

Ontario not prepared to fully benefit from coming treatment for Alzheimer’s disease, new research reveals

Preparing for a future disease-modifying therapy for Alzheimer’s disease will help reduce wait times, avoid disease progression.

TORONTO, ON, September 22, 2022—Research out of the University of Southern California released yesterday, World Alzheimer’s Day, found that Ontario could save up to \$9.9 billion in long-term care costs over 20 years with a disease-modifying treatment for Alzheimer’s disease—but that today, Ontario is poorly positioned to take advantage of any Health Canada-approved treatment.

“Our findings give cause for both hope and for concern,” said Dr. Soeren Mattke, an expert in innovative chronic illness care and lead researcher of the study. “Hope, because a therapy for Alzheimer’s disease has the potential to fundamentally alter how Ontario cares for older adults living with dementia. Yet concern, because the province clearly is behind its international peers in preparing for this breakthrough.”

There is no prevention, cure, or disease-slowng treatment for Alzheimer’s disease, the most common type of dementia in Ontario and around the world, that has been authorised for use in Canada. Currently, there are four medications approved by Health Canada: three are publicly funded in Ontario, however each of these target symptoms of Alzheimer’s disease at the dementia stage and do not treat the earliest symptoms nor slow progression of the disease itself. While non-pharmacological approaches to dementia, such as exercise, cognitive engagement, and social interaction, may confer benefits to the brain, these do not replace the need for disease-modifying medications for Alzheimer’s disease.

In June, 2021 the United States became the first jurisdiction in the world to approve a disease-modifying pharmacological treatment for Alzheimer’s disease. Several disease-modifying medications are at varying stages of review in Canada, and Ontario is potentially years—not decades—away from its first ever disease-modifying therapy for Alzheimer’s disease.

“The over 260,000 Ontarians living with dementia today, and their families, are closely following news of a possible treatment,” said Cathy Barrick, CEO of the Alzheimer Society of Ontario. “There is an expectation among families that the provincial and federal governments work together to prepare for the approval and rollout of a disease-modifying therapy. People have hope, and if a treatment is approved and used elsewhere while Ontario struggles to catch up, that hope will quickly turn to despair, and anger.”

Research findings show that Ontario will spend \$27.8 billion between 2023 and 2043 on alternate level of care (ALC) and long-term care (LTC) costs associated with people living with dementia. With the theoretical approval of a disease-modifying therapy for Alzheimer’s disease

in 2023, these costs would decrease by \$6.1 billion, a 22% reduction over 20 years. If, however, Ontario removes all constraints on detecting and diagnosing cases of dementia, the province will save an additional \$3.8 billion over the same time frame for total savings of \$9.9 billion.

“Treatments currently in late phase development, and for which approvals are anticipated, will need to be initiated when people are still at the early stages of Alzheimer’s disease,” explained Dr. Sharon Cohen, neurologist and Medical Director of Toronto Memory Program. “Capacity to detect and diagnose Alzheimer’s disease at its earliest stages is crucial in order to leverage the benefit of upcoming treatments. However, today, most Ontarians living with Alzheimer’s disease are diagnosed late—after several years of symptoms, imprecisely, or not at all. The status quo for diagnosis of this disease is neither timely nor accurate and will require substantial revision to allow the affected population to benefit from breakthrough therapies.”

According to findings* earlier this year Canada is projected to have the longest wait times for a dementia diagnosis of any G7 country. With the introduction of a disease-modifying therapy, wait times for a diagnosis will peak at over seven and a half years by 2029—longer than the expected lifespan of many Ontarians who come forward with concerns about dementia today. This wait time would mean that the average Ontarian would not be able to access a treatment for Alzheimer’s disease. The harsh reality: by the time they receive a diagnosis, the disease will almost certainly have progressed to a point at which the treatment is no longer effective.

“This research is an early warning,” continued Ms. Barrick. “A treatment is coming. Ontario isn’t ready.”

The full study is available at: <https://alzheimer.ca/on/en/take-action/policy-advocacy/statements-releases-resources>

-30-

About the Alzheimer Society

The Alzheimer Society is a federation of 26 frontline community support service providers, operating in every community across Ontario. We supported over 95,000 clients last year, including both care partners and people living with dementia. We provide education and training to physicians and other health care professionals, as well as to the general public, and work to reduce the stigma that is far too often associated with dementia. As a health service provider, we offer system navigation, care partner respite, adult day programs, therapeutic recreation, and so much more at little or, for nearly all of our programs, no cost to families. With hundreds of staff and thousands of volunteers we seek to alleviate the personal and social consequences of Alzheimer’s disease and other types of dementia, and to promote research into a cure.

* Mattke S, Wang M. Why would Canada have the longest wait times for an Alzheimer’s treatment among the G7 countries? Canadian Health Policy. 2022 (JAN) doi: <https://doi.org/10.54194/AKQT5456>

Media Contact

Beth Merrick, ZAZOU Communications
beth@zazoupr.com
(416) 473-9881

Alzheimer Society representatives and USC researchers are available for comment on the results of the study in English and French.

Disclosure

Study findings were subject to a double blind peer review and have been published in the Canadian Health Policy Journal. The study was funded by a contract with the Alzheimer Society of Ontario, thanks to the generous support of an individual donor. Alzheimer Society staff reviewed and provided feedback on a draft of the study, however neither the Society nor the donor had any influence on the study's methodology or findings. The authors had full control over design, analysis, final manuscript, and decision to submit for publication.