



Highlights from the 35th Alzheimer Europe Conference

The 35th Alzheimer Europe Conference took place in Bologna under the banner “Connecting science and communities: The future of dementia care”, with a record number of more than 1,500 delegates from 48 countries



The 35th Alzheimer Europe Conference (#35AEC) “Connecting Science and Communities: The future of dementia care” was formally opened on the afternoon of 6 October. The conference took place at the Bologna Congress Center between 6 and 8 October 2025, attracting over 1,500 delegates from across Italy, Europe and beyond, with 48 countries represented. On the agenda were over 800 presenters (369 presenters for oral and quick oral presentations, and 495 poster presentations), who shared their research, knowledge and experience in an atmosphere of true collaboration and solidarity.

ANCILLARY MEETINGS

Prior to the opening of the conference, a number of ancillary meetings took place at the conference centre in Bologna.

The European Group of Governmental Experts on Dementia held an in-person meeting on 5 and 6 October in Bologna, Italy, in advance of #35AEC



24 European countries were represented at the meeting Austria, Belgium (Flanders), Bulgaria, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Iceland, Ireland, Luxembourg, Malta, Netherlands, Norway, Poland, Serbia, Slovenia, Sweden, Switzerland, Ukraine and United Kingdom (Scotland).

In addition to representatives from the World Health Organization (WHO), the European Commission’s Health

and Digital Executive Agency (HaDEA), the Organisation for Economic Cooperation and Development (OECD) and from Alzheimer Europe. Over the course of the two-day meeting, the group heard about national dementia strategies and policies, as well as European and international policy developments.

Presentations were given on a range of subjects, with national representations primarily focused on updates on their national dementia strategies and policies, as well as their ways of monitoring and evaluating these. The OECD provided an update on its ongoing work on dementia care and forthcoming report on the subject. WHO provided an update on the global developments relating to dementia, including the extension of the Global Action Plan on Dementia, whilst Alzheimer Europe provided updates on European developments, work on reimbursement and regulatory policies for new treatments, as well as research into risk factors on dementia.

The European Group of Governmental Experts on Dementia was formed in 2018 by Alzheimer Europe, the Dutch Ministry of Health, Welfare and Sport, the Italian Ministry of Health and the Scottish Government and is facilitated by Alzheimer Europe.

INTERDEM network hosts Annual Meeting in Bologna



INTERDEM is a network of researchers interested in psychosocial interventions, made up of more than 600 researchers and academics with different professional disciplines, spread across 20 countries (18 of which are in Europe). On 5 and 6

October, the INTERDEM network hosted its Annual Meeting at the Bologna Congress Center, prior to #35AEC.

On 5 October, the meeting kicked off with a welcome from INTERDEM Chairperson Marjolein de Vugt, to all researchers present, before a presentation by Simone Saleme, M.D. (Neurologist, University of Camerino and University of Modena e Regio Emilia, and Consultant of the National Institute of Health on dementia prevention), about "Bridging data and policy for brain health in Italy: Insights from regional and national analyses on dementia prevention".

Following this, a workshop, titled "How can INTERDEM support establishing European consortia?" was provided by Prof. Martin Orrell (Director of the Institute of Mental Health, University of Nottingham) and Prof. Manuel Franco (Head of Psychiatry and Mental Health Service, Zamora Health Complex & Associate Professor for Psychopathology and Mental Health, University of Salamanca).

On day two of the meeting, nice taskforce meetings were held on the topics of Prevention, Palliative & End of Life Care, Intersectionality, Assistive Technology, Methodology, Inequalities in Dementia Care, Social Health, Young Onset Dementia, and Dementia Education and Training.

This year's meeting also marked a special milestone in the history of INTERDEM: the farewell of three founding board members, Frans Verhey, Myrra Vernooij-Dassen, and Esme Moniz-Cook, who established the network 25 years ago. Their vision, dedication, and long-standing commitment laid the foundation for what INTERDEM has become today, a vibrant, connected community advancing psychosocial dementia research across Europe. The network expressed heartfelt thanks to them.

The meeting was rounded out with the presentation of the INTERDEM Academy award, chaired by Frans Verhey. The Award went to Kate Turley, congratulations to her!

Alzheimer Europe is proud to be a key partner of INTERDEM.

Meetings of the European Working Group of People with Dementia (EWGPWD) and European Dementia Carers Working Group (EDCWG)



On 5 October, members of the EWGPWD and EDCWG met in Bologna. This was the first face-to-face meeting of members of both working groups in the current term of office. In the meeting of the EWGPWD, members addressed the topic of culture, leisure and transport for the AE yearbook, further developed the content of the report on the use of technology by and for people with dementia and took part in a series of short consultations led by PhD students of the HOMEDEM project. The members of the EDCWG also worked on the report on the use of technology as well as on the topic of citizen science in the context of the EPND project.

On 6 October, the EWGPWD and EDCWG each took part in a consultation for the FluidX-AD project, separately. The EDCWG provided feedback on AE's 2025 Yearbook on culture, leisure and transport. This was followed by the networking event for people with dementia attending the conference and a guided tour of the conference centres.

DAY ONE - 6 OCTOBER

Opening Ceremony

Maria do Rosário Zincke dos Reis, Chairperson of Alzheimer Europe, addressed delegates at the Opening Ceremony,



officially opening the conference. She began by welcoming a record-breaking number of over 1,500 delegates, noting that three decades ago, in 1995, we held our Annual Conference in Milan, making this the second time that an Alzheimer Europe Conference has been organised in Italy. "I am sure you are all as delighted as I am that we are hosting our event once again in this beautiful country!" she said.

She highlighted the exciting and varied conference programme created in collaboration with our co-hosts, Federazione Alzheimer Italia and Alzheimer Uniti Italia, sharing her delight that our Annual Conference continues to grow in popularity and to provide such an engaging forum for sharing knowledge and for networking, bringing together people living with dementia and their families, carers and supporters, as well as volunteers and staff of Alzheimer associations, policymakers, health and social care professionals, researchers, academics and industry representatives.

She thanked conference Gold sponsor Lilly, Silver sponsor Bristol Myers Squibb, and Bronze sponsors, BioArctic, Biogen, Eisai, Johnson & Johnson, MSD, Novo Nordisk, Roche and UCB for their support, as well as the Emilia-Romagna Region and City of Bologna. Finally, she extended a special welcome to the 48 people with dementia in our audience in Bologna, and to the 43 carers and supporters also in attendance, emphasising the importance, for her, of "listening to and learning from people with dementia and carers" and inviting everyone to do just that, at the first

plenary session, which took place directly after the opening ceremony and focused on dementia as a European and national policy and research priority, from the perspective of members of the European Working Group of People with Dementia (EWGPWD) and the European Dementia Carers Working Group (EDCWG).



Mario Possenti, Vice-Chairperson of Alzheimer Europe and Secretary General of Federazione Alzheimer Italia took to the stage to present the medal of the President of the Republic to the conference. This is a token of appreciation from the President, and it was awarded to the Conference for its value. He then read out some welcome words provided by Professor Orazio Schillaci, Italian Minister of Health. The Minister extended his greetings to Alzheimer Europe, Federazione Alzheimer Italia and Alzheimer Uniti Italia, whom he thanked for “promoting this event of great national and international importance”, noting that “the decision to host the 35th Alzheimer Europe Conference in Bologna, Italy, confirms our nation's focus and desire to play a leading role in the international debate on the future of dementia care and support.”

He reassured attendees that Italy's attention to dementia and to people with dementia and carers, is constant, and that for this reason, they have already implemented concrete measures to strengthen the network of health and social

care services. “The refinancing of the Fund for Alzheimer's and Dementia, support for research and the enhancement of telemedicine are all steps in the direction of providing more timely and appropriate responses”, he stated. He also stressed that a further milestone would be the updating of the National Dementia Plan, which by the end of 2025 will provide Italy with a modern and shared strategy. “Thanks to the contribution of patient family associations, the new Plan will focus not only on scientific evidence but also on the daily experience of those facing the disease”, he said.

In closing, Minister Schillaci's words praised the Conference as “a valuable opportunity to exchange knowledge and best practices, but above all to reaffirm a fundamental principle: no one should feel alone when faced with dementia”, reassuring delegates that “the Italian Government will continue to work to ensure that patients and families receive adequate care and services.”

Mario Possenti then gave the floor to Giovanni Gordini, Councillor, and Vice President of Commission IV "Health and Social Policies" representing Reggio Emilia Romagna, who welcomed delegates to the Emilia-Romagna Region and, in turn, Roberta Toschi, Bologna City Councillor responsible for Disability and Chair of the Fifth Council Committee - Health, Welfare, Family, Community, welcomed everyone to the city of Bologna. Both speakers' words were delivered in Italian and translated by Clelia d'Anastasio from Alzheimer Uniti Italia.

People with lived experience of dementia are our most important focus, both at our Annual Conference and in all aspects of our work. Prior to the conference, to ensure they were as comfortable as possible at our event, we hosted a networking event and information session, plus a tour of the conference venue for delegates with dementia. We were also proud to have our first plenary session once again entirely organised, moderated and presented by people with lived experience, as has been the case at each of our annual conferences since 2023.

Plenary 1: Dementia as a European and national policy and research priority – as seen by people with dementia and their carers



The first Plenary of the conference was a joint session organised by the members of the EWGPWD and the EDCWG, who decided to give their perspectives on dementia as a European and national policy and research priority, as people with lived experience of dementia. The session was moderated by Trevor Salomon, Chairperson of the EDCWG, from the UK. He welcomed the audience and introduced himself, sharing some of his family background and experience as a carer for his wife, Yvonne.

“I’m not sure at what point something becomes a tradition, but this is now the third successive time that the opening session of this Conference has been fronted by people living with dementia and carers. It’s always had a deep, profound and dare I say emotional impact on the audience and truly serves to underpin the rest of the event, reminding us all about the impact of dementia on the lives of those diagnosed with the disease as well as the ripple impact through families”, he stated, before giving the floor to the first speaker, Kevin Quaid, Chairperson of the EWGPWD, from Ireland.

Kevin’s talk focused on “Going forward from Helsinki”. The Helsinki Manifesto, adopted by Alzheimer Europe at its 2023 Annual General Meeting in Helsinki, Finland, addresses key areas impacting people with dementia, their families and

carers, including health, research, disability and social rights, and support for informal carers.

“The voices of people with dementia, regardless of the type or the stage, and of the people and families who care for or support us, matter the most”, he said. “We are no longer asking to be listened to; we demand it. We will no longer accept being put at the bottom of the list of disabilities.”

“The Helsinki Manifesto is not just a document”, he stressed. “It highlights the issues that affect people the most who are affected by dementia, both the person with the diagnosis and their loved ones. This is what we called the ‘lived experience’, and these are the voices that, from this day forward, must be front and centre of everything that involves dementia.”

Not only is this a huge benefit for researchers, but thanks to that research, the lives of people with dementia will be greatly enhanced. It is a vital exchange, for all concerned, he emphasised.

In closing, he said, “this is a document that everyone needs to know about. Read it and act upon it! If you feel that you can’t do anything to help, then take it to your local elected representative and ask them what they are doing to implement it. Tell them the time for talking is over and now is the time for action!”

The second speaker was Annick Germeys, member of the EDCWG, from Belgium. She is a mother of two children and wife to Geert. She is also a board member and member of the carers working group of Alzheimer Liga Vlaanderen. She shared her perspective as a carer for Geert, who was diagnosed with young-onset Alzheimer’s disease in 2022 at the age of 53. Her talk explored how technology could become a true partner in dementia care.

She discussed supporting daily routines, communication, safety and cognitive stimulation, all with the aim of helping people with dementia live at home longer and with dignity. This topic, she noted, had also been discussed within the meetings of the EDCWG, where members reflected on how

personalised and adaptive technologies, guided by real-life needs, can support both people with dementia and their carers — without ever replacing or overshadowing the role of family carers.

Gerda Van Tongerloo, Vice-Chairperson of the EWGPWD, from the Netherlands took the floor next, with her talk titled “In the Silence of the Symptoms, hear the Echo of a Soul...”. She began by saying “there is an urgent need for respectful communication about dementia and people with dementia, as highlighted in the guidelines on respectful and inclusive communication developed by the EWGPWD together with the EDCWG”, highlighting that dementia is often treated differently, compared to other conditions and illnesses. “This is reflected in language that defines individuals by the problems associated with dementia”, she said.

She also emphasised that “the scientific community is increasingly recognising the importance of the social aspect of dementia, rather than solely focusing on the disease. This shift is leading to more initiatives that prioritise daily life and respectful communication”. Nonetheless, there is still a lot of work to be done. In closing she stated that “to change the language, it is essential that those of us with lived experience are at the centre of research and practice.”

The fourth and final speaker in this plenary session was Rosslyn Vella, Vice-Chairperson of the EDCWG, from Malta, who spoke about “The Caregiver's Compass: Navigating policy to achieve patient-centred palliative care in dementia”. “This is a framework that emphasises the crucial role of policy in improving palliative and end-of-life care for people with dementia and us caregivers”, she began. This approach, she went on “recognises that dementia is a multifaceted terminal illness and that care should be person-centred, holistic and supportive of the entire family unit. The framework is built on the understanding that caregivers are essential partners in care and that our needs must be addressed in policy and practice.” But this approach is not just about the final days of life, she pointed out, but rather it should be integrated from the time of diagnosis and continue throughout the disease trajectory.

She spoke about the central role of the family, listing some of the key components of family-centred palliative care and highlighting the benefits of this approach. “By supporting the entire family, a palliative care approach can lead to reduced caregiver stress and burden, improved quality of life for the person with dementia, a more peaceful and dignified end-of-life experience, fewer unnecessary hospitalisations and aggressive medical interventions, and a stronger sense of empowerment and control for families who often feel helpless in the face of the disease”, she said.



She then shared some of the key components of the Palliative Approach Framework and some of the challenges to current policy and practice, concluding that “the journey of dementia care should not be a solitary one for families. By adopting a palliative care approach, we can shift our focus from merely treating the disease to holistically supporting the person with dementia and their loved ones. This isn't just about end-of-life care; it's about improving the quality of every day, from diagnosis onwards. She also said that “by making these changes, we can transform dementia care from a fragmented and often overwhelming experience into a compassionate and person-centred journey. It is our collective responsibility to ensure that no family has to navigate the complexities of this illness alone. Let's work together to make this a reality for every person with dementia and us caregiver.”

Trevor Salomon thanked all of the speakers for their excellent presentations and the session closed with a warm and enthusiastic round of applause from the audience.

Parallel sessions

Following the opening ceremony, delegates had the chance to join one of eleven parallel sessions, including two in Italian – one apiece organised by our co-hosts, Alzheimer Uniti Italia and Federazione Alzheimer Italia. Other sessions included “Family carers of people with dementia” (moderated by Rosylnn Vella, Vice-Chairperson of the EDCWG), “People with dementia” (a series of Quick Oral Presentations, moderated by Dianne Gove, Director for Public Involvement and Ethics), “Artificial Intelligence” (moderated by Cindy Birck, Project Officer), “Dementia Strategies” (moderated by Owen Miller, Policy Officer), “Home Care”, “Assistive Technologies” and “Young-Onset Dementia”. A session on “Dementia in underserved communities” was organised by INTERDEM, and the remaining session was sponsored by the REBALANCE project and was titled “Connecting science with patients, nurses, and public voices in Alzheimer’s care”.

Following a short break, a further eleven parallel sessions were held, again including two in Italian, organised by Alzheimer Uniti Italia and Federazione Alzheimer Italia respectively. At another of the parallel sessions, titled “People with dementia”, several of the speakers were people living with dementia, including Jan Runar Eliassen, Věra Ryšavá and Lieselotte “Lilo” Klotz (who moderated the session), all three of whom are members of the EWGPWD. Other sessions explored topics such as “Detection and diagnosis”, “Brain health & prevention”, “Preparing for new AD treatments”, “Residential care”, Nature & Animal programmes (moderated by Christophe Bintener, Project Officer) and “Rare forms of dementia”. The other two sessions were sponsored sessions, including one organised by La Meridiana, called “Exploring the Possibility of Community between Innovation and Long-Term Care in Alzheimer Village”. The other was on “Breaking down barriers: promoting inclusive research participation and data sharing in dementia” and was sponsored by Gates Ventures.

Breaking down barriers: promoting inclusive research participation and data sharing in dementia



The session “Breaking down barriers: promoting inclusive research participation and data sharing in dementia” explored how to make dementia research more representative and collaborative. Speakers discussed factors that influence participation, particularly among underrepresented groups, and the value of responsible data sharing in accelerating discovery. Paddy Crosbie, member of the European Dementia Carers Working Group, shared perspectives from lived experience, Michael Schöll (University of Gothenburg) presented lessons from the REAL-AD and AD-RIDDLE studies, Matt Clement (Gates Ventures) highlighted how the AD Data Initiative and EPND are advancing data-driven science, and Lukas Duffner (Alzheimer Europe) outlined findings from a public poll on attitudes to dementia research and data sharing. The session was chaired by Angela Bradshaw (Alzheimer Europe) and supported by Gates Ventures.



Welcome Reception

To close day one of the conference, a Welcome Reception was held at the Congress Center from 18.30 to 20.00. Our co-hosts Alzheimer Uniti Italia and Federazione Alzheimer Italia took the opportunity to welcome everyone. Drinks and snacks were served to a live soundtrack of musical entertainment provided by Banda Rulli Frulli and supported by the Emilia-Romagna Region.

DAY TWO - 7 OCTOBER

Plenary 2: Gender and sexuality in dementia care

The second plenary of the conference explored themes around gender and sexuality in dementia care and was moderated by Marjolein de Vugt (Netherlands).

Maria Teresa Ferretti gave a talk on "Sex and gender differences in Alzheimer's research". Both sex (biology) and gender (socioeconomic factors) impact the clinical manifestation of Alzheimer's disease, with women overwhelmingly affected, she said, highlighting that, in addition to being 2/3 of individuals living with the disease, women present higher accumulation of tau pathology and specific risk profiles.



"The current 'one-size-fits-all' approach in neurology fails to address patient-specific needs related to sex and gender, and in particular those from LGBTQI+ minorities. A precision-medicine approach is needed to ensure health equity in Alzheimer's", she insisted.

She also stated that, according to a recent survey from the EAN (European Academy of Neurology) coordinating panel on Diversity Equity and Inclusion, the majority of European neurologists feel they have not received sufficient training to treat patients belonging to the LGBTQI+ community and that they would welcome further education in this area.



The next speaker was Ingrid Hellström, who discussed "Gender in caregiving – barriers for male carers of people with dementia". Male carers remain invisible despite growing numbers, she stated, with many male spousal carers struggling with stigma and identity shifts, feeling unseen in research, policy, and everyday support systems.

"They face unique, gender-shaped barriers", she said, such as cultural expectations of masculinity which discourage men from seeking help. "They often lack information about available services, feel isolated in female-dominated spaces, and may view care mainly as a set of tasks rather than an emotional role", she continued, stressing that "inclusive, gender-sensitive support is essential". To truly meet their needs, she pointed to the importance of services, which need to adapt, providing practical, tailored, and emotionally aware interventions that respect men's experiences as carers.

“Recognising and supporting men is not only about fairness, but about ensuring all carers receive the right help at the right time”, she concluded.

The third speaker at this session was Martina Roes, whose talk was titled “To better understand the experiences and unmet needs of LGBTQ+ people with dementia within the health care system - preliminary results from an intersectional analysis”. She began by saying that, whilst the number of people living with dementia is increasing, worldwide, there is limited research which has explored the experiences and unmet needs of LGBTQ+ people with dementia within the health care system, especially within dementia care. Her presentation shared combined results from three different reviews (one from the JPND-funded INTEREST project, one from an INTERDEM taskforce on Culture, content, and intersectionality, and a recently published article on needs, preferences, and experiences of LGBTQ+ people).

Preliminary results from these reviews show that LGBTQ+ people with dementia experience lifetime discrimination and stigma, giving them the impression of being ‘doubly invisible’, which continues when they access the healthcare system, often losing their social support within their family of origin and relying on support from their ‘chosen family’. Fear of discrimination may compound this, leading them not to use healthcare services and to conceal their identities in a care setting, due to experiencing a lack of LGBTQ+ affirmative care because of heteronormative care approaches. She also noted that transgender and non-binary people with dementia face different challenges, such as inappropriate curiosity from staff or ignorance of their specific needs, putting them at greater risk of poor health.

Based on these results, some key needs were identified, including feeling safe to disclose and express one’s identity; receiving LGBTQ+ affirmative care; acceptance and inclusion of chosen family members; and overcoming structural barriers to access and utilise care services.

The final speaker was Diego De Leo whose presentation was titled “Gender as a factor in mental health and depression in

old age care” and looked at how gender plays a significant role in shaping mental health outcomes and experiences of depression among older adults receiving care. Research indicates that older women are more likely to report symptoms of depression, he said, while older men may underreport due to social stigma and gender norms. He also pointed out that differences in life expectancy, caregiving roles, social support networks, and access to health services contribute to gender disparities in mental health. Understanding these gender-specific dynamics, he stressed, is essential for developing tailored interventions, improving diagnostic practices, and ensuring equitable care in geriatric mental health services.

Parallel sessions and special symposia

Eleven parallel sessions followed, including two in Italian – one hosted by Alzheimer Uniti Italia and one by Federazione Alzheimer Italia. Other sessions included “Minority ethnic groups”, “Public involvement” (a series of Quick Oral Presentations, moderated by Ana Diaz, Public Involvement Lead), “Detection & diagnosis”, “Consent, legal capacity & decision making”, “Day care”, “Psychosocial interventions” and “Vascular dementia”. A session on “Impactful communication facilitating collaboration: Lessons-learned across career stages” was organised by INTERDEM, and the remaining session was sponsored by CombiDiag.

After a short break, three special symposia took place simultaneously. One of these was on “Translating innovation into improved Alzheimer’s care” and was organised by our Gold sponsor Lilly. Jean Georges, Executive Director of Alzheimer Europe was one of the speakers at this session, taking part in a roundtable discussion. Another symposium was called “Research and co-creation: from tokenism to meaningful engagement” and was organised by Dutch project DEMPACT, whilst the third was organised by Fondation Médéric Alzheimer and was called “Alzheimer’s co-housing, Another solution? - An alternative to the ambivalent choice between home care and nursing home”.

After a lunch break, eleven further parallel sessions were held, including two from our Italian co-hosts, Federazione Alzheimer Italia and Alzheimer Uniti Italia. Other parallel sessions included "Minority ethnic groups II", "Brain health and prevention" (a series of Quick Oral Presentations, moderated by Lukas Duffner, Project Officer), "Public involvement in dementia research" (moderated by Soraya Moradi-Bachiller, Public Involvement Officer), "National Alzheimer's associations", "Residential care II", "Telehealth & remote care", "Lewy-body dementia" (moderated by Kevin Quaid, Chair of the European Working Group of People with Dementia). There were also two sponsored sessions, one by YOD Included, focusing on "Diagnosis and post-diagnostic care in young-onset dementia" and the other called "Towards Inclusive Dementia Care: Policy, Practice, and Research Innovations", hosted by the INTEREST project.

After these parallel sessions, delegates were able to view poster presentations, exhibited in the Ex-GAM Foyer (floors 1 and 2), and to speak to poster presenters about their research.

Later on, at the end of the second day of #35AEC, four further symposia were organised, one of which celebrated INTERDEM's 25th Anniversary; another, called "Early action for dementia: A non-pharmacological person-centred model for cognitive intervention" was organised by Fundació Catalunya La Pedrera; a third, looked at "Advancing advocacy: from discovery to delivery in prevention and treatment" and was organised by the World Dementia Council in partnership with Alzheimer's Association; meanwhile, the fourth session was hosted by the Dutch ABORAD project and examined ways of accelerating Alzheimer's research through real-world data capture and registry linkage.



Translating innovation into improved Alzheimer's care

Special Symposium 1, "Translating innovation into improved Alzheimer's care", organised by gold-sponsor Lilly, was an immersive symposium that invited participants to 'walk in the shoes' of those shaping the future of dementia care. It opened with the screening of a moving video, called "Hero".

The session, led by scientific journalist Elena Meli (Italy), aimed to shine a spotlight on the powerful intersection of scientific innovation and community engagement, focusing on one of the most pressing challenges in Alzheimer's disease (AD): achieving a timely and accurate diagnosis.

A panel of experts, including Catherine Reed, Senior Director, International Values, Evidence and Outcomes, Eli Lilly and Company, Lutz Frölich, Head of the Department of Geriatric Psychiatry, Central Institute for Mental Health, Mannheim (Germany), and Jean Georges, Executive Director, Alzheimer Europe took part in a roundtable discussion exploring how decades of research are now converging into transformative diagnostic and therapeutic innovations. With the potential to modify the course of AD on the horizon, time is of the essence, to ensure early and accurate diagnosis, as well as timely intervention, when they can make the biggest difference.

The symposium included segment called "Gamification: Put yourself in a policy makers' shoes: Where would you invest to advance the health care system?" which gave delegates

an idea how prioritising and financing different aspects of the dementia health environment impacts on outcomes.

The symposium was closed by Senator Beatrice Lorenzin, former Italian Health Minister who gave an update on Italian actions on dementia emphasising the need both for a long term strategy addressing all societal issues important to people with dementia and a more short-term framework to improve timely diagnosis and preparing the access to new innovative treatments. She also called for the development of a European Alzheimer’s strategy and the importance of fully involving people with dementia in policy planning.

Senator Lorenzin stated: “A strong collaboration between institutions, patients, and their associations is essential to transform real needs into concrete public health policies, and international opportunities for dialogue such as the Alzheimer Europe Conference move precisely in this direction.

As the Parliamentary Intergroup on Neurosciences and Alzheimer’s, we are working to ensure that therapies capable of slowing cognitive decline for defined groups of patients reach them in the shortest possible time.



For this reason, a shared commitment, both national and European, is extremely necessary to achieve the definition of a European Plan for Alzheimer’s and Dementia, based on equity, access to innovation, and mutual support among countries.”

Keynote lecture 1: The great debate in diagnosing Alzheimer’s disease: More than just a β test

The afternoon plenary session began with a keynote lecture titled “The great debate in diagnosing Alzheimer’s disease: More than just a β test”, delivered by Nicolas Villain. He emphasised that prognosis in cognitively unimpaired

biomarker-positive individuals is heterogeneous, noting that most remain asymptomatic for years, whereas those with extended tau neuropathological changes in the neocortex confer very high short-term risk (~80% to mild cognitive impairment by six years; ~46% to dementia).

“Alzheimer’s disease should remain a clinical–biological diagnosis anchored to symptoms or demonstrably very-high risk”, he stated, emphasizing that “switching to a purely biological definition denotes a different entity with different implications for patients, trials, and policy”.

Semantics, he concluded, “carry clinical and public-health weight, with a ‘biology-only’ label having the potential to inflating prevalence, magnify misdiagnosis and inequities, and enable approvals without proven clinical benefit—especially in asymptomatic populations.”



Plenary 3: Preparing for new AD treatments

The third plenary of the conference focused on preparing for new AD treatments and took the form of a roundtable discussion, moderated by Angela Bradshaw, Director for Research at Alzheimer Europe. The panel included Joanne Pike, Alzheimer’s Association (USA), Sabina Capellari, University of Bologna (Italy), Lutz Frölich, Central Institute for Mental Health, Mannheim (Germany), and Marco Bozzali, University of Turin (Italy).

The introduction of disease-modifying therapies is a landmark moment in the history of Alzheimer’s care, but it

also requires a timely and accurate diagnosis, a continuous monitoring system to assess treatment efficacy and safety, as well as improved access to biomarkers through standardised pathways. The ability to identify patients at an early stage has improved, but issues remain with late diagnosis and underdiagnosis, a need for training and upskilling, the need to adapt healthcare systems to new treatments, and to invest in diagnostics, harmonise policies and raise public awareness.

Joanne Pike, reflecting on experiences from lecanemab rollout in the US, highlighted the Association's ECHO telementoring programme for healthcare professionals, saying "Strong infrastructure is needed for equitable delivery. But capability is also important; physicians must have skills and knowledge, supported by robust guidelines and models of care." Alongside comments from members of the European Working Group of People with Dementia, and the European Dementia Carers Working Group, the panel discussed questions such as how to improve timely diagnosis, whether European health systems are ready for the introduction of new treatments, what role there might be for genetic counselling, and how to ensure safe monitoring of side effects. The plenary finished with a call to policymakers, to "get serious about dementia," to ensure strong, sustained investment in health systems, so people who could benefit from treatment can access new AD medicines in a timely, safe and equitable way.



DAY THREE - 8 OCTOBER

Plenary 4: Not all dementias are Alzheimer's disease



The fourth plenary of the conference looked at some of the less common types of dementia (i.e. not Alzheimer's dementia). Yolande Pijnenburg (Netherlands) was first up to the lectern, with a talk about "Improving the diagnosis and treatment of fronto-temporal dementia".

She began by sharing some statistics around frontotemporal dementia (FTD), noting that it is the second cause of young-onset dementia and is still relatively under-diagnosed, probably due to both the young age of presentation, the atypical (non-memory) presentation, and the lack of disease specific biomarkers. Progress in the diagnosis of FTD has been made in the field of measuring social cognition, the use of serum or cerebrospinal fluid (CSF) neurofilament, and the development of disease-specific plasma biomarkers, she said.

Moreover, she pointed out that in-depth phenotypical profiling would help to recognise the clinical picture at an earlier stage, highlighting that, at the moment, multiple therapies are being tested in controlled trials, particularly for the genetic forms of FTD, which form around 20% of the total population which has FTD. In conclusion, she stressed that genetic testing in suspected FTD offers both diagnostic and therapeutic potential.

Up next was Rejko Krueger (Luxembourg), to discuss genetic risk factors, in particular in relation to Lewy Body Dementia, Parkinson's disease, but also Alzheimer's disease (AD). He started by drawing the audience's attention to the fact that, although Alzheimer's disease is the most common form of neurodegenerative dementia, there are also significant numbers of dementia cases that are in fact caused by synucleinopathies such as dementia with Lewy bodies (DLB) or Parkinson's disease dementia (PDD). "The majority of people with dementia are sporadic and supposed to be based on an interplay between genetic and environmental factors. However, monogenic forms with specific mutations in genes like amyloid precursor protein (APP) for AD or alpha-synuclein (SNCA) for DLB and PDD have allowed us to identify causes of the neurodegenerative process and are instructing us about the underlying mechanisms", he stated.

He discussed proteins encoded by mutant APP or SNCA, Abeta and aSyn respectively, which he said not only pathologically aggregate in brains of these rare familial forms, but are pathognomonic for all cases with the respective disease. "Therefore, Abeta and aggregated forms of aSyn were established as biomarkers for these types of dementia", he continued. He also noted that, for the common sporadic forms of dementia, genetic risk factors were identified such as ApoE or GBA1 for AD, DLB and PDD that substantially contribute to Abeta and aSyn pathology, respectively. In closing, he said there is increasing evidence for genetic factors contributing to dementia risk, paving the way for improved biomarkers and promising disease-modifying treatments.



The third speaker in this plenary session was Piero Parchi (Italy), whose talk was titled "Are prion diseases the forgotten dementias? An update on their prevalence and diagnosis". He started with some words of explanation about prion diseases: These are rare neurodegenerative disorders related to prion protein (PrP) misfolding. They are characterised by extensive phenotypic heterogeneity, and, in most cases, by rapid progression and spreading. They include sporadic (or idiopathic), genetic and acquired forms.

The most common human prion disease is Creutzfeldt-Jakob disease (CJD). Besides CJD, human prion diseases include other phenotypes (e.g., Gerstmann-Sträussler-Scheinker disease and variably protease-sensitive prionopathy) in which misfolded PrP mainly forms aggregates of C-terminally truncated, unglycosylated and anchorless fragments, resulting in a much slower disease progression, increased formation of amyloid plaques, including cerebral amyloid angiopathy in some cases, and reduced transmissibility.

In the clinical setting, the early identification of patients with suspected CJD is often challenging, he said, because CJD patients may present with isolated symptoms that remain the only clinical manifestation for some time, or with atypical neurological syndromes. He therefore noted that it is likely that some patients with prion disease will remain unrecognized, without the performance of a neuropathological examination.

The final speaker for this plenary session was Claire Fyvie (United Kingdom - Scotland). The main message of her presentation was that children can get dementia too. "Most stakeholders and policymakers think of dementia as a disease of old age, but childhood dementia is real, under-recognised and devastating", she said and noted that there are more than 100 genetic conditions that cause childhood dementia. "They are all terminal. There are no cures. Half of the children with dementia die by the age of 10. Most die before reaching their 18th birthday", she said. She spoke from the heart and from personal experience, about the effect of dementia on her fourteen-year-old son Alexander, calling on Alzheimer Europe, its members and their governments, to include

children in their dementia frameworks, policies, research strategies, and events.

Parallel sessions and special symposia

Eleven parallel sessions followed, including two that were in Italian language, organised by our conference co-hosts Federazione Alzheimer Italia and Alzheimer Uniti Italia, respectively. One of the parallel sessions was called "Gender and sexuality in dementia". Other sessions explored "Psychosocial interventions" (a series of Quick Oral Presentations), "Treatment & Medical management", "Campaigning for change", "Hospital Care", "Apathy, agitation & aggression" (session moderated by Paddy Crosbie (Ireland), a member of the European Dementia Carers Working Group - EDCWG), and "Fronto-temporal dementia". There was also an INTERDEM session called "Design & Dementia Research within the HOMEDEM Network" and a session on "Nature as Medicine: Supporting people with dementia through the environment", organised by EMEIS.



After a short break, four special symposia took place simultaneously. One of these was on "Prioritising Alzheimer's Disease in Europe: Next steps for Policy Action", and was sponsored by Biogen, while another, organised by the Fondation Médéric Alzheimer looked at "Non-pharmacological interventions and Frontotemporal Lobar Degeneration (FTD) and Lewy Body Disease (LBD)". Yet another was titled "TEF-Health e le infrastrutture europee di intelligenza

artificiale a supporto dell'innovazione e della ricerca sull'Alzheimer" and was organised by Evaristo Cisbani and Ilaria Campioni, Istituto Superiore di Sanità, TEF-Health Italian node. The fourth was a session called "Dementia Researchers of the future" and was supported by the Alzheimer Europe Foundation, the INTERDEM Academy and Frontiers in Dementia.

Following a lunch break, a final eleven parallel sessions were held, including the last two on the agenda from our Italian co-hosts. Topics of the remaining parallel sessions included "Care workforce", "Carers of people with dementia" (a series of Quick Oral Presentations, moderated by Trevor Salomon (United Kingdom), Chair of the EDCWG), "Biomarkers in dementia" (at which one of the speakers was Sarah Campill, Public Involvement Officer, Alzheimer Europe), "Research funding", "End of life care", "Art interventions", and "Intellectual disability & Down syndrome". There were also two sponsored sessions, one organised by AI-MIND to mark the end of the project, and one by the SIGNATURE project, called "The role of socio-affective assessment in dementia".

After these parallel sessions, delegates had a final opportunity to view poster presentations.

"Dementia Researchers of the future" symposium highlights the work of nine early stage researchers who won bursaries to attend and present



The symposium “Dementia researchers of the future” was chaired by Iva Holmerová (Czechia), Fania Dassen (Netherlands) and Valentina Barrera (Switzerland). This special symposium was supported by the Alzheimer Europe Foundation, the INTERDEM Academy and Frontiers in Dementia.

This session afforded a great opportunity for nine early-stage researchers, selected by our jury, to benefit from bursaries to attend and present at the conference. The selection of the bursaries was based on the best average scores each received from the jury members.

The nine presentations were:

- Examining the Key Correlates of Functional Impairment in Behavioural Variant Frontotemporal Dementia: Cognitive, Behavioral, Personality, and Brain Perfusion Contributions, by Electra Chatzidimitriou (Greece)
- Integrating Mild Behavioral Impairment into Dementia Prevention Strategies: A Telemedicine-Based Approach Aligned with WHO’s Global Action Plan, by Efthalia Angelopoulou (Greece)
- Longitudinal Trajectories of Sleep Disturbances and Cognitive Decline in Mild Cognitive Impairment: Evidence from a Three-Phase Study, by Areti Batzikosta (Greece)
- Evaluating the Effectiveness of a Theory Driven Person-Centred Disaster Preparedness Program for Family Caregivers of People Living with Dementia, by Özlem Çiçek Doğan (Türkiye)
- Art therapy and Alzheimer’s disease in Greece: Who influence(d)s whom? by Vaitsa Giannouli (Greece)
- Genetic predisposition for different aspects of dementia pathology and cognitive decline in a community elderly population, by Stefanos N. Sampatakakis (Greece)

- Diet quality modifies the risk of dementia conferred by AD pathology in older adults: a 15-year population-based study, by Anja Mrhar (Slovenia)
- Application of Positive Psychology Interventions in individuals with early-stage cognitive decline related to dementia: their impact on cognitive and brain functioning, by Dimitra Vasileiou (Greece)
- The well-being and lived care experiences of family caregivers of people living with dementia: the case study of Photovoice practice in Lithuania, by Ieva Petkutė (Lithuania).

At the end of the symposium, an award of EUR 2,500 by Frontiers in Dementia for the best quick oral presentation was presented to Efthalia Angelopoulou.

Keynote lecture 2: What next in dementia diagnosis and treatment?



The second keynote lecture of the conference was delivered by Marco Trabucchi (Italy), whose talk explored some of the next steps in dementia diagnosis and treatment. He began by stressing the importance of approaching the future of dementia care with optimism. “Patients do not need pessimism”, he emphasised, but rather they need “a strong, generous engagement by researchers, doctors and psychosocial operators to improve the quality of their life, overcoming enormous amounts of interfering events.”

People affected by dementia and their families are waiting anxiously and are holding out hope for any possible new approach to their clinical, psychological and social needs, he said. Indeed, he continued “they are paying great attention to the rate of progress in the various fields and are not willing to forgive any kind of delay due to inadequate focus on goals connected with a positive outcome for diagnostic procedures and therapeutic approaches.” It is therefore vital that research must consider that the progress in dementia “cannot be built on isolated pillars” and that scientific breakthroughs “must be translated into meaningful care”, he insisted. He also noted that communities should be strengthened through greater knowledge and support, while policies need to ensure access and fairness. Guiding all of this, he said, must be the lived experience of people affected by dementia. In closing, he said “connecting science, medicine and communities is not just a theme, but a commitment to integration, collaboration and humanity.”

Arrivederci, Bologna...and dia duit, Dublin!



The closing ceremony of the conference included comments from Maria do Rosário Zincke dos Reis, in her capacity as our Chairperson. She took the opportunity to thank all of the delegates and speakers, as well as reiterating thanks to all of our corporate sponsors again, and said a huge thanks to the Alzheimer Europe team and the new Conference Coordinator Isabelle Collot for all the hard work in making the conference happen, as well as to our co-hosts Alzheimer Uniti Italia and Federazione Alzheimer Italia.

Andy Heffernan, Chief Executive of the Alzheimer Society of Ireland (ASI), then took to the stage to invite delegates to the 36th Alzheimer Europe Conference, “Sláinte: Building momentum in dementia through policy, research and partnership”, taking place in Dublin, Ireland, from 27-29 October 2026. Save the dates!



To conclude the conference, attendees at the closing ceremony were treated to an uplifting and deeply moving performance by Ologramma Argento, a choral group composed of older adults (over 65) with a strong focus on inclusion, memory, and community engagement, based in the Emilia-Romagna region. The performance brought the audience to tears and earned a standing ovation.

Supporting continence care in collaboration with the Urge to Act initiative

Alzheimer Europe is involved in an initiative called the “Urge to Act” and has previously endorsed its Call for Action and supported communications around the initiative. In the context of this collaboration, we also took the opportunity, during our Annual Conference in Bologna, to ensure that continence care was supported. Women’s toilets contain sanitary disposal bins as standard, but we ensured that each of the men’s toilet blocks also contained a stall with a sanitary disposal bin, so that any men with or without dementia have access to these bins, to help them manage any continence issues they may have.



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