EUROPEAN
NEUROLOGISTS'
OPINIONS ON
ALZHEIMER'S
DISEASE

25-034902

September 2025



Neurologists screened on the following criteria:

- See a minimum of 5 MCI/ early AD patients
- Are personally responsible for management and treatment decisions
- Within role for 3-30 years
- Spend a minimum of 60% time in clinical practice
- Practice in relevant clinical settings, of which outpatients are treated
- Not affiliated to pharmaceutical or government entities
- Not participated in market research in Alzheimer's disease in past month

Sample and methodology

25-minute online survey

	Neurologists
France	100
Germany	100
Italy	100
Spain	100
TOTAL	400

Disclaimer: All data presented in this deck reflects the views of surveyed neurologists (n=400). Statements are based on survey responses and are intended to be factual and non-conclusive. Interpretations should be made in context of the survey design and scope.



How to read this report

1

Significant differences

All data has been reviewed to determine statistical significance across countries

Where relevant, significance has been shown via $\uparrow \psi$ if significantly different vs. 2 other countries

2

Full question text

The complete question text can be found within the notes section of each slide. This provides the full question, alongside the full text of any prompted statements 3

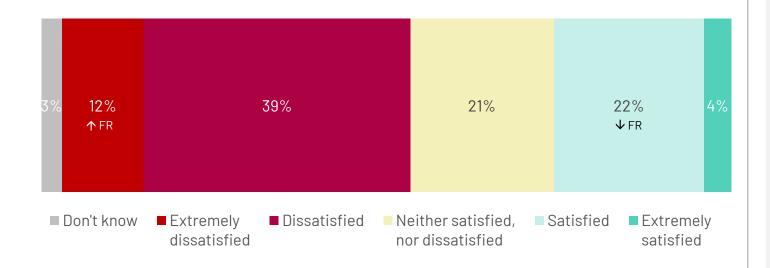
Option of 'Don't know'

Abiding by publication requirements and standards, each question included within the survey required a 'don't know' option

Data for this variable has been included within the charts to share opinion on the full sample composition

Neurologists reported a need for new pharmacological developments in Alzheimer's disease

Satisfaction with current Alzheimer's disease treatments (% Neurologists)

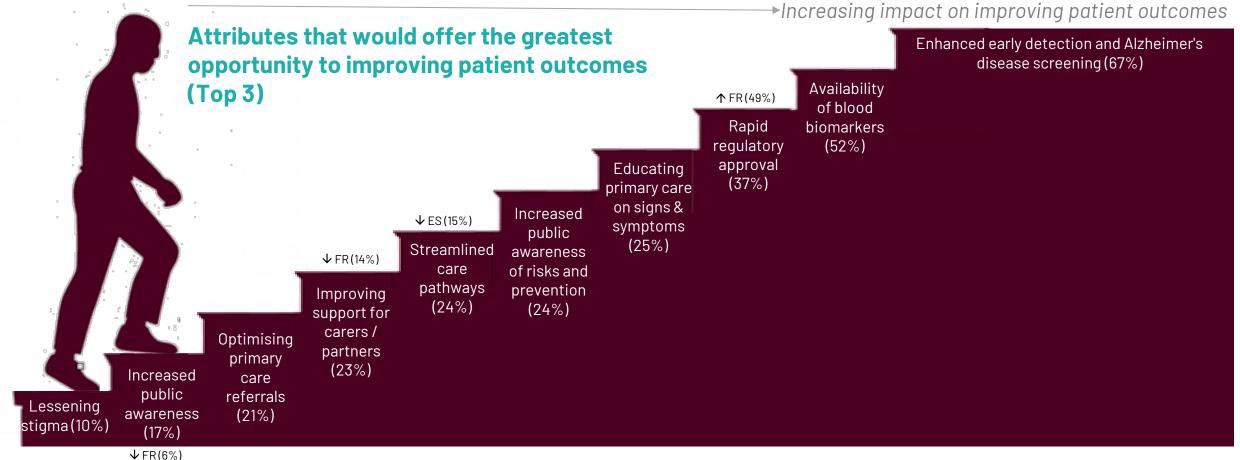


Agreement with statement – future of AD (% Neurologists)

83% of Neurologists (↑DE,
↓IT) believe that innovations in
pharmacological treatment
will have a significant positive
impact on AD patients and their
families



Two-thirds responded early detection and screening offers the greatest opportunity to improve outcomes





Early diagnostic capabilities are viewed as critical to providing better care options that will enhance patients' disease outlook

Impact of future diagnosis, treatment and management (% Neurologists agreeing; Top 2 box)

Integrating new
diagnostic
innovations into
clinical practice will
allow me to
diagnose my
patients earlier (i.e.
at ESAD)

It is important to diagnose early (MCI or Mild Dementia stage) so patients have better care options

Innovations in diagnoses will have a significant positive impact on patients and their families

Early detection and diagnosis is **critical for a patient's future** disease outlook

Early detection and diagnosis is **critical for future treatment**

87%

87%

84% **TE**

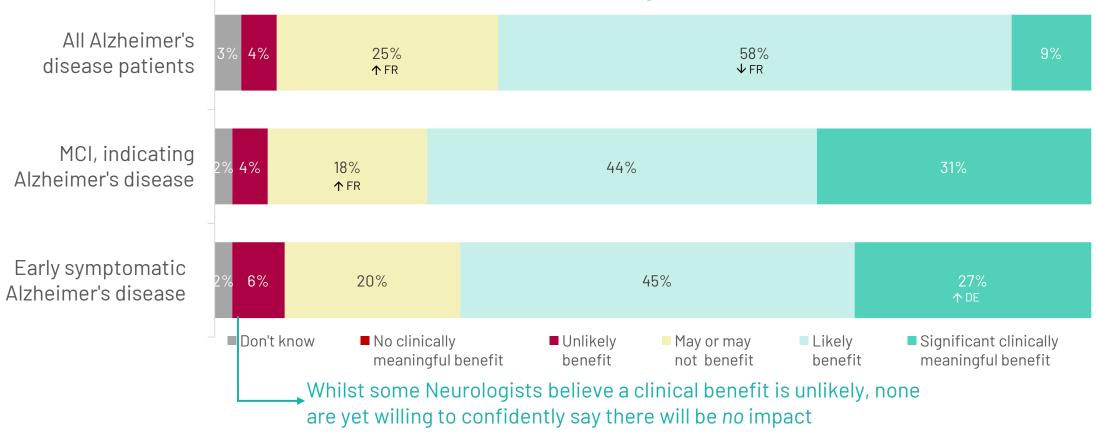
83% **T**DE

81%



Early symptomatic Alzheimer's disease (ESAD) is where surveyed neurologists believe new treatments will have greatest impact

Perception of clinical impact of new treatments (% Neurologists)





Surveyed neurologists express disagreement with aging-related misconceptions about Alzheimer's Disease.

Perceptions of Dementia / Alzheimer's Disease (% Neurologists; Top 2 box)

72%

of neurologists
disagree that
Alzheimer's Disease
and its symptoms are
part of 'normal aging'

69%

reject the notion that dementia is a normal part of aging and should simply be accepted



Stigma and symptom minimization are reported barriers to early diagnosis, indicating the need to address this in primary care

Impact of early consultations on AD care (% Neurologists; Top 2 box)

97% believe patients or their families initially try to hide or minimize dementia symptoms to some extent

49% agree patients do not bring up memory concerns during visits to Neurologists

53% agree that stigma associated with Alzheimer's disease / dementia impacts healthcare professionals' willingness to seek early diagnosis and treatment

There is a need for more proactive questioning by HCPs to uncover memory-related complaints (77% agreement)



Gap observed between the perceived importance of primary care in AD management and perceptions of its current effectiveness

Primary care's role and impact on AD care (% Neurologists agreeing; Top 2 box)

75% agree Primary Care Physicians (PCPs)
play a critical role in detecting and referring
patients with memory complaints – early
referral needed to allow Neurologists to
provide better care options

83% agree PCPs should be taking action to detect and refer patients with memory complaints sooner and 82% agree that the referral process can be improved

53% believe healthcare professionals working in primary care have limited knowledge in regard to Alzheimer's disease

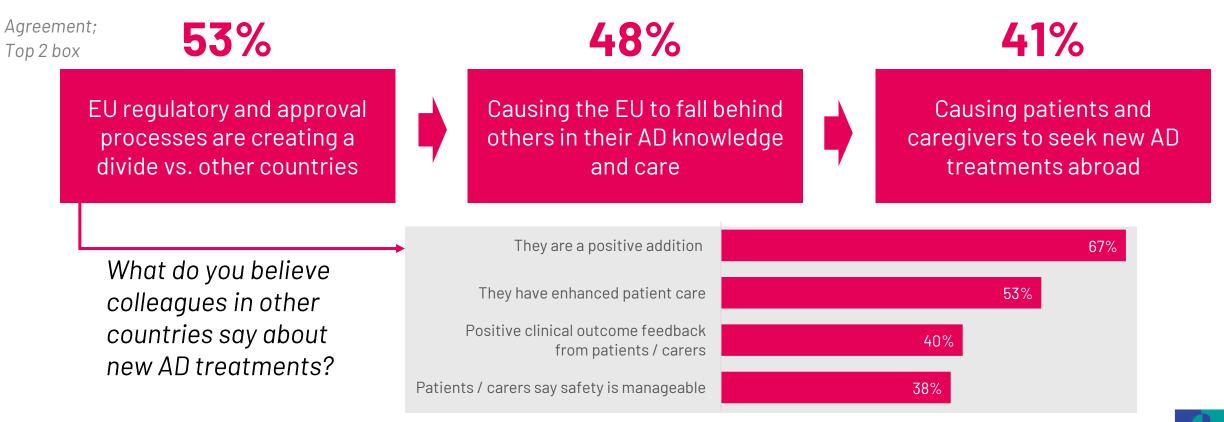
54% are frustrated by primary care when it comes to the urgency of recognising

Alzheimer's disease



Extensive approval processes cause Neurologists to believe the EU is falling behind others in the care it can provide patients

Impact of European Union's regulatory landscape and approval processes (% Neurologists)



Delayed approvals are perceived to restrict prescribing, impact patient care, and slow innovation in Alzheimer's disease

Impact of European union's regulatory landscape and approval processes (% Neurologists; Top 2 box)

EU's regulatory landscape and approval processes for new treatments in Alzheimer's disease is

Restricting prescribing

▼		
Preventing prescribing new treatments		
Overall	34%	
As frequently as would like	39%	
At desired point in patient journey	40%	

Impacting patient care

Limits	
Patient choice	46%
Optimal patient care	37%
Ability to address patients' needs	35%

Slowing innovation in AD

Reduces	
Speed in which science of the brain is uncovered	35%
AD innovation and treatment care	34%
Investment in AD	34%



