ECONOMIST IMPACT

# From awareness to action: addressing the growing burden of Alzheimer's in Colombia

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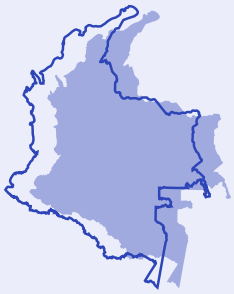
**This policy brief outlines the current state of Alzheimer's care in Colombia. Alzheimer's disease (AD), the most common form of dementia, is a neurodegenerative and progressive chronic condition that weakens cognitive abilities and results in a loss of autonomy and functionality. The information in this profile is based on the literature and a series of interviews with experts working in Colombia.**



### Background indicators

| | |
|---|---|
| **Population** | |
| Population aged 65+ years | 10.7%[1] |
| Life expectancy at birth | 74.5[1] |
| **AD and dementia** | |
| Prevalence of AD* | 9.4%[2] |
| Deaths attributed to AD and other dementias | 7.3 per 100,000[1] |
| Disability-adjusted life years (DALYs) attributed to AD and other dementias | 100.5[3] |
| Years of life lost (YLLs) attributed to AD and other dementias | 42.6[3] |

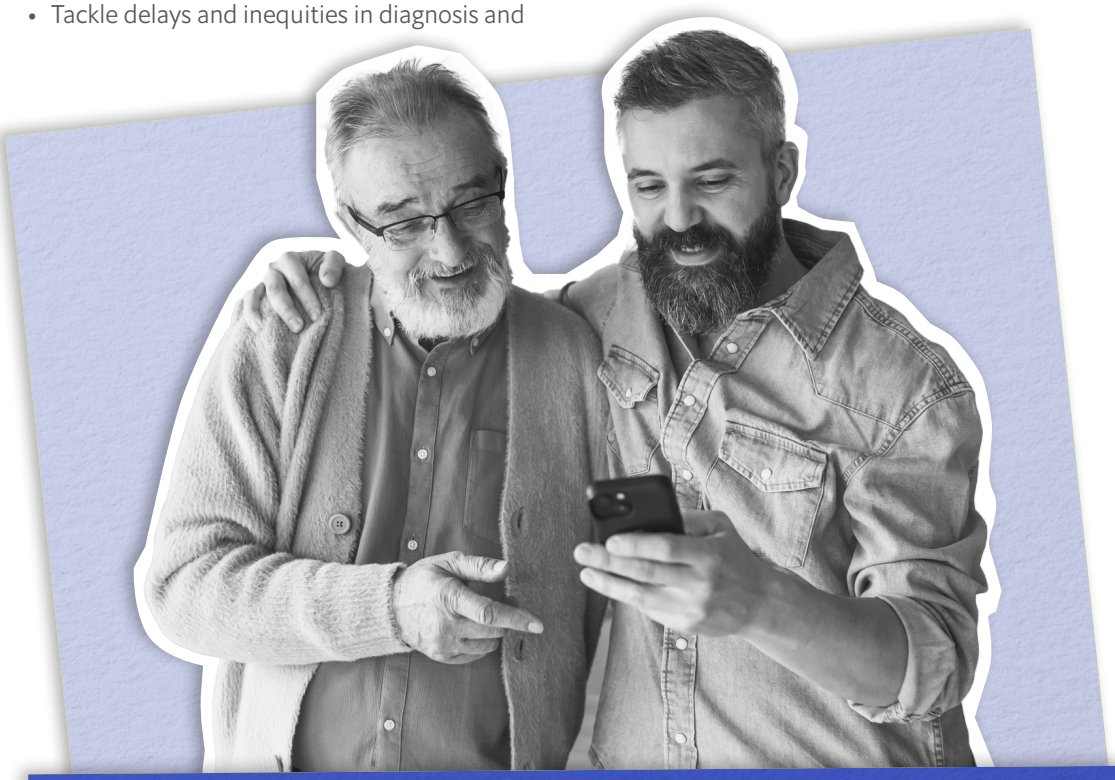
* Latest available data are from 2015

## Introduction

AD represents an urgent and growing public health concern, representing 60-70% of all dementia cases.[4] By 2050, the proportion of Colombians over the age of 60 is expected to rise to 17.5% from 13.9% in 2021, thereby increasing the number of individuals at risk for AD and other dementias.[5] Despite this demographic shift, national data on dementia prevalence remain scarce and fragmented, with estimates ranging widely from 1.3% to 23.6%, underscoring an urgent need for comprehensive surveillance and policy response.[6] In addition, Colombia is home to the world's largest known population with a hereditary mutation in the PSEN1 gene, which causes early-onset AD.[7] Without targeted intervention, Colombia risks being overwhelmed by an impending wave of dementia cases that will strain families, health systems and the broader

economy.
To address the growing burden of AD, policymakers must:

- Develop a national AD/dementia policy and implementation plan
- Improve data collection
- Tackle delays and inequities in diagnosis and referral pathways
- Improve training for primary care professionals
- Raise awareness of AD and tackle stigma to improve early diagnosis
- Initiate mid-life AD prevention focused on modifiable risk factors



**"We need investment to transform our enormous potential into real, sustainable impact."**

**Gloria Patricia Cardona Gomez**, Professor, School of Medicine, University of Antioquia

## Current snapshot: AD policy, guidelines and programs in Colombia

Yes Partially No

### National AD plan
*Existence of a national plan for AD*

No national AD plan currently exists.

### AD awareness campaigns
*Existence of national AD awareness campaigns*

Our experts suggest that nationwide public campaigns are needed and current campaigns are fragmented or localized. AD is still often seen as a natural part of aging, which delays help-seeking.

### Clinical guidelines
*Existence of clinical guidelines for AD that include early detection, diagnosis, treatment, support and end-of-life care*

Colombia has national guidelines adapted from international sources (eg, British and Australian models), but these are outdated and inconsistently applied across regions.

### Patient support and advocacy
*Existence of patient support programs and advocacy groups at the national and local levels*

Experts indicate that there are caregiver workshops and support from non-governmental organizations (NGOs) in some cities, but no formal national support or advocacy network exists. Most caregivers are untrained family members, mainly women.

### Healthcare workforce and training
*Availability of healthcare professionals and training for AD*

Experts indicate that specialist access is centralized in major cities, and primary care training is minimal. Primary care doctors are not always trained to recognize early dementia, thus delaying referrals.

### Research and development
*Availability of funding allocated to Alzheimer's research*

Colombian researchers and labs are working on early biomarkers and genetic studies, but these studies are not usually backed by systemic funding or national policy.

### Thriving in society
*Existence of programs that support AD patients' ability to thrive in society, such as age-friendly environments*

There are community programs and Day Centers offering cognitive stimulation in some cities, but they are limited in scale and not widely accessible.

### Epidemiological database
*Existence of an epidemiological database or publicly available data on the incidence and prevalence of AD*

There is no unified national epidemiological database on Alzheimer's. While some survey data exist (e.g., SABE Colombia), the information is not up-to-date.[2]

### Diagnostic tools
*Availability of tools for diagnosing AD*

MRIs and cognitive assessments are available in cities. Advanced diagnostics (PET scans, biomarkers) exist only in research settings due to cost and access barriers.

Source: Economist Impact analysis; expert interviews

## Key takeaways

**Develop a comprehensive national AD policy, accompanied by an implementation plan**

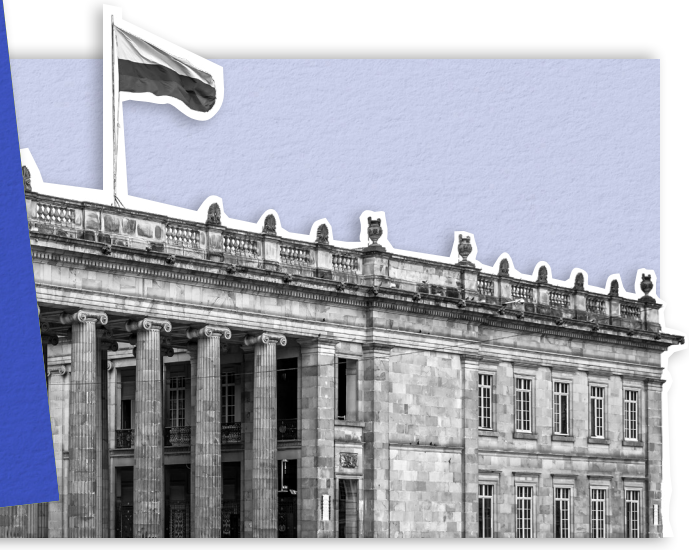
Although an evolving policy framework for addressing AD and dementia exists, Colombia lacks a comprehensive national plan for AD. The 2017 Clinical Practice Guideline (CPG) for Major Neurocognitive Disorders marked a significant step forward, offering evidence-based recommendations for diagnosis and management at various healthcare levels.[8] Additionally, the National Policy on Aging and Old Age 2022–2031 integrates dementia care into broader aging-related strategies, which emphasize active aging, prevention and long-term care services.[9] However, as Dr Hernando Santamaria Garcia, Director of the Neuroscience program at Javeriana University and the Intellectus Center of Memory and Cognition, explains, there remains a critical need for a dedicated policy. "Policymakers need to advance a plan for improving diagnosis, resources for treating dementia and caregiver support."

Developing a national dementia plan that includes robust caregiver support, early detection mechanisms, and accessible care pathways is essential, says Robinson Cuadros Cuadros, a geriatrician and President of the Latin American and Caribbean Committee (COMLAT) of the International Association of Gerontology and Geriatrics (IAGG). Establishing clear protocols and resources within the national plan is critical, explains Elkin Garcia-Cifuentes, a neurologist and member of the Neurosciences Group of Antioquia (GNA). "The policy should guarantee a consistent level of care for all, regardless of geography or income." The fruits of tackling AD/dementia in a structured and systematic way are clear: AD and mild cognitive decline (a reliable indicator of future AD) costs Colombia an estimated US$1.4bn annually in direct medical costs, US$1.4bn in productivity losses and US$644m in out-of-pocket health spending.[10]

Any dementia policy must be evidence-based and connected to AD and dementia research. Genetic factors, lifestyle habits, and comorbidities vary across geographies and demographics, and must be reflected in diagnostic and prevention strategies, which requires a strong local research base. "It's crucial that we understand what's normal in our own population—and what signals a problem," explains Gloria Patricia Cardona Gomez, Professor at the University of Antioquia's School of Medicine. The first step is

**"We need a national dementia policy that establishes clear protocols and resources."**

**Elkin Garcia-Cifuentes,** Neurologist, Neurosciences Group of Antioquia (GNA)



understanding the prevalence and incidence of AD in Colombia, particularly among vulnerable populations, Dr Santamaria Garcia echoes. While Colombia has strong research groups contributing to international studies, their findings rarely influence domestic policies, says Dr Cuadros. "Our research supports policies in the United States, Canada and Europe, but not in Colombia, where the population actually resides." Dr Cuadros calls for greater recognition among policymakers of the scientific potential in Latin American countries, and the need for both public and private sectors to invest in research and health innovation.

International frameworks, such as the World Health Organization (WHO) Global Action Plan on Dementia, provide a blueprint for addressing gaps in national policy—but policymakers in Colombia need to move beyond the nascent levels of implementation currently seen in the country.[11] Colombia does not need to look far for a recently developed national plan for dementia: in 2024, Brazil unveiled its Política Nacional de Cuidado Integral às Pessoas com Doença de Alzheimer e Outras Demências (National Policy for the Comprehensive Care of People with Alzheimer's and Other Dementias), which aims to create an integrated framework for dementia and AD care, emphasizing early diagnosis, interdisciplinary treatment and caregiver support.[12] One vital aspect lacking in Brazil's case is an implementation plan. In order for a plan to be effective in Colombia, it must have clearly defined objectives, a specific implementation strategy and dedicated funding. Currently, Colombia does not have a budget specifically for AD.

**"We need a national dementia plan with implementation and accountability mechanisms."**

**David Fernando Aguillón**, General Coordinator, Neurosciences Group of Antioquia (GNA)

**Streamline equitable access to early diagnosis of AD**

Early diagnosis of AD is crucial to allow sufficient time and opportunity for measures to be implemented to mitigate or prevent disease progression and equip patients and their carers to manage the condition. Nowadays, a range of accurate diagnostic tools are available, from biomarker testing using PET scans and cerebrospinal fluid analysis to simple (and highly accurate) blood tests.[13] Beyond diagnosis, treatment has also progressed radically in recent years.[14] Yet a range of hurdles slow down the diagnosis and referral processes in Colombia.

**"We're building bridges from the lab to the clinic—but without support, those bridges cannot hold."**

**Gloria Patricia Cardona Gomez**, Professor, School of Medicine, University of Antioquia

At the structural-level, the diagnostic pathway for AD in Colombia is fragmented and inconsistent, with multiple gatekeepers who delay access to care. "Ideally, patients should undergo interdisciplinary assessments by a neurologist, psychiatrist and geriatrician," says Dr Garcia-Cifuentes. "Yet initial evaluation is usually through a general practitioner (GP), who has limited scope to order more advanced testing … Even obtaining an MRI or CT scan often requires going through several layers of bureaucracy." According to Mauricio Medina, Coordinator for dementias at the Colombian Association of Neurology (ACN), achieving a diagnosis can take four to eight months.

Among the barriers complicating access to testing and diagnosis of AD is a shortage of specialists. "The diagnosis has to be done with neuropsychological studies," says Diego Rosselli, Associate Professor of Health Economics at Javerinana Pontifical University (PUJ). "We haven't had enough professionals trained in this field." The experts we spoke to told us that there are insufficient numbers of both neuropsychologists and geriatricians in Colombia.

Furthermore, access to advanced diagnostic tools is limited, especially in the public healthcare system. "We have PET (Positron Emission Tomography) machines, but we don't have the tracers needed to use them for Alzheimer's disease diagnosis," says Dr Garcia-Cifuentes. "Also, modern biomarkers are simply not accessible, and none are covered by public insurance." Specialist diagnosis also tends to be centered in the largest cities in the country, creating an urban/rural divide. "Patients in remote areas often have to wait weeks or months just to see a specialist," he adds.

The WHO Global Action Plan recommends focusing on early diagnosis in the development of national dementia and AD policies. In Colombia, a defined national protocol around diagnosis and referral is required to ensure that early detection of AD is achievable in all settings.

**"Decentralizing memory clinics and using virtual tools would allow us to reach more people in a practical and cost-effective way."**

**Robinson Cuadros Cuadros**, Geriatrician; President, Latin American and Caribbean Committee, International Association of Gerontology and Geriatrics

Memory clinics play a crucial role in diagnosis, but need decentralizing to reach rural areas. A model to emulate and adapt is France's system of Memory Consultation Centers (Consultations Mémoire), which focus on diagnosing disorders such as AD and other forms of dementia early. These centers are staffed by multidisciplinary teams, including neurologists, geriatricians, psychiatrists, psychologists and social workers. Access is free or subsidized, depending on insurance coverage, and is available in most regions of France.[15] "Decentralizing memory clinics and using virtual tools would allow us to reach more people in a practical and cost-effective way," says Dr Cuadros.

Early detection is vital to give patients, carers and healthcare professionals (HCPs) the scope to combat AD and dementia more effectively on a case-by-case basis. Beyond this, committing to affordable and accessible early detection of AD also ensures the equitable health, inclusion and productivity of older people in society. It means shifting the paradigm from seeing aging as a passive and inevitable progression into decline to actively working to achieve economic, educational and social inclusion of older people. In short, investing in equitable early detection of AD and dementia is a vital part of investing in active and healthy aging, and in turn, in the wellness of society.

### Boost care integration and diagnosis through enhanced training of primary care physicians

A critical step towards expanding access to diagnostic services is integrating dementia care into primary healthcare—especially in rural areas, where primary care is often the only or main avenue through which AD services are provided.[2,8,16] Yet knowledge of AD and dementia is severely lacking among primary care providers (PCPs) in Colombia, leading to misdiagnoses and late referrals. "PCPs are the first point-of-contact, yet many lack the training to recognize dementia symptoms early," says Dr Medina. "Medical schools need to improve training in cognitive impairments to ensure better early detection."

David Fernando Aguillón, General Coordinator of GNA, emphasizes that better and more comprehensive medical education is the cornerstone of improving dementia care—training GPs to identify cognitive complaints and differentiate reversible conditions would significantly reduce diagnostic delays. "If well trained, general practitioners could manage and provide initial care for many dementia cases while patients wait for referral to a specialist," says Dr Aguillón. There are a wide range of primary care-specific training programs in use by health systems across the world. In the United States, the Alzheimer's Association offers a range of resources for PCPs, including online webinars and in-person workshops.[17] They focus on improving early detection and empowering primary care doctors to make timely referrals to specialists. Policymakers in Colombia should seek to bridge gaps between specialist and primary care, particularly in rural areas, by developing similar training programs—potentially with input from or in partnership with organizations such as the Alzheimer's Association.

**Combat stigma and lack of awareness among the general public**

In Colombia, public awareness of AD and dementia is lacking due to the absence of national campaigns, limited governmental recognition and prevailing cultural misconceptions. For example, there are significant gaps in public knowledge about the early signs of dementia and the importance of timely intervention.[11] One of the biggest barriers to early diagnosis is society's perception of aging. Many Colombians believe that memory loss is a normal part of getting older, preventing families from seeking medical help and, therefore delaying diagnosis and care. This misconception, rooted in cultural norms, also fosters tolerance toward symptoms, which greatly exacerbates the burden on caregivers.[11] "We need to educate communities that aging does not mean cognitive decline," says Rodrigo Pardo, Professor of Neurology at the National University of Colombia. "On the contrary, older people accumulate intelligence and judgment … This mindset change is critical. If we wait until symptoms are severe, we lose valuable intervention time."

**"Right now, dementia diagnosis often depends on whether the GP knows what to look for—this needs to change."**

**Mauricio Medina**, Coordinator, Dementias, The Colombian Association of Neurology (ACN); Consultant, Cognitive Neurology, Santa Fe, Bogotá Foundation

> **"There is a tendency to hide symptoms, which delays diagnosis and support."**
>
> **Rodrigo Pardo**, Professor, Neurology, National University of Colombia

Beyond a misunderstanding of the distinction between aging and AD/dementia, stigma also prevents individuals and families from seeking timely care. Dr Pardo compares AD stigma in Colombia to the stigma surrounding HIV/AIDS in the 1980s, noting that many families are hesitant to admit a loved one has dementia due to fear of judgment and misunderstanding. "Families hesitate to discuss Alzheimer's because they associate it with mental illness and behavioral problems," he says. "There is a tendency to hide symptoms, which delays diagnosis and support." Such fear can be echoed by a similar manifestation of stigma—pessimism—among HCPs, even specialists. "Many neurologists, when they diagnose a patient with Alzheimer's, they just abandon them," says Dr Rosselli. This pessimism among HCPs may be due to a lack of knowledge: "In Colombia, we do not have specific training for physicians or neurologists about tracking cognitive problems or how to diagnose and follow-up on these cases," Dr Santamaria Garcia adds. Developing diagnosis and treatment guidelines and embedding HCP training in the national plan will better equip the healthcare system to provide support for AD patients.

To increase awareness and combat stigma among the general population, policymakers must launch national awareness campaigns to educate people that dementia is not a normal part of aging. In addition to AD- and dementia-specific public campaigns, integrating brain health messages into broader public health initiatives is critical to mitigating the AD/dementia burden. Policymakers could take inspiration from Pink October, a month-long global breast cancer awareness initiative that is prominent in Colombia and other countries in Latin America.[18] Another campaign to learn from and adapt is No Esperes Más (Don't Wait Any Longer), which promotes early detection of prostate cancer and routine, timely prostate care in Colombia by emphasizing that prostate cancer is curable if detected early and treated appropriately. Similar efforts to educate individuals about the realities of AD and aging can have a significant impact on early diagnosis. "Awareness matters." says Dr Aguillón.

**Invest in prevention—with a focus on modifiable risk factors and brain health**

AD and dementia are rarely inevitable or unavoidable conditions—less than 1% of AD cases are genetically determined.[19] Instead, they are facilitated by a range of risk factors, many of which are modifiable, such as hypertension and diabetes control, tobacco smoking, physical inactivity, poor diets, and low education. Research shows that up to 55% of dementia risk could be lowered in Latin America through preventive, lifestyle-based interventions.[20]

**"Patients and families often delay care, thinking memory loss is just normal aging."**

**David Fernando Aguillón**, General Coordinator, Neurosciences Group of Antioquia (GNA)

On a positive note, there are already efforts to counter the impact of physical risk factors as they have their own specific and significant effects on overall health. Yet, the link between these risk factors and AD/dementia is not always apparent. "Doctors manage cardiovascular risks well, but they don't always connect these conditions to dementia prevention," explains Dr Medina. "More education is needed to teach people that reducing hypertension and diabetes lowers their risk of Alzheimer's." National campaigns must prioritize highlighting modifiable risk factors. Collaborating with media outlets to disseminate accurate, practical information can unify societal knowledge, offering clear narratives about dementia and the benefits of prevention and early intervention. Tailored campaigns that engage community leaders and schools can directly highlight the need for, and effectiveness of, prevention linked to modifiable risk factors. Relatedly, Colombia is part of the global FINGER strategy that highlights the need for a daily focus on the five "fingers", which are the of modifiable risk factors for Alzheimer's prevention: a healthy diet, physical activity, cognitive stimulation, social activities and the monitoring of risk factors related to cardiovascular disorders.[21] However, public awareness of these measures must be expanded through promotional campaigns.

Dr García's team is working to advance the concept of "brain health", encouraging early interventions starting in midlife or even earlier. A focus on brain health not only promises to help with prevention of AD, it can also facilitate the detection of AD and dementia in extremely early stages. For example, risk scores and multidisciplinary programs could identify at-risk individuals and delay symptom-onset, with particularly impactful outcomes in settings with limited resources. "We're developing risk scales like those used for heart disease, but focused on cognitive health," says Dr Garcia. "Simple tools like 'dual-task walking tests' could identify people at risk long before symptoms emerge … Brain health is a new concept to assess lifelong cognitive risk."

In 2023 Alzheimer's Research UK launched a free brain health "check-in" tool to help reduce dementia risk, primarily among people in their 40s and 50s. Research commissioned ahead of the launch found that 98% of people have room for improvement when it comes to looking after their brain health, and most people do not realize that there are steps that they can take to reduce their risk of dementia.

Programs like day centers provide cognitive stimulation and social interaction for older people, both of which are key to preserving brain function, says Dr Pardo. "We must create spaces where older adults continue learning and engaging in social activities," he says. "Dancing, reading and discussions are fantastic ways to maintain cognitive abilities."

**"Colombia must launch public health campaigns about brain health, just like we do for heart disease and cancer."**

**Mauricio Medina**, coordinator, dementias, Colombian Association of Neurology

## Summary

### POLICY

**Develop a comprehensive national AD policy.**

**How:** Develop a dedicated policy integrating prevention, early diagnosis and treatment, HCP training, caregiver support and research. Ensure the national policy is accompanied by an implementation plan and ring-fenced funding.

### INTEGRATION

**Counteract fragmentation in the health system.**

**How:** Implement an integrated care approach that streamlines referral and diagnosis processes, improves care quality, increases equity and establishes a stronger, more cohesive nationwide AD/dementia response

### TRAINING

**Improve knowledge of AD among healthcare professionals.**

**How:** Design formalized training and education initiatives to enhance the ability of primary care doctors to recognize, diagnose and refer cases of AD and dementia.

### AWARENESS

**Raise awareness of AD and dementia among the public.**

**How:** Develop awareness-raising programs and activities to improve awareness and stigma among the public.

### PREVENTION

**Launch public health initiatives for AD prevention.**

**How:** Design initiatives to foreground brain health and counter modifiable risk factors for AD and dementia

Economist Impact would like to thank the following experts for sharing their insights and experiences (listed alphabetically):

- **Gloria Patricia Cardona Gomez**, PhD, Professor, School of Medicine, University of Antioquia
- **Robinson Cuadros Cuadros**, MD, Geriatrician; President, Latin American and Caribbean Committee (COMLAT), International Association of Gerontology and Geriatrics (IAGG)
- **David Fernando Aguillón**, MD, PhD, General Coordinator, Neurosciences Group of Antioquia (GNA)
- **Elkin Garcia-Cifuentes**, MD, Neurologist, Neurosciences Group of Antioquia (GNA)
- **Mauricio Medina**, MD, Coordinator, Dementias, The Colombian Association of Neurology (ACN); Consultant, Cognitive Neurology, Santa Fe, Bogotá Foundation
- **Rodrigo Pardo**, MD, Professor, Neurology, National University of Colombia
- **Diego Rosselli**, MD, Associate Professor, Health Economics, Javerinana Pontifical University (PUJ)
- **Hernando Santamaria Garcia**, MD, Director, Neuroscience Program, Javeriana University; Director, Intellectus Memory and Cognition Center, San Ignacio University Hospital

The findings and views expressed herein do not necessarily reflect the views of our sponsor or the experts we interviewed. Subject-matter experts voluntarily participated in this research. No financial incentives were provided for their contributions. Economist Impact bears sole responsibility for the content of this document.

This policy brief was written by Paul Tucker. The research was managed by Miranda Baxa, conducted by Deni Portl, Maria Clara Silva and Luiza Navarro, and supported by Latifat Okara and Elly Vaughan.

## References


1. WHO. Colombia. Geneva: World Health Organization. Available from: https://data.who.int/countries/170
2. Minsalud. Boletín de salud mental: demencia [Mental health bulletin: dementia]. Bogotá: Ministerio de Salud y Protección Social. Available from: https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/PP/ENT/Boletin-demencia-salud-mental.pdf
3. WHO. Global health estimates: leading causes of DALYs. Geneva: World Health Organization. Available from: https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/global-health-estimates-leading-causes-of-dalys
4. WHO. Dementia. Geneva: World Health Organization. Available from: https://www.who.int/news-room/fact-sheets/detail/dementia
5. Minsalud. Decreto no. 681 de 2022 [Decree No. 681 of 2022]. Bogotá: Ministerio de Salud y Protección Social. Available from: https://colaboracion.dnp.gov.co/CDT/Normatividad/Revista%20OAJ/tercera%20edici%C3%B3n/DECRETO%20681%20DEL%202%20DE%20MAYO%20DE%202022.pdf
6. Guerrero-Barragán A, Lucumi-Cuesta DI. Stakeholder perceptions of dementia in Colombia: a qualitative study. BMC Public Health. 2025;25(1):959.
7. Vannini P, Hanseeuw BJ, Gatchel JR, et al. Trajectory of unawareness of memory decline in individuals with autosomal dominant alzheimer disease. JAMA Netw Open. 2020;3(12):e2027472.
8. Ministerio de Salud y Protección Social & Instituto de Evaluación Tecnológica en Salud. Guía de práctica clínica para el diagnóstico y tratamiento del trastorno neurocognoscitivo mayor (demencia) (adopción) [Clinical practice guideline for the diagnosis and treatment of major neurocognitive disorder (dementia) (adoption)]. Bogotá: Ministerio de Salud y Protección Social & Instituto de Evaluación Tecnológica en Salud. Available from: https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/INEC/IETS/gpc-demencia-completa.pdf
9. Minsalud. Envejecimiento y vejez [Aging and old age]. Bogotá: Ministerio de Salud y Protección Social. Available from: https://www.minsalud.gov.co/proteccionsocial/promocion-social/Paginas/Envejecimiento-Vejez.aspx
10. Lasalvia P, Clavijo N. Economic burden of Alzheimer's disease and mild cognitive decline in Colombia. Value Health. 2022;25(7 Suppl):S409.
11. Guerrero Barragán A, Lucumí Cuesta DI. Stakeholder perceptions of dementia in Colombia: a qualitative study. Res Square [Preprint]. 2024.
12. Melo L. Brasil agora tem política nacional para Alzheimer e outras demências [Brazil now has a national policy for Alzheimer's and other dementias]. São Paulo: Agência Senado. Available from: https://www12.senado.leg.br/noticias/infomaterias/2024/06/brasil-agora-tem-politica-nacional-para-alzheimer-e-outras-demencias
13. NIH. Accurate blood test for Alzheimer's disease. Bethesda, MD: National Institutes of Health. Available from: https://www.nih.gov/news-events/nih-research-matters/accurate-blood-test-alzheimer-s-disease
14. Cummings J. Anti-amyloid monoclonal antibodies are transformative treatments that redefine Alzheimer's disease therapeutics. Drugs. 2023;83(7):569-76.
15. République Française. Les consultations mémoire [Memory consultations]. Paris: République Française. Available from: https://www.pour-les-personnes-agees.gouv.fr/preserver-son-autonomie/a-qui-s-adresser/les-consultations-memoire
16. WHO. Global action plan on the public health response to dementia. Geneva: World Health Organization. Available from: https://iris.who.int/bitstream/handle/10665/259615/9789241513487-eng.pdf?sequence=1
17. Alzheimer's Association. The Alzheimer's and Dementia Care ECHO® Program for Health Systems and Medical Professionals. Chicago, IL: Alzheimer's Association. Available from: https://www.alz.org/professionals/health-systems-medical-professionals/echo-alzheimers-dementia-care-program
18. Breastcancer.org. Breast cancer awareness month. Ardmore, PA: Breastcancer.org. Available from: https://www.breastcancer.org/about-breast-cancer/breast-cancer-awareness-month
19. Alzheimer's Association. What are the causes and risk factors of Alzheimer's and other dementias?. Chicago, IL: Alzheimer's Association. Available from: https://www.alz.org/alzheimers-dementia/what-is-alzheimers/causes-and-risk-factors#:~:text=Genetics%20(heredity),-Scientists%20know%20genes&text=Alzheimer's%20genes%20have%20been%20found,risk%20of%20developing%20a%20disease)
20. Livingston G, Huntley J, Sommerlad A, et al. Dementia prevention, intervention, and care: 2020 report of the Lancet Commission. Lancet. 2020;396(10248):413-46.
21. FBHI. The FINGER model: lifestyle measures for prevention of cognitive decline. Solna: FINGERS Brain Health Institute. Available from: https://fbhi.se/the-finger-model/