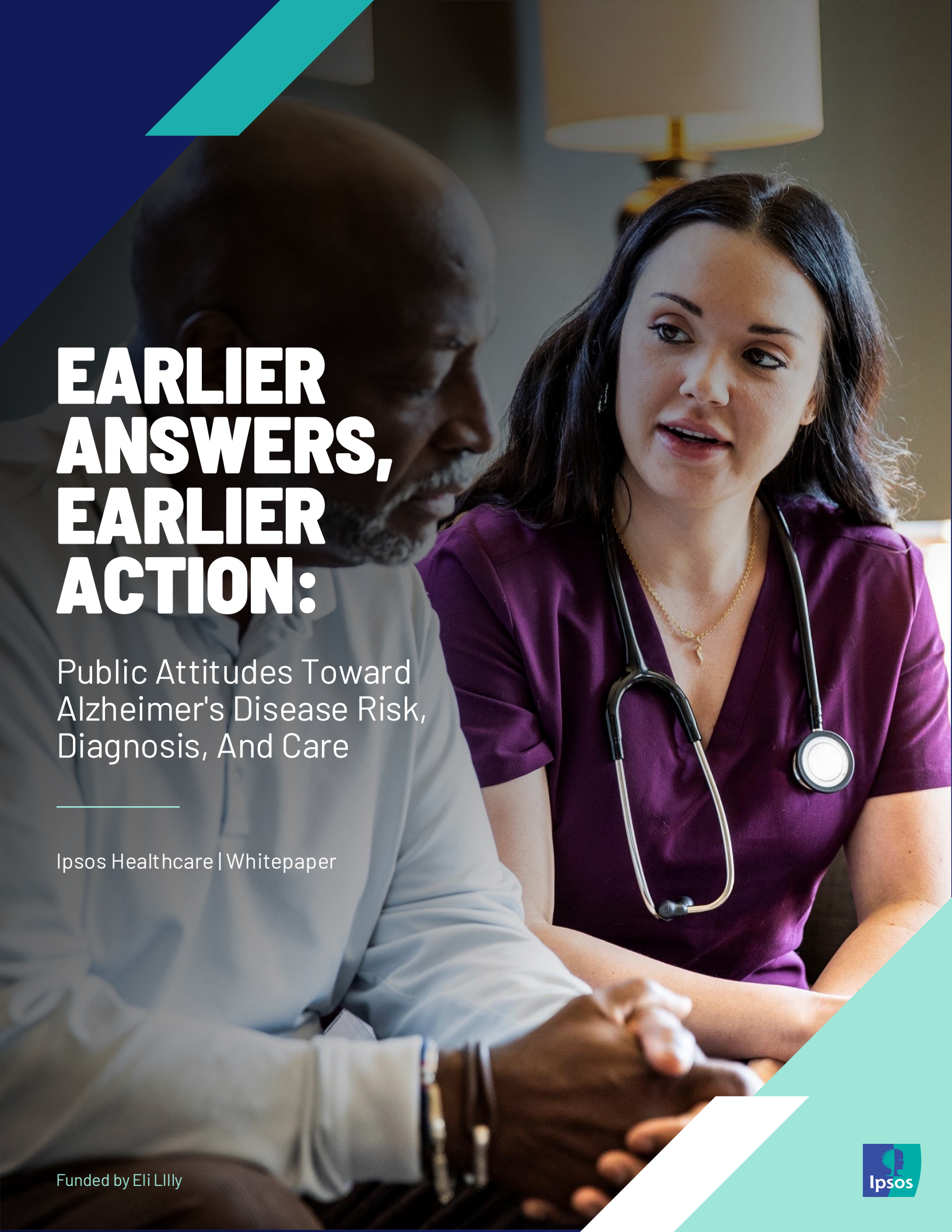


EARLIER ANSWERS, EARLIER ACTION:

Public Attitudes Toward Alzheimer's Disease Risk, Diagnosis, And Care

Ipsos Healthcare | Whitepaper

Funded by Eli Lilly

Ipsos

Background

Alzheimer's disease (AD) is a progressive neurodegenerative disorder and the most common cause of dementia worldwide[1]. Although the clinical manifestations of Alzheimer's disease often emerge later in life, the underlying changes in the brain begin years, and in some cases decades, before symptoms become evident[2]. This reinforces the importance of early detection and proactive disease management.

The global impact of Alzheimer's disease continues to grow. As populations age and life expectancy increases, healthcare systems worldwide face rising clinical, social, and economic demands associated with dementia care.

Preserving quality of life, independence, and the ability to engage in meaningful daily activities is a key goal of care for AD patients. In the early stages of AD, individuals may continue reading, engaging in hobbies, keeping appointments, and maintaining social connections. As the disease progresses, however, patients experience a gradual loss of independence and capacity for self-care, culminating in a state of total dependence in its most advanced stages. At this stage, the weight of AD falls disproportionately on unpaid care partners (often spouses or adult children) who commonly provide the majority of day-to-day support for their loved ones. While informal caregiving can improve patient outcomes, it often places substantial economic, physical, and emotional burdens on care partners, including lost work time, reduced productivity, anxiety, and depression[3].

The economic consequences of Alzheimer's disease are substantial, and conventional cost estimates likely understate the true burden[4]. Official estimates are typically calculated from direct healthcare utilization and do not capture the indirect costs of caregiving and associated productivity losses[5].

At the same time, the Alzheimer's disease landscape is evolving rapidly. Several diagnostic and therapeutic advancements have been made in recent years, such as broad availability of AD blood biomarker tests and the introduction of amyloid-targeting therapies that can meaningfully modify the course of the disease in early symptomatic patients[6].

Despite these advances, important gaps remain in public awareness and understanding of Alzheimer's disease. Misconceptions persist regarding dementia and cognitive decline, including the belief among many individuals that memory loss is simply a normal part of aging. Such misunderstandings can contribute to delays in seeking evaluation, diagnosis, and treatment.

This multinational survey of over 4,600 respondents across 5 countries was conducted to better understand current beliefs, preferences, and perceptions surrounding Alzheimer's disease. Respondent groups include members of the general population, individuals with and without memory and thinking issues, care partners, and healthcare professionals.

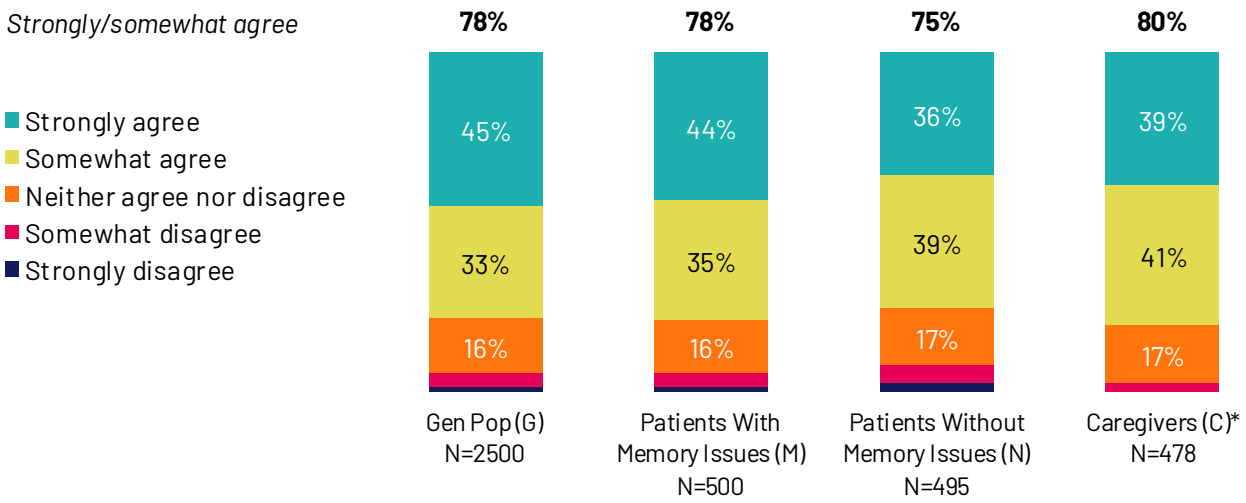
Ultimately, the survey findings reveal that many people want answers sooner about their AD risk and status. However, limited awareness of available diagnostic options and challenges navigating the path to diagnosis may continue to delay action. Understanding this gap between intent and action is critical to improving the AD care journey.

People want to know if they are at risk of AD so they can explore diagnosis, treatment options, and care planning early.

Across respondent groups, interest in understanding personal Alzheimer's disease risk was remarkably high. **Nearly four in five surveyed individuals indicated that they would want to know if they were at risk of developing Alzheimer's disease. This finding was consistent across multiple audiences, including members of the general population, individuals experiencing memory and thinking concerns, care partners, and adults aged 55 to 79 without memory and thinking concerns**. This level of interest challenges assumptions that people may prefer not to know about the possibility of developing Alzheimer's disease.

Statement Agreement

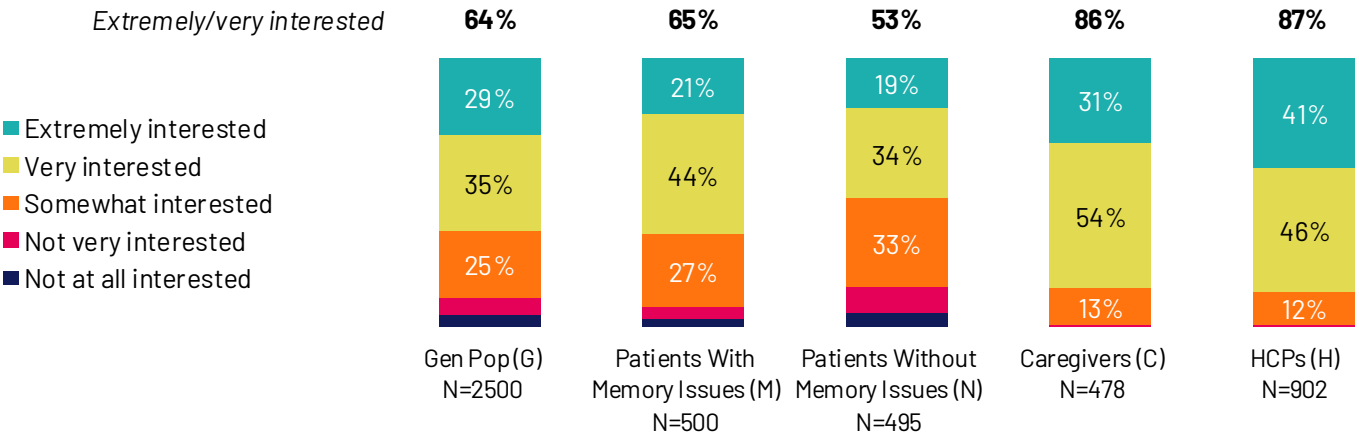
I would want to know if I was at risk of Alzheimer's disease



**caregivers asked if they would want to know if their loved one was at risk*

Similarly, nearly 2 out of 3 respondents expressed strong interest in knowing an AD diagnosis, with desire even stronger among care partners (86%) and HCPs (87%) when considering the needs of those under their care.

Interest In Understanding Diagnosis of Alzheimer's Disease



Importantly, the data suggest that this desire for information often becomes even more clear in hindsight. **Among surveyed individuals diagnosed with mild cognitive impairment (MCI) or mild AD, more than half (56%) reported wishing they had known about their diagnosis sooner. This sentiment was even more pronounced among surveyed care partners, with 65% wishing their loved one had known about their diagnosis sooner.**

Timeline of Understanding Alzheimer's Diagnosis

56%

Patients With Memory Issues (M)
Among Those Diagnosed with MCI and Mild N=158

I wish I had known about the diagnosis of Alzheimer's disease sooner

65%

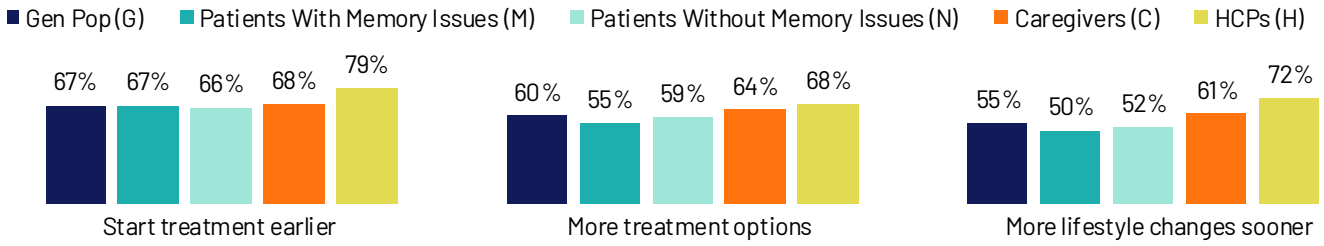
Caregivers (C)
Among Those Caring For Someone Diagnosed with MCI and Mild N=376

I wish my loved one had known about the diagnosis of Alzheimer's disease sooner

These findings highlight an important reality of Alzheimer's disease: opportunities for effective action are greatest earlier in the course of the disease. **When asked about the benefits of earlier diagnosis, surveyed individuals most commonly cited the ability to begin treatment sooner, gain access to more treatment options, and make lifestyle adjustments earlier in the disease journey.**

Yet, significant gaps in awareness, diagnosis, and care planning pathways continue to delay action at a time when patients are most motivated to learn more and take control of their future.

Benefits Of Having Alzheimer's Disease Diagnosis Sooner

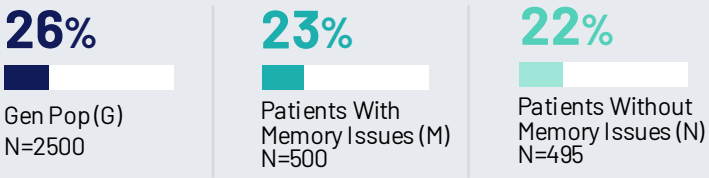


Yet, significant gaps in awareness, diagnosis, and care planning pathways continue to delay action at a time when patients are most motivated to learn more and take control of their future.

Among those surveyed, familiarity with cognitive or memory assessments for Alzheimer's disease was limited. Only approximately **one-quarter of respondents reported being familiar with memory / cognitive assessments for AD**. Awareness of diagnostic testing options appears similarly constrained, with respondents reporting low familiarity with a range of Alzheimer's disease diagnostic tools commonly used in clinical practice. **Knowledge of AD blood tests was particularly low.** This disconnect is noteworthy given the strong interest respondents expressed in understanding their AD risk and diagnosis. **Even when individuals are motivated to seek answers, limited awareness of available diagnostic approaches may make it more difficult to take the next step toward evaluation and care.**

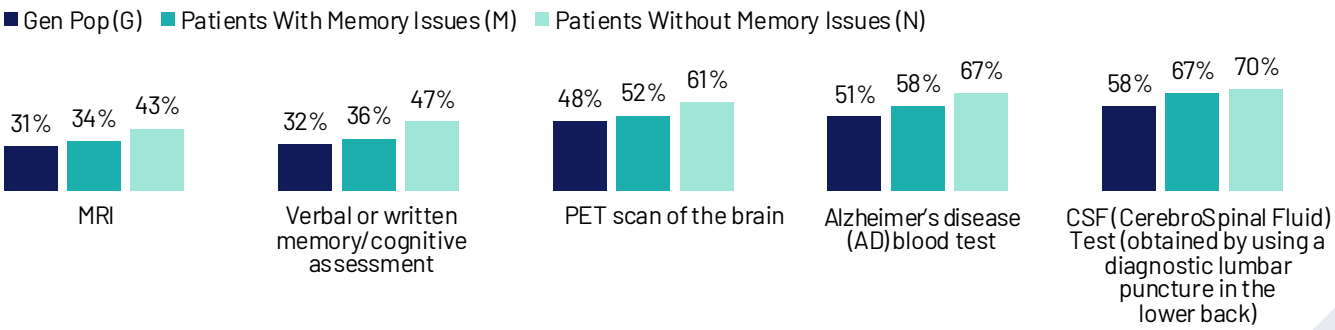
Familiarity With Memory/Cognitive Screening

% Selecting know extremely/fairly well



Familiarity with Diagnostic Tests

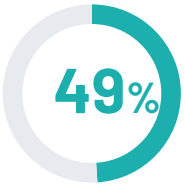
B2B Never heard of before today/Just know the name



This awareness gap is notable given the growing attention AD blood tests have received within the scientific and medical communities and their proven performance in identifying AD pathology. While advances in diagnostic technology have created new opportunities for earlier identification, their potential impact may remain limited if patients and families are unaware that such options exist.

The survey findings also indicate that symptom onset often drives action. **Nearly half of surveyed individuals experiencing memory and thinking issues reported that they would schedule a medical appointment immediately after noticing initial symptoms in order to pursue Alzheimer's disease testing.**

Perceived Best Time to Be Tested for Alzheimer's Disease

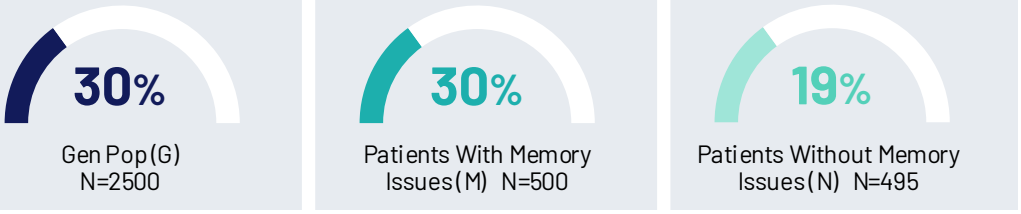


Patients With Memory Issues (M)
At the first sign of memory and thinking issues

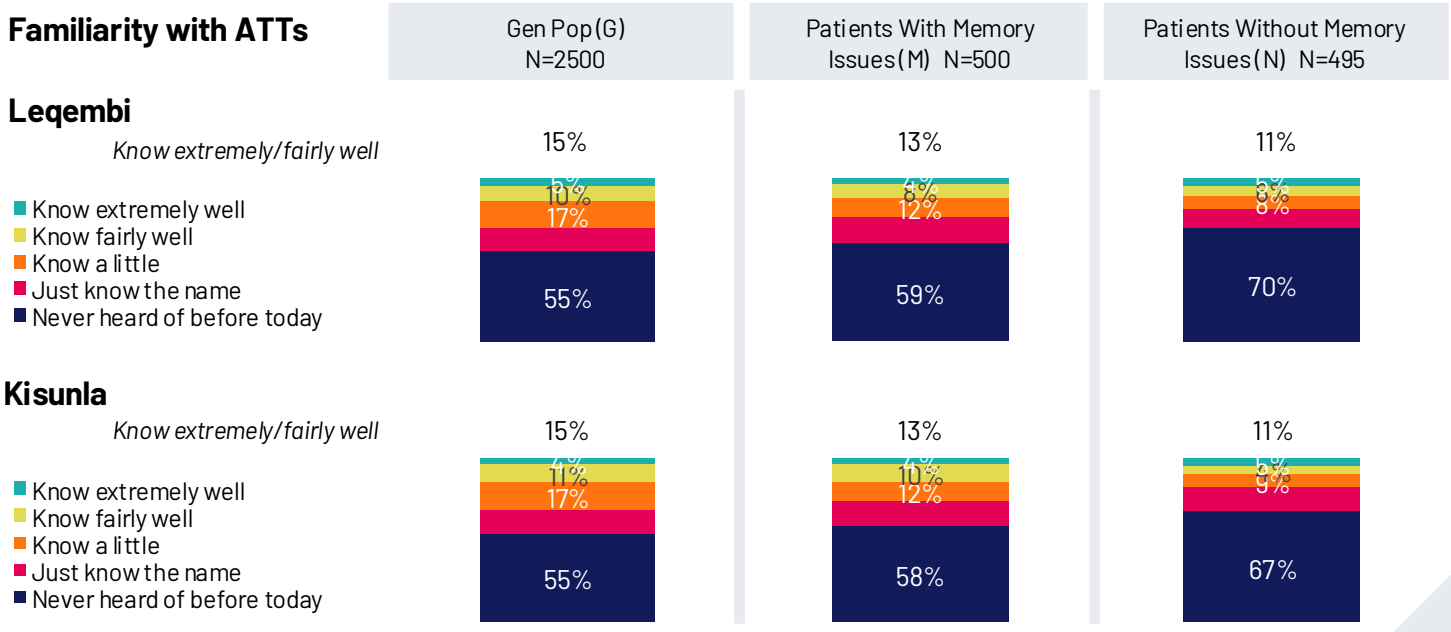
The research also identified substantial knowledge gaps surrounding therapeutic advances. **Fewer than one-third of respondents reported familiarity with recent treatment developments in Alzheimer's disease. Furthermore, few surveyed respondents reported awareness of recently approved amyloid-targeting therapies before participating in the survey.**

Familiarity with Treatment Advancements in AD

% Yes



Familiarity with ATTs



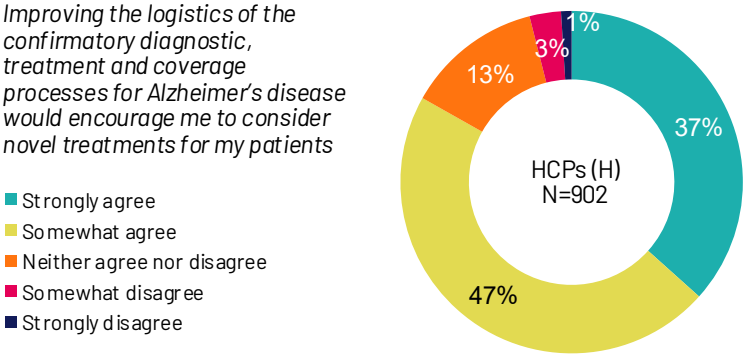
These findings reinforce a simple but powerful truth: a significant gap between patient interest and clinical action remains, highlighting opportunities to improve awareness, diagnostic pathways, and access to care.

Across respondent groups, surveyed individuals demonstrated strong interest in learning their risk, obtaining a diagnosis, accessing treatment, and planning for the future. Yet persistent gaps in awareness, testing pathways, and treatment access suggest that many individuals may encounter barriers long before they reach a formal diagnosis.

Healthcare professionals also recognize these challenges. **Among surveyed healthcare professionals, a large majority (84%) reported that improvements to diagnostic pathways, treatment workflows, and coverage processes would encourage them to increase adoption of novel Alzheimer's disease therapies.**

AD Treatment Statement Agreement

Improving the logistics of the confirmatory diagnostic, treatment and coverage processes for Alzheimer's disease would encourage me to consider novel treatments for my patients



This finding is particularly important because it underscores that barriers and the opportunity to overcome them exist throughout the care continuum. Many challenges extend beyond patient awareness alone. Diagnostic complexity, referral processes, reimbursement requirements, and treatment access pathways may all contribute to delays even when patients and clinicians are motivated to act.





Conclusions

Taken together, these findings reveal a solvable systemic gap between patient intent and clinical action rather than a lack of motivation among patients, care partners, or healthcare professionals. Across surveyed audiences, there was widespread interest in understanding Alzheimer's disease risk, obtaining an earlier diagnosis, accessing treatment options, and planning for the future. However, awareness of available testing approaches and evolving treatment options remains limited. Bridging this gap requires better alignment of healthcare systems, patient-provider conversations, and access pathways with the demand that already exists. Importantly, addressing these gaps represents a shared opportunity for all stakeholders, including the healthcare systems that connect them.

Alzheimer's disease does not return time lost to delayed diagnosis. As progression to later, more impaired stages of disease continues, opportunities for intervention, planning, and decision-making may become increasingly limited. The urgency of action therefore extends beyond clinical outcomes alone; it influences the ability of individuals and families to prepare for the future and maintain autonomy for as long as possible.

Alzheimer's disease care is changing. There are more options available today for diagnosis and treatment than ever before, and continued investment in research and innovation is expanding the pipeline of potential therapies, bringing even more treatment options closer to reality for appropriate patients. Earlier diagnosis may also enable earlier access to treatment options, supporting more informed decision-making, potentially improving long-term outcomes, and encouraging a more proactive approach to disease management. It may also provide time to implement lifestyle changes and engage in meaningful care planning, allowing individuals to share their wishes and preferences with family members and healthcare providers while they are still able to do so.

For patients and care partners, even subtle changes in memory, thinking, or behavior warrant a conversation with a healthcare professional. Recognizing that these changes may not be a normal part of aging can help individuals seek timely evaluation. Advances such as blood-based testing and amyloid-targeting therapies mean that earlier action can provide more opportunities for diagnosis, care planning, and treatment, supporting patients in maintaining their independence for longer and to continue activities that matter most to them.

For healthcare professionals, the implications are clear. Patient interest in understanding risk and diagnosis should not be underestimated, as this may delay discussions surrounding testing and diagnosis. This research demonstrates strong and consistent demand for earlier knowledge across markets and audiences. Proactively discussing testing and treatment options can help bridge the gap between patient interest and clinical action.

For healthcare systems and policymakers, the findings underscore the need for pathways that are straightforward, accessible, and designed for timely action. Interest alone cannot improve outcomes if patients encounter barriers to testing, diagnosis, or treatment. Streamlining these processes can help convert intent into timely action and improve access to care.

Ultimately, a more informed population, supported by proactive healthcare professionals and healthcare systems designed to facilitate early action, may help shift the Alzheimer's disease journey from uncertainty toward understanding before valuable time is lost. Earlier action has the potential to not only improve experiences for those living with Alzheimer's disease, but also the ability to reduce the significant emotional, physical and economic challenges faced by care partners and families. At a time of unprecedented scientific progress, closing the gap between intent and action may be one of the most important steps toward improving the future of Alzheimer's disease care.

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Survey Methodology

These are some of the findings of Ipsos research conducted in collaboration with and funded by Eli Lilly and Company.

Ipsos fielded an online, 20-minute, self-administered, cross-sectional survey from April 9th – May 26th, 2026. The survey was fielded in the United States, Germany, Brazil, China, and Japan, with all surveys administered in local language. All respondents were recruited from opt-in online research panels. The final sample size of 4,625 respondents included 2,500 general population respondents, 500 patients with memory and thinking issues, 495 patients without memory and thinking issues, 478 care partners, and 902 HCPs. Findings presented in this paper reflect the opinion of these respondents only.

In order to participate in the survey as a general population respondent, surveyed individuals had to be aged 18-79.

Participants were included in the "Patients with Memory and Thinking Issues" categorization if they were aged 55-79, sees a doctor for routine check-ups every 3 years or more frequently, agreed with the statement "my memory and thinking is not what it used to be", and has made at least a few changes to their everyday life due to memory issues.

Participants were included in the "Patients without Memory and Thinking Issues" categorization if they were aged 55-79, sees a doctor for routine check-ups every 3 years or more frequently, did not agree with the statement "my memory and thinking is not what it used to be", and were not acting as a care partner to a loved one experiencing medical issues.

Participants were included in the "Care Partner" categorization if they did not agree with the statement "my memory and thinking is not what it used to be", were acting as a care partner for a loved one aged 55-80 who does not live in an assisted living facility, nursing home, or other similar institution. The loved one could not be diagnosed with another condition which may cause memory issues except for Mild Alzheimer's Disease or Mild Cognitive Impairment.

Participants were included in the "HCP" categorization if they were a full-time physician, nurse practitioner, or physician assistant (in the United States, China, or Brazil), who was board certified (or board eligible in Japan), with a specialization in Family Practice / General Practice, Internal Medicine, Geriatrics, Psychiatry, Neurology (or Neurosurgery in Japan), and saw at least 10 patients with Mild Alzheimer's Disease and/or Mild Cognitive Impairment caused by suspected Alzheimer's Disease, depending on specialization.

Participants were not able to participate if they were unwilling to provide informed consent to participate in research, had any affiliation with a Medical Equipment Manufacturer, Market Research, Advertising or Media agency, Government Drug Approval Organization, Drug Reimbursement Organization, Direct, full-time employee of or affiliated with a Pharmaceutical or Biotechnology manufacturer, distributor, retailer, wholesaler or marketer of pharmaceutical products in any capacity including receiving grant support, serving as a paid consultant, conducting a clinical trial, or serving on a Speaker's Bureau or Advisory Panel.

Additionally, HCPs were not able to participate if they saw less than 200 patients per month in a primary care setting or less than 100 patients per month in a specialist setting, practiced in a setting other than solo physician practice, joint / group practice, office based in specialized center, general / community hospital, university / teaching hospital, or psychiatric hospital (in Germany), primarily practiced in the state of Vermont due to study sponsor's interpretation of sunshine act reporting laws (in the United States) or was employed / affiliated with Kaiser Permanente.