**Dementia Strategies in Europe**

**Extract from 2012 Alzheimer Europe Report**

**Austria**

**Which healthcare professionals are responsible for diagnosing dementia?**

GPs are permitted to diagnose dementia and/or Alzheimer’s disease and they do. The diagnosis can

also be made by a specialist doctor (i.e. a neurologist, psychiatrist or geriatrician). GPs do not have

set consultations times and there are no incentives to encourage timely diagnosis. They do not, for

example, receive additional payment for special examinations to diagnose Alzheimer’s disease.

**Conditions surrounding the prescription and reimbursement of AD drugs**

Prescription is limited to specialist doctors and this applies to treatment initiation, as well as to

continuing treatment decisions although continued treatment would be refunded for six months if

prescribed by a GP.

**Belgium**

**Conditions surrounding the prescription and reimbursement of AD drugs**

Belgium has a very strict treatment protocol for drugs to be reimbursed. Amongst other things, it

limits the prescription of AD drugs to specialist doctors, both for treatment initiation and for

treatment continuation.

**Bulgaria**

**Which healthcare professionals are responsible for diagnosing dementia?**

Whilst GPs are expected to recognise symptoms which might suggest dementia, their role is to refer

people with suspected dementia to a specialist in diagnosis. In practice, in many places in the

country doctors do not recognise the symptoms of dementia.

Neurologists and psychiatrists can also diagnose dementia and/or Alzheimer’s disease. However,

people usually only go to see a specialist when they are in the final stage of dementia.

GPs do not have a set consultation time. However, they are paid for consultations of 10 minutes

regardless of the patient’s age or diagnosis. Elderly patients and those with dementia are not given

any extra time. There is no incentive for GPs to have longer consultation times as they would not

receive additional payment for the extra time spent with the patient.

There are no incentives for GPs to improve or increase timely diagnosis.

**Conditions surrounding the prescription and reimbursement of AD drugs**

None of the AD drugs are amongst the drugs that are refunded. People with dementia therefore

need to cover these costs themselves. However, since 2010 *Aricept* and Exelon have been refunded

by the State if used during hospital treatment. However, the drugs for the home treatment of people with Alzheimer's disease are not reimbursed.

**Croatia**

**Which healthcare professionals are responsible for diagnosing dementia?**

GPs may diagnose dementia. Sometimes they do and sometimes they prefer to refer patients with

suspected dementia to a specialist (a neurologist or psychiatrist) for diagnosis. It is up to the GP to

decide. It is not a problem to see a specialist quickly (within a few days). For younger people, it is

sometimes considered preferable to hospitalise them for diagnostic purposes. In such cases, an

agreement is made to do all the tests and evaluations at the same time rather than have the person

return for different tests over a period of time. The hospitalisation costs are covered as everyone in

Croatia has insurance for this. The duration of GP consultations is about 10 minutes. This is an average rather than obligatory length of time. A GP is free to spend more time with a particular patient but this would reduce the amount of time available for other patients. People sometimes have to return several times before a diagnosis can be made based on the gradual accumulation of the necessary details. There are no incentives for GPs to improve or increase timely diagnosis.

**Conditions surrounding the prescription and reimbursement of AD drugs**

Once the GP has received all the test results, s/he makes a *diagnosis* and prescribes an *AD* drug if

appropriate. However, the drug which is on the reimbursement list (namely, memantine) must be

prescribed for the first time by a specialist (neurologist or psychiatrist) in order to be reimbursed.

GPs can prescribe AD drugs but patients have to pay for them. If a patient has been referred to a

specialist, the specialist makes the diagnosis and can make the first and future prescription of AD

drugs. There are no restrictions on the prescription or reimbursement of AD drugs for people living

alone or in nursing homes.

**Denmark**

**Which healthcare professionals are responsible for diagnosing dementia?**

In order to be refunded for AD drugs, people with suspected dementia must have a CT scan which is

carried out by a specialist (a radiologist). In order to see the specialist, they must first consult a GP

which means that GPs are an essential part of the diagnostic process. Sometimes, older people are

diagnosed with dementia without the diagnostic processes described in the clinical guidelines having

been followed. This may happen, for example, when the GP thinks that nothing can be gained from

medical treatment. There are also dementia coordinators and nurses who are employed by local communities and are responsible for ensuring that people with dementia receive the support they need. Each locality has at least one dementia coordinator. GPs do not have a fixed consultation time but most have consultation modules of 10 minutes. Some allow patients to book a block of two modules (i.e. one after the other). However, GPs would only be paid for one consultation. They would receive extra payment for carrying out an MMSE and for having consultations with the patient’s relatives.

**Conditions surrounding the prescription and reimbursement of AD drugs**

An application for reimbursement has to be sent to the Danish Medicines Agency and any doctor

can apply for reimbursement for a patient. Nevertheless, reimbursement is only granted if a

specialist in neurology, psychiatry or geriatrics has made the *diagnosis*.

For patients with mild to moderate *dementia* a CT (or MR scan) of the *brain* has to be performed

first. The physician also has to state that causes other than *Alzheimer’s disease* are excluded. The

system does not provide upper or lower MMSE limits for treatment with different *AD* drugs, but

reimbursement is dependent on a clinical grading. Reimbursement for *donepezil*, rivastigmine and

galantamine is only granted to patients in mild to moderate *stages* and memantine to patients in

moderate to severe stages. The application has to be renewed every 12 to 15 months. Renewal of reimbursement of memantine depends on a statement by the physician that a continuous effect in the individual patient is still observed. There are no restrictions as to the access of people living alone or in nursing homes to available AD treatments.

**Finland**

**Which healthcare professionals are responsible for diagnosing dementia?**

In Finland, there is a memory nurse in every municipality whom older people can consult should

they have concerns about their memory. These nurses are fully trained to administer the MMSE

and if they detect a problem, they can make a report which the person can then take to the doctor.

The municipalities are obliged to provide such a service and the memory nurse can visit people in

their own homes**.**

**Conditions surrounding the prescription and reimbursement of AD drugs**

The reimbursement system does not provide a list of specific examinations to be carried out, but

for Alzheimer treatments to be reimbursed a *diagnosis* of *Alzheimer’s disease* must be established

by a specialist who carries out a thorough examination which often includes a CT or MRI scan.

There are no upper or lower MMSE limits for treatment with different *AD* drugs. Any doctor can

prescribe Alzheimer treatments, but to be reimbursed, the prescription must be accompanied by a

statement from a specialist doctor. There are no restrictions as to the access of people living alone

or in nursing homes to available Alzheimer treatments. In open wards, the normal reimbursement

continues, whereas for formal institutional care, the institution covers the cost of these medicines.

**France**

**Which healthcare professionals are responsible for diagnosing dementia?**

GPs are authorised to carry out a pre-diagnosis before orientating patients towards specialists in

memory centres or to independent specialists such as neurologists, geriatricians or psychiatrists.

GPs cannot make the initial prescription of AD drugs unless they have obtained qualifications in

geriatrics in which case they would have become geriatricians.

The specialists who are mainly responsible for diagnosing dementia are neurologists, geriatricians

and, to a lesser extent, psychiatrists.

GPs do not have set consultation times for the pre-diagnosis of dementia. Consequently, they would

not receive additional payment for a longer consultation. However, since 2012 they can carry out

one long consultation per year for each person with dementia and his/her carer. GPs receive a

higher payment for this compared to their standard consultations.

**Conditions surrounding the prescription and reimbursement of AD drugs**

All AD drugs are available in France and are fully reimbursed at 100% through the reimbursement

system. However, full reimbursement has recently been called into question.

There are no specific examinations which are specified by the reimbursement system, but

reimbursement of acetylcholinesterase inhibitors is limited to people with Alzheimer’s disease with

an MMSE score ranging between 26 and 10 and memantine to patients with an MMSE score below

15. The French system requires the initial treatment decision and prescription to be carried out by a

specialist (a neurologist, psychiatrist or geriatrician), whereas continuing treatment prescriptions

can be filled in by GPs as well. There are no restrictions as to the access of people living alone or in

nursing homes to available AD treatments.

**Germany**

**Which healthcare professionals are responsible for diagnosing dementia?**

GPs are allowed to diagnose and prescribe medication without the need to refer to a specialist. In

some areas, especially in rural areas, there are not many specialists. Consequently, it can take about

three to five months to see a specialist (e.g. a psychiatrist or neurologist).

Whilst it is up to the GP how long s/he takes to see a patient, it can sometimes be a problem because

the money the GP receives per visit is fixed in that it is based on a contract between the healthcare

insurance and the doctor’s association. From the point of view of the German Alzheimer

Association, people go too late to the doctor and when they do go it is not because of a memory

problem but for a different reason.

**Conditions surrounding the prescription and reimbursement of AD drugs**

There are no specific examinations which are required for medicines to be reimbursed nor does the

system provide upper or lower MMSE limits for the treatment with different *AD* drugs. There are no

restrictions as to the access of people living alone or in nursing homes to available Alzheimer

treatments. The German system does not limit treatment initiation or continuation decisions to

specialist doctors. The German Alzheimer Association underlines that due to the introduction of

medicines budgets for individual doctors, some doctors are less inclined to prescribe Alzheimer

treatments.

**Greece**

**Which healthcare professionals are responsible for diagnosing dementia?**

GPs may make a diagnosis of dementia or refer patients to a specialist for diagnosis. Some GPs are

well trained in making such a diagnosis, others less so. It is mainly neurologists and psychiatrists,

and to a much lesser extent geriatricians, who diagnose dementia and/or Alzheimer’s disease.

GPs do not have fixed consultation times and the time that they can dedicate to each patient is very

limited. It is difficult to spend more time with patients with dementia. Some GPs manage very well

in the limited time available but they are few in number.

There are no specific incentives to improve or increase timely diagnosis by GPs. Some

pharmaceutical companies have helped the Greek Federation of Alzheimer’s Disease and Related

Disorders to train GPs but the GPs have to find the time to participate in these training courses.

**Conditions surrounding the prescription and reimbursement of AD drugs**

Greece requires the initial treatment decision to be taken by a neurologist or psychiatrist, but does

not have any restrictions for continuing treatment decisions which can be made by any practitioner.

GPs cannot write the initial prescription for *AD* drugs. In practice, some GPs do make the initial

prescription as this is inadequately controlled.

Greece does not require any specific diagnostic examinations to be carried out, nor does the system

provide upper or lower treatment limits. The Greek system reimburses medicines for people living

alone or in nursing homes.

**Hungary**

**Conditions surrounding the prescription and reimbursement of AD drugs**

The available AD drugs are part of the reimbursement system (50% reimbursement). Prescriptions

both for treatment initiation and for treatment continuation need to be filled in by specialist

doctors. There are no restrictions as to the access of people living alone or in nursing homes to

available Alzheimer treatments but continuous treatment must be guaranteed.

Since 1999, there have been several national guidelines for the diagnosis and treatment of

Alzheimer’s disease. The 2006 guideline was accepted by the Ministry of Health and prescribes a

number of diagnostic examinations (MMSE, Laboratory tests and either a CT or MRI scan).

Since 2003, special dementia centres have been instituted (at the time of print, the number of these

centres was 84) which are led by neurologists or psychiatrists. Physicians of these centres have the

right to prescribe donepezil, rivastigmine and memantine with reimbursement.

**Ireland**

**Which healthcare professionals are responsible for diagnosing dementia?**

GPs can diagnose dementia, prescribe medication (which would be refundable) and make repeat

prescriptions. They can also refer patients to specialists if they see fit. Referrals would be made to a

psychiatrist of old age or a geriatrician. Neurologists do not generally deal with cases of dementia.

GPs have fixed consultation times of 15 minutes. It is possible to book a “double appointment” (i.e.

30 minutes) for which patients would be charged accordingly. Some GPs operate a discretionary

policy around this, especially if they know the patient.

**Conditions surrounding the prescription and reimbursement of AD drugs**

There are no specific examinations which are required for medicines to be made available to

patients, nor does the system provide upper or lower MMSE limits for the treatment with different

*AD* drugs. There are no restrictions as to the access of people living alone or in nursing homes to

available Alzheimer treatments. Finally, prescriptions can be filled in by any doctor and are not

limited to specialists, be it for treatment initiation or continuation decisions.

**Israel**

**Which healthcare professionals are responsible for diagnosing dementia?**

GPs are permitted to diagnose dementia and/or Alzheimer’s disease and they do.

The diagnosis can also be made by a specialist doctor (i.e. geriatrician).

GPs do not have set consultations times and there are no incentives to encourage timely diagnosis.

They do not, for example, receive additional payment for special examinations to diagnose Alzheimer’s disease.

**Conditions surrounding the prescription and reimbursement of AD drugs**

Prescription is limited to specialist doctors and this applies to treatment initiation.

Continued treatment would be refunded if prescribed by a GP.

Continuing treatment decisions can be made by GPs according to Dementia severity assessment using tools like MMSE.

**Italy**

**Which healthcare professionals are responsible for diagnosing dementia?**

There are about 500 UVAs (Alzheimer Evaluation Units) in Italy. These are specialist services for

the diagnosis and treatment of Alzheimer’s disease and other forms of dementia. GPs can diagnose

dementia privately but not officially. If the GP suspects Alzheimer’s disease or dementia, the GP

then sends the person to a UVA, as described above. Geriatricians, neurologists and psychiatrists can diagnose dementia and/or Alzheimer’s disease. It is the geriatricians, neurologists and sometimes (but not often) the psychiatrists who are responsible for each Alzheimer Evaluation Unit. GPs do not have a fixed consultation time. They can decide for themselves how much time to spend with each patient. There are no incentives for GPs to improve or increase timely diagnosis.

**Conditions surrounding the prescription and reimbursement of AD drugs**

In order to be reimbursed for AD drugs in Italy, the drug must be included on the specified list

(please see above). However, this list is continually changed by the government. Moreover, the

health system has been split into around 20 regions and each operates differently.

**Malta**

**Which healthcare professionals are responsible for diagnosing dementia?**

All medical professionals in Malta have the authority to diagnose dementia. Dementia can therefore be diagnosed by a GP or a specialist. However, GPs’ consultation times, in most cases, are brief and usually do not exceed ten minutes. GPs’ times are not fixed by appointment and depend on GPs’ discretion. Specialists usually have longer appointment times but charge significantly higher fees compared to GPs. The duration of each appointment is not fixed but is solely at GPs’ discretion. Currently there are no incentives that improve timely diagnosis.

**Conditions surrounding the prescription and reimbursement of AD drugs**

Prescriptions can be made both by specialists and family doctors. Assessment and diagnostic tools vary but most healthcare professionals make use of the MMSE. MMSE limits have not yet been determined but should be indicated in the planned drug protocol. An MRI scan is not obligatory although most individuals suspecting dementia and attending the Memory Clinic are usually prescribed imaging, depending on the situation. There are no restrictions on the prescription of dementia drugs to people who live alone or are in residential care.

**Norway**

**Which healthcare professionals are responsible for diagnosing dementia?**

Dementia can be diagnosed by a GP or a specialist. GPs normally have 15 to 20 minutes’

consultation time. They can, however, plan a longer time and organise multiple consultations,

which is recommended when diagnosing dementia. There are some guidelines regarding the use of

questionnaires and the assessment but no incentives linked to diagnosis.

**Conditions surrounding the prescription and reimbursement of AD drugs**

Memantine is not on the list of important medicines and is thus not reimbursed. Nevertheless, the

Norwegian Alzheimer’s association explains that it is possible for doctors to fill out a form for

memantine indicating that the drug is important and needs to be taken over a long period of time. In

such cases, memantine can be partially reimbursed with a part of the costs borne by the patient. The

other three dementiadrugs are reimbursable. Norway does not limit the prescription of AD drugs to

specialist doctors, since the rules only state that the physician must have an interest in and

knowledge about dementia. A diagnosis of Alzheimer’s disease and an MMSE score over 12 are the

only requirements for the reimbursement of acetylcholinesterase inhibitors. Also, the Norwegian

system reimburses medicines for people living alone or in nursing homes.

**Poland**

**Which healthcare professionals are responsible for diagnosing dementia?**

There are no legal barriers in the State Regulation Concerning Basic Health Services issued by the

Minister of Health which would prevent GPs from diagnosing dementia. There is no list of diseases

either which should be diagnosed by specialists only.

In Poland, some GPs who suspect dementia treat patients themselves while others refer patients to

specialists. The specialists who can diagnose dementia and/or Alzheimer’s disease are neurologists,

psychiatrists and geriatricians.

GPs use screening tests like the MMSE and the clock drawing test to assess dementia provided that

they possess the relevant knowledge and that such tests are available. Often, GPs diagnose dementia

just on the basis of the consultation with the patient and/or family. Often, they do not attempt to

diagnose a particular disease, like Alzheimer’s disease, and undertake treatment simply because

they have no right to order an examination like a CT scan or psychological examination. Only a

specialist can decide on that. Also, there is a fear that in the absence of a consultation with a

specialist, the patient will not be entitled to purchase the drugs at a lower price with reimbursement

from the state. If a GP prescribes drugs without a consultation with a specialist, the patient has to

pay 100% as otherwise the GP would have to refund the cost of the treatment. Consequently, in

practice, GPs either diagnose dementia and do not refer the patient to specialists or diagnose

dementia but send the patient to a specialist for a more detailed, accurate diagnosis.

There is no set consultation time in any regulations or agreements with medical staff. The duration

of the consultation may differ according to the size of the clinic and the number of patients

registered in it. Patients usually have an appointment for 15 minutes but on average they have ten minute

consultations. This depends on how many patients have appointments on a particular day,

the season (i.e. there are more patients with colds in winter) and whether the doctor devotes any of

his/her free time. Patients with pain, fever or something urgent do not need to have an appointment

and have to be treated as if it were an emergency.

The consultation time can be extended but there is no regulation on this, so it just depends on the

GP and the number of patients s/he has to consult on a particular day.

The National Health Service pays GPs who work in out-patient clinics, taking into account the total

number of patients registered in a particular clinic but not how much work each GP does, how many

patients s/he consults each day or how many diagnostic tests s/he carries out. The higher the

number of older patients registered in a particular out-patient clinic, the more money the clinic

receives. This is insufficient to serve as an incentive to GPs to devote more time to patients with

dementia and thereby improve or increase timely diagnosis.

**Conditions surrounding the prescription and reimbursement of AD drugs**

Treatment with acetylcholinesterase inhibitors is for people with MMSE scores between 26 and 10

and memantine for MMSE scores below 14. There are no restrictions in Poland for the

reimbursement of these treatments for people living alone or in nursing homes. Also, prescriptions

can be made by any doctor whether for treatment initiation or treatment continuation.

**Portugal**

**Which healthcare professionals are responsible for diagnosing dementia?**

GPs may diagnose dementia and prescribe AD drugs but these drugs would not be refundable. Consultations are generally for 20 minutes and cannot be extended. Neurologists and psychiatrists can also diagnose dementia and/or Alzheimer’s disease. According to the Portuguese Alzheimer association, there is a problem concerning the dialogue between GPs and specialists as the specialists do not always provide feedback to the GPs. This may affect GPs’ motivation to make an initial referral. This dialogue needs to be enhanced in order to ensure that the person who goes to the specialist to get medication with reimbursement is motivated to then return to the GP. There are no specific measures to improve timely diagnosis.

**Conditions surrounding the prescription and reimbursement of AD drugs**

*AD* drugs are classified as level C drugs and the State covers 40% of their costs if prescribed by a neurologist or psychiatrist. It does not require any specific diagnostic examinations to be carried out, nor does the system provide upper or lower treatment limits.

AD drugs prescribed by a GP are not refundable. However, generic drugs are available in Portugal, which are relatively inexpensive, which means that for many people, this is not a problem.

The Portuguese system reimburses medicines for people living alone or in nursing homes.

**Romania**

**Which healthcare professionals are responsible for diagnosing dementia?**

There are huge difficulties in obtaining an early diagnosis. GPs are not permitted to diagnose

dementia and do not have set consultation times to evaluate people with cognitive impairment.

There is a reimbursement system based on 15-minute consultations irrespective of the age or

condition of the patient. GPs can be reimbursed for twenty consultations per day.

Psychiatrists, neurologists and geriatricians are permitted to diagnose dementia and/or Alzheimer’s

disease. As with GPs, specialists have fixed reimbursements for consultations so there is no

difference in the duration of the consultation or in the level of reimbursement that specialists

receive for dealing with different conditions. There are currently no incentives to improve timely

diagnosis.

**Conditions surrounding the prescription and reimbursement of AD drugs**

Treatment initiation and treatment continuation are restricted to specialists (neurologists or

psychiatrists). For *AD* drugs to be reimbursed, the series of tests mentioned earlier need to be

carried out and included in a medical report.

Until recently, the system did not prescribe any upper or lower treatment limits either, but in some

areas of the country, the Romanian Alzheimer Society reports that health insurance offices have

restricted reimbursement to people with *Alzheimer’s disease* with an MMSE score over 10.

**Slovenia**

**Which healthcare professionals are responsible for diagnosing dementia?**

GPs diagnose dementia but a formal diagnosis of diseases causing dementia is made primarily by

psychiatrists and neurologists. GPs have set consultation times of less than 10 minutes per patient.

This could be extended and this is something that will be proposed in the National Dementia

Strategy and will require negotiations with the insurance companies. Meanwhile, GPs are paid on

the basis of a ten-minute consultation and would not receive any additional payment for any extra

time spent with a patient.

There are currently three incentives in the planned National Dementia Strategy to improve or

increase timely diagnosis. The first is to improve the education of GPs, the second to better

integrate dementia screening tests into GPs’ environment and the third to introduce a

comprehensive dementia care programme into GPs’ daily practice.

**Conditions surrounding the prescription and reimbursement of AD drugs**

*AD* drugs are prescribed by a psychiatrist or neurologist. There are no restrictions for continuing

treatment decisions. A *diagnosis* of *Alzheimer’s disease* and an MMSE score between 10 and 26 are

required for reimbursement of AD drugs. Nevertheless, the Slovenian Alzheimer association also

explains that for patients with an MMSE over 26, reimbursement is possible if further more

extensive neuropsychological tests show the cognitive decline of a patient which is consistent with Alzheimer’s disease.

**Spain**

**Conditions surrounding the prescription and reimbursement of AD drugs?**

*AD* drugs are part of the reimbursement system. Treatment initiation and continuation is limited to

specialists and the reimbursement system requires specialists to carry out an MMSE of patients.

Reimbursement with acetylcholinesterase inhibitors is limited to people with *Alzheimer’s disease*

with an MMSE score of 23 and below and with memantine for an MMSE score of 17 and below.

There are no restrictions for people living alone or in nursing homes.

**Sweden**

**Which healthcare professionals are responsible for diagnosing dementia?**

It is primarily the GP who examines and diagnoses a person with possible symptoms of dementia.

Sometimes GPs prefer to refer patients with suspected dementia to a specialist for diagnosis. Young

people are always examined in a memory clinic. In Sweden, there is a dementia nurse in every community whom older people can consult if they have concerns about their memory. These nurses are fully trained to administer the MMSE and clock-test. If they detect a problem, they make a report which the person can then take to his/her doctor.

Well-functioning care centres have a GP with a good knowledge of dementia care who examines all

patients with cognitive decline. Home visits are also possible. Many care centres do not have a GP

with sufficient knowledge and patients experience an unsatisfactory examination. Many patients

are not investigated for dementia. It is the aim of the National Swedish Board of Health and Welfare

to have all patients satisfactorily examined.

**Conditions surrounding the prescription and reimbursement of AD drugs**

No specific examinations are required for medicines to be reimbursed and the system does not

provide upper or lower MMSE limits for treatment with different *AD* drugs. Prescriptions can be

made by specialists, as well as general practitioners. There are no restrictions as to the access of

people living alone or in nursing homes to available treatments.

**Switzerland**

**Which healthcare professionals are responsible for diagnosing dementia?**

GPs are permitted to diagnose dementia and/or Alzheimer’s disease but in situations where they are

uncertain, it is recommended that they refer patients to specialists (such as neurologists or

geriatricians) or memory clinics which also make diagnoses.

In Switzerland, there is a system known as Tarmed which stands for “tarif médical”. Every medical

act has a value in points which is calculated based on the time needed, the difficulty of the task and

the infrastructure needed. The points are converted into a monetary value which is fixed by each

Canton.

The special act of “cognitive analysis and advice” allows for 60 minutes. This can only be charged

by specialists, not GPs. The latter can only charge for advice and other acts.

GPs cannot therefore charge for longer consultations based on the fact that a person has dementia

or suspected dementia.

There are no incentives for GPs to improve or increase timely diagnosis at federal level. However,

some Cantons offer continuing education in dementia for GPs.

**Conditions surrounding the prescription and reimbursement of AD drugs**

*AD* drugs are part of the reimbursement system. Treatment decisions can be made by any doctor

whether it is for treatment initiation or treatment continuation. The Swiss system requires the

doctor to carry out an MMSE at the time of *diagnosis*, as well as a first follow up examination after

three months which can then be followed by examinations every six months. Treatment with

acetylcholinesterase inhibitors should be discontinued if the MMSE score falls below 10 and with

memantine for MMSE scores under 3. Combined treatment is not reimbursed.

**The Netherlands**

**Which healthcare professionals are responsible for diagnosing dementia?**

GPs may diagnose dementia but should refer patients to a basic memory clinic in case of

comorbidity, behavioural problems, psychiatric problems, severe system problems and/or refusal

of care. In general, neurologists and geriatricians diagnose patients in memory clinics assisted by

geriatric nurses and/or psychologists. In some cases, referral to a specialist memory clinic is

necessary because of the complexity and/or necessity of specific diagnostic equipment.

GPs can charge for double consultation time and diagnostic tests in the case of dementia. Patients

must ask for an extended consultation. Such requests are not always granted. There is no further

incentive for GPs to improve or increase timely diagnosis.

**Conditions surrounding the prescription and reimbursement of AD drugs**

GPs and specialists can both make the initial and follow-up prescriptions of *AD* drugs but the initial

prescription would only be reimbursable if made by a specialist.

**Turkey**

**Which healthcare professionals are responsible for diagnosing dementia?**

GPs are permitted to diagnose dementia and AD but the majority of GPs refer their patients to

secondary or tertiary healthcare facilities. Neurologists, psychiatrists and geriatricians are the main

healthcare professionals who diagnosis dementia and AD.

GPs do not have fixed consultation times and there are no incentives for GPs to improve or increase

timely diagnosis.

**Conditions surrounding the prescription and reimbursement of AD drugs**

All four *AD* drugs are part of the reimbursement system. Patients must have a medical report

showing that they have *Alzheimer’s disease*. These reports can only be given in clinical centres and

by specialists, but once there is such a report other physicians can also prescribe. The Turkish

system does not require any specific examinations to be carried out, nor does it impose upper or

lower MMSE scores for reimbursement. There are no restrictions for the reimbursement of people

living alone or in nursing homes.

**United Kingdom**

**Which healthcare professionals are responsible for diagnosing dementia?**

GPs can carry out initial examinations and then refer to a specialist secondary service. They cannot

give a diagnosis themselves. The diagnosis is made by a specialist consultant such as:

- a neurologist

- a specialist in medicine for older people (geriatrician)

- a general adult psychiatrist

- an old age psychiatrist

GPs tend to offer patients appointments of 10 minutes for routine consultations (Oxtoby, 2010). If

patients need longer, it may be possible to book a double appointment. In addition, it is sometimes

possible to book a telephone consultation. Such consultations comprise 10-20% of all GPs’ contacts

with their patient and according to the Royal College of General Physicians (2012), this figure is

rising.

The National Institute for Health and Clinical Excellence (NICE) oversees the Quality and

Outcomes Framework (QOF), which does not form part of the Strategy. This is a voluntary

incentive for GPs, which rewards them for how well they care for patients. The Dementia indicators

aim to incentivise GPs to keep a register of all their patients with dementia, have a record of each

individuals’ care plan and a record of regular reviews for each patient.

**Conditions surrounding the prescription and reimbursement of AD drugs**

In the first instance, these drugs can only be prescribed by a consultant. A GP will need to refer the

person to a hospital for a specialist assessment. A consultant will carry out a series of tests to assess

whether the person is suitable for treatment and will write the first prescription, if appropriate.

Subsequent prescriptions may be written by the GP or the consultant.

The National Institute of Health and Clinical Excellence (NICE) is the Government body

responsible for assessing the cost and clinical effectiveness of drug treatments and producing

guidance on which treatments should be funded by the NHS.

Guidance published in January 2011 sets out that *anticholinesterase* treatments should be available

to people in the mild to moderate *stages* of Alzheimer's disease and that Ebixa (Memantine) should

be available for people in the severe stages and for people who are unable to tolerate

anticholinesterase treatments. There are no restrictions on the prescription or reimbursement of *AD*

drugs for people living alone or in nursing homes.