Prediction, monitoring and personalized recommendations for prevention and relief of dementia and frailty

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WEBINAR

Evidence and innovative digital health services : a square in a circle

26 MAY 2026 AT 14:00 AM (CET)

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39	12	17.5M	4
Partners	European countries	€ Horizon Europe	years (2024-2027)

Establish a pan European framework for Community-based, Integrated and People-Centric **prevention, monitoring and progression managing solutions for dementia** and frailty

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Dementia and Frailty Service Delivery Models for affected patients and their carers

Analysing Patient and Caregiver Needs	Assessing Interventions supported by Digital Health Technologies:	Understanding the political (and financial) choices made by policymakers	Connecting the social and health domains	Collecting the necessary evidence to support adoption of innovative (digital) services	Looking at the possible role of AI to support intervention
21 March 2025	20 June 2025	26 Sept 2025	27 Feb 2026	26 May 2026	Q2 2026

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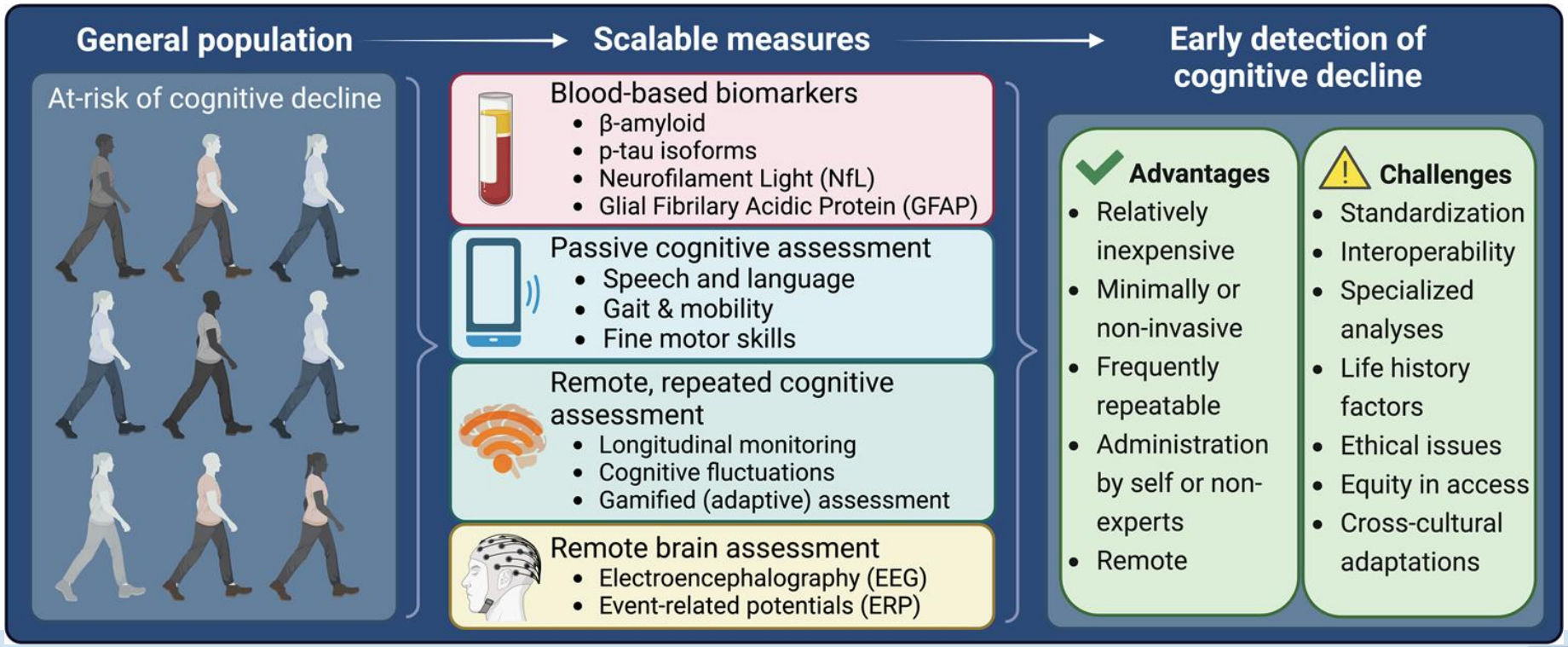
Optimal Therapy Scenarios

- Definition: A set of scenarios indicating the general steps that should be addressed for a patient's intervention/ prevention planning.



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50% of people affected by MCI are not at risk of dementia". Hence this category of people has much better change to really benefit from early detection and adapted interventions.

PRESENTATION TITLE

SCOPE of T.A.1

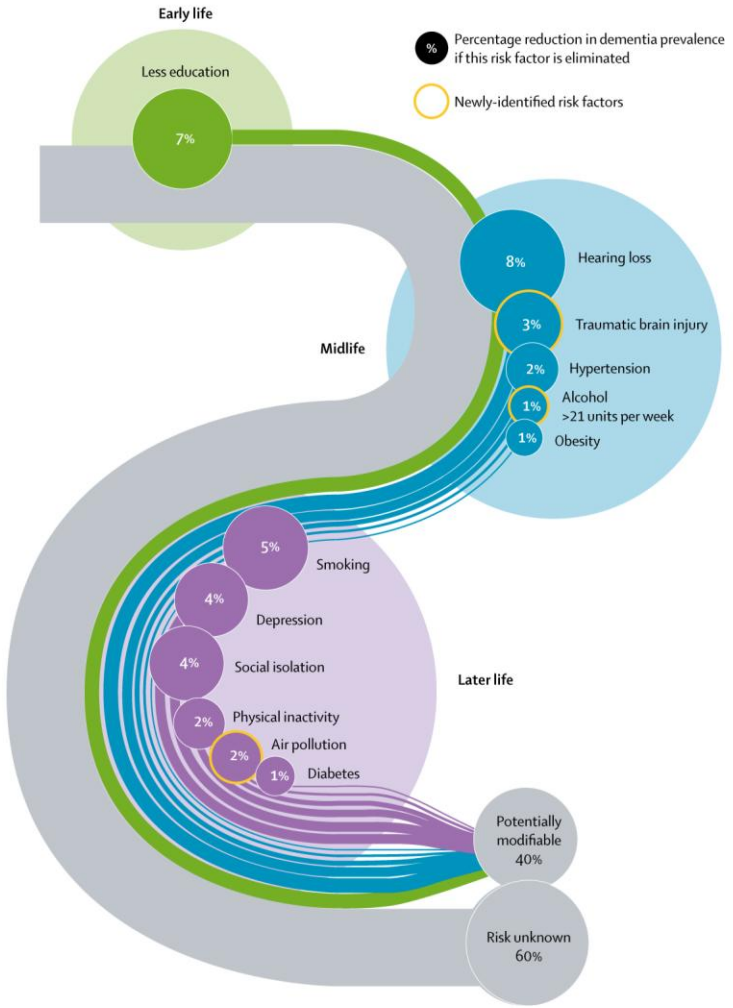
According to recent estimates, approximately 40% of dementia cases worldwide could be attributable to 12 modifiable risk factors

"50% of people affected by MCI are not at risk of dementia".

40-45% of all dementia cases worldwide could have been prevented if we would have known early enough

40-60 percent of people with a probable dementia experience up to a 4-year delay in obtaining a diagnosis or are never diagnosed. And of those who are diagnosed with dementia, 60 percent do not receive the diagnosis until after the condition has progressed to a moderate stage

However, every person with dementia is unique !



Livingston G, Huntley J, Sommerlad A, et al. Dementia prevention, intervention, and care: 2020 report of the *Lancet* Commission. *The Lancet* 2020.

THE LANCET The best science for better lives

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SCOPE of T.A.1

Life expectancy is “reduced” compared to typical life expectancy for someone without dementia: **up to about 13 years at younger ages** (e.g. age 65) when comparing with what would be expected without dementia.

Earlier diagnosis (i.e., younger age at diagnosis) results in **more years of remaining life (and more healthy years)** compared with later diagnosis.

The precise quantification of how many years are in better health is more variable and **depends on many factors** (type of dementia; comorbidities; healthcare access; interventions).

Bruck, C. C., Mooldijk, S. S., Kuiper, L. M., Sambou, M. L., Licher, S., Mattace-Raso, F., & Wolters, F. J. (2025). *Time to nursing home admission and death in people with dementia: systematic review and meta-analysis.* BMJ. DOI: 10.1136/bmj-2024-08063

Dubois B., Padovani A., Scheltens P., Rossi A., Dell’Agnello G. (2016). *Timely diagnosis for Alzheimer’s disease: a literature review on benefits and challenges. Journal of Alzheimer’s Disease*

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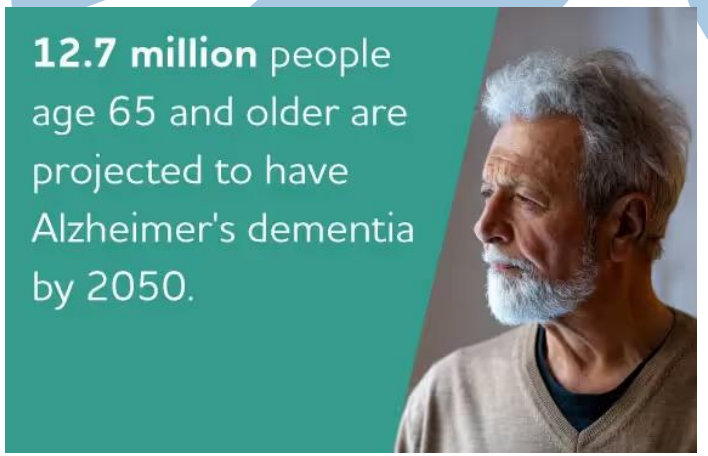
SCOPE OF T.4.1



No real reference "clinical pathway" for dementia (i.e. Alzheimer)

Most of the efforts remain targeted at:

- **Extending the period of autonomy and,**
- **To some extent, improving the quality of life.**

More importantly, the disease has a major impact on the carers whose needs are multiple and often unaddressed.

The need for evolving and highly usable and customisable solutions is emphasized by the literature.

The link between the clinical and social domains also proves to be essential.

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Key questions for Today: Evidence – Prevention – AI

Is evidence the key for wide scale adoption?

Are there alternatives to RCT to provide evidence faster?

Does AI change the way evidence can be collected?

How can we speed up the adoption of validated (dementia) screening tools ?

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Is evidence the key to market and deployment?

Why does Health Tech with lots of clinical evidence lack adoption - but Tech with NO evidence spreads like wildfire?

“Healthcare operates on a familiar, almost rhythmic frustration: progress arrives, but it rarely arrives fast. New ideas enter the conversation early, then spend years navigating the labyrinth of regulatory approvals, reimbursement workflows and clinical trust.”

“Healthcare systems tend to adopt tools that are easiest to deploy, not necessarily those with the strongest evidence base”

“We're still benchmarking AI inside journals instead of inside the economic systems it has to survive in.”

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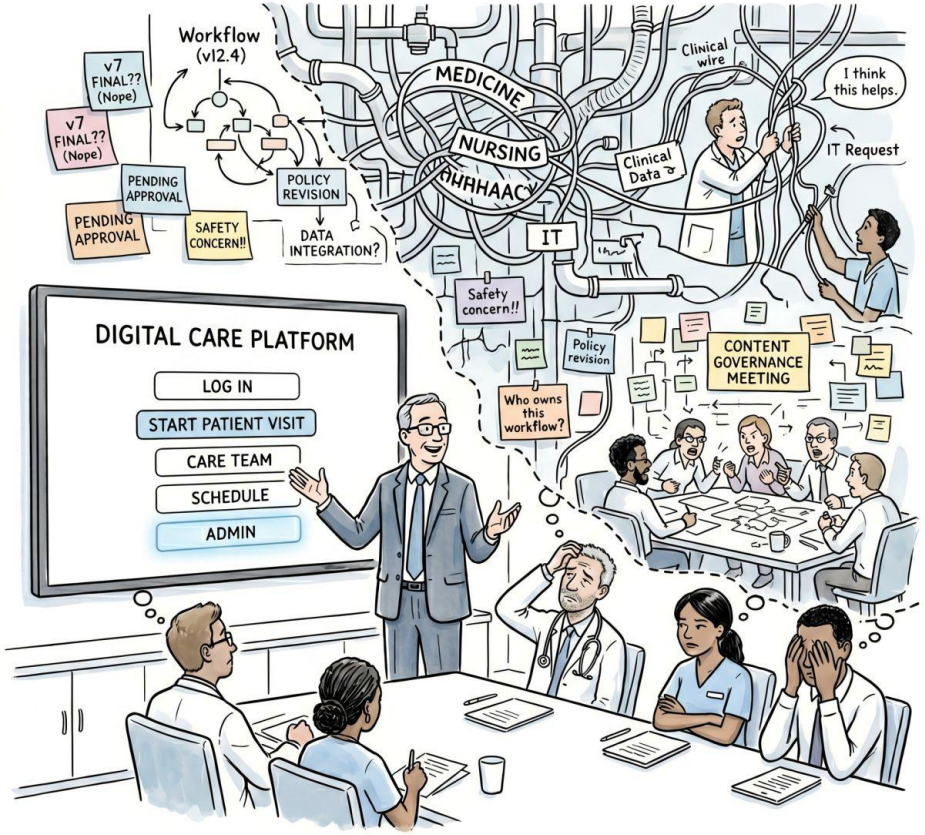
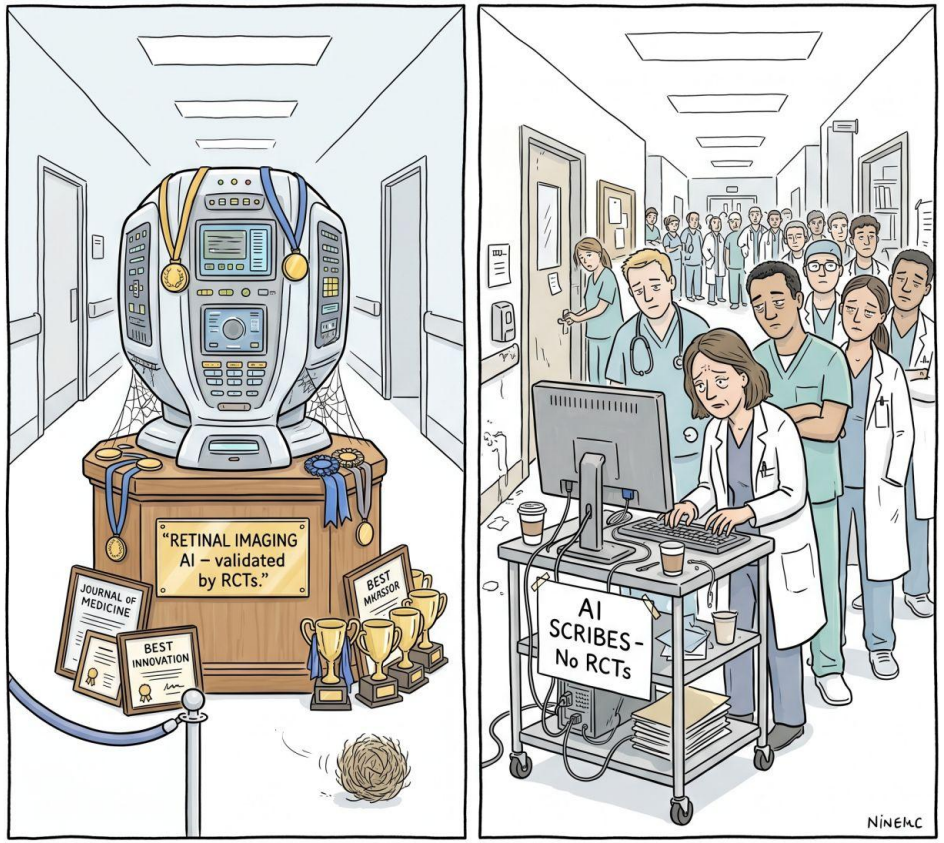


"We purchased a robust Tech platform. The rest is simple - just copy/paste in our care pathway content. That'll take what - a week?"



"We keep saying adoption of Health Tech and AI should follow the evidence - but it usually follows whatever hurts the most."

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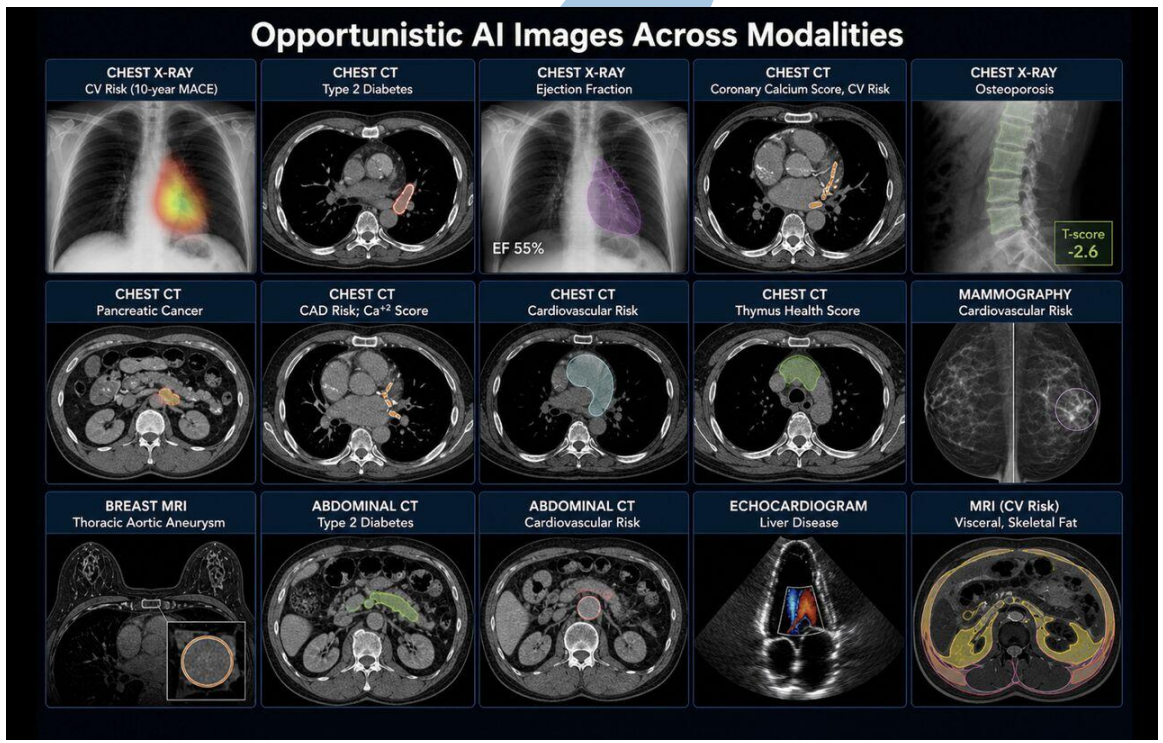

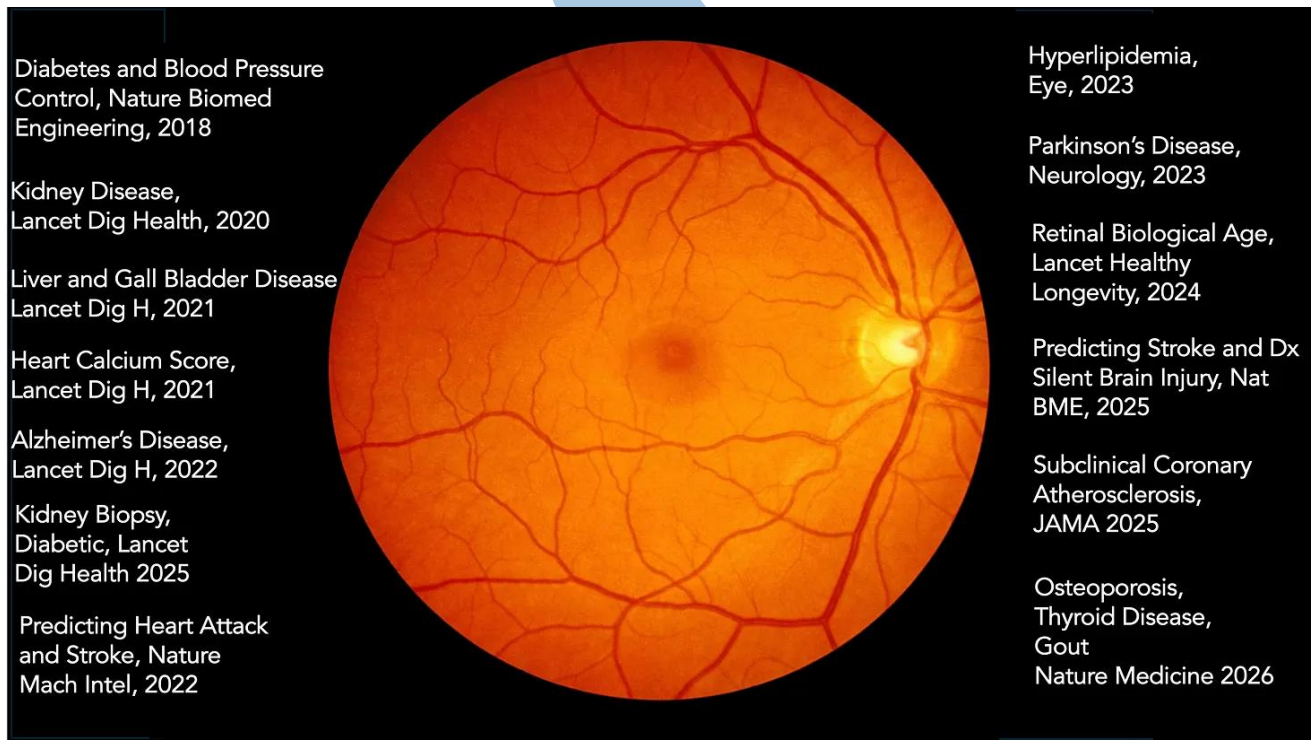

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Source: American Medical Association (AMA) Augmented Intelligence Research report (2025)

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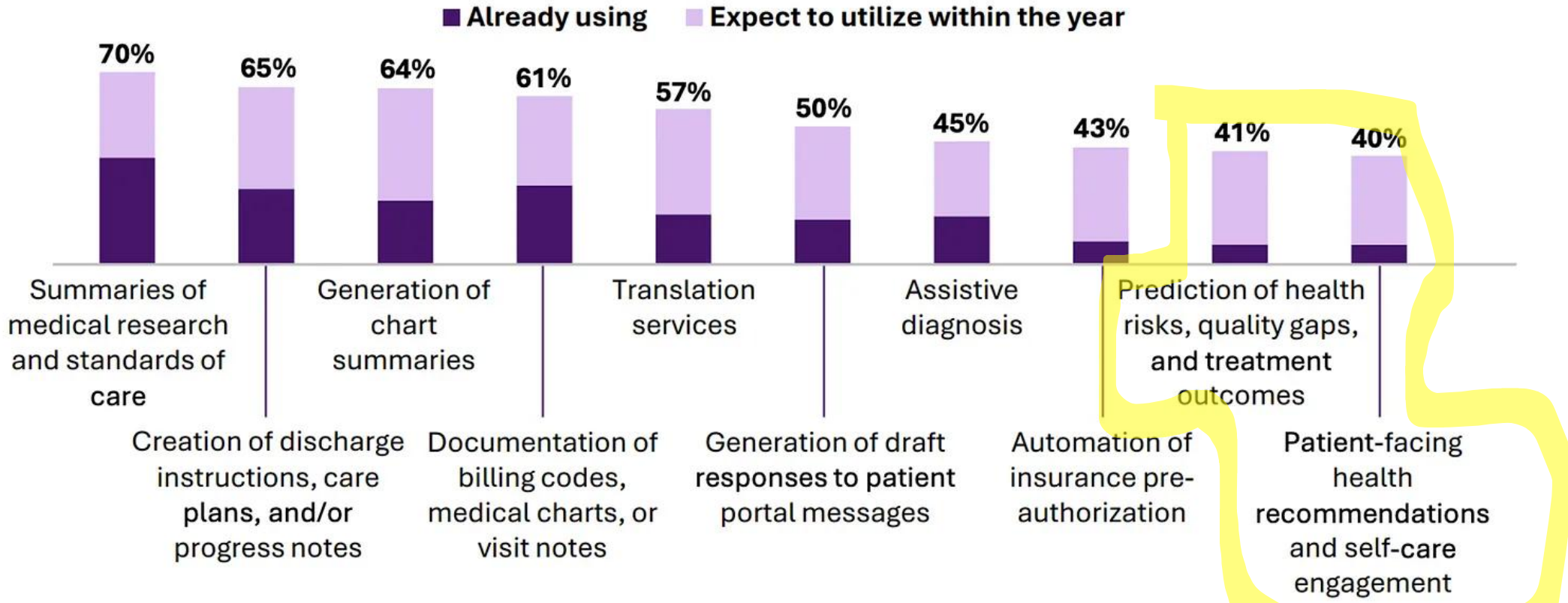
Q: When would you expect to start incorporating this AI use case into your own practice? (asked only to those respondents who said the use case would be 3, 4, or 5 on a scale of not all relevant to highly relevant)

n = 1,040



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Has clinical evidence itself been ever the reason for adoption ?

“What actually matters is whether a health system is desperate to solve a problem”

“AI works but no one is designated to act on what it finds.”

“We need monitoring frameworks that track not just diagnostic accuracy but safety, efficiency, and cost. The science has reached a point where trials are justified.” We can’t get to high performance medicine, relying on generative AI for key decisions, without that. But, by the time peer review papers are published, the models assessed are outdated”

“EVIDENCE keeps the door from closing but is not sufficient to open the door.”

“Those who succeed in selling into healthcare realize it's about relationships, trust, and change management”

“If we scale opportunistic screening without a stateful, multi-agent layer to filter and prioritize these findings, we risk triggering a wave of 'incidentaloma' that could overwhelm primary care”

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Third WEBINAR
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14:00-15:30 CET

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