment or dementia. (https://www.prnewswire.com/news-releases/new-clinical-practice-guideline-on-the-process-for-diagnosing-alzheimers-disease-or-a-related-form-of-cognitive-impairment-or-dementia-302337811.html)