Alzheimer's Disease International

The global voice on dementia

World Alzheimer Report 2026

A new era in dementia clinical trials

Executive summary

Dementia has undeniably become one of the defining health and social challenges of our time. The number of people living with dementia is projected to surpass 139 million by 2050, and it is fast becoming one of the leading causes of death globally. Dementia not only affects the person with the condition and those at risk, but also their families, carers, communities, and health and social care systems, which are facing increasing pressure to meet their needs.

After more than thirty years of frustration in the field of new treatment development, we now find ourselves in an era of innovation and confidence in research. New drugs that slow the progression of Alzheimer's disease have entered the market, sparking hope that upcoming disease-modifying drugs could make an even more pronounced difference in the lives of people living with dementia. The possibility of a cure, while still far away, feels like a more palpable prospect than ever before.

Every new dementia treatment that makes it to the headlines came after years of work behind the scenes, in academic and industry laboratories and research centres. Clinical trials are the core mechanism through which treatments – whether pharmacological or non-pharmacological – are evaluated for efficacy and safety before becoming accessible to the public. Far too often, however, that process remains unknown and poorly understood by the general public, including people who could benefit from participating in clinical trials.

Alzheimer's Disease International's (ADI) 2026 World Alzheimer Report seeks to demystify this complex and often intimidating topic, with the hopes of empowering people living with dementia, those at risk, and those with a family history of neurodegenerative conditions to inform themselves and understand whether participating in clinical trials is an appropriate option for them. This report also aims to highlight the challenges and opportunities that must be addressed in order for clinical trials to have a meaningful impact in the real world.

Chapter 1 of the report introduces the current dementia research landscape, and explains why clinical trials are a core part of turning Alzheimer's disease and related conditions from something once seen as untreatable to a health condition that can be better understood, diagnosed, managed, and – hopefully one day – cured.

Chapter 2 breaks down how clinical trials came to be, and how they work – from the aims of each trial phase to the rigorous balance between evaluating the efficacy of prospective treatments and protecting participants from potentially adverse effects.

This chapter also includes a case study looking at the 5 Ironmans Beat Alzheimer's initiative, a project bringing together two men seeking to blend extreme endurance sport, personal storytelling, and emerging science to challenge dementia stigma, explore prevention, and push for systemic change.

Chapter 3 narrows in on the specific challenges and opportunities that arise in clinical trials focusing on dementia, from the biological complexities of the neurological conditions that fall under that wide umbrella to the difficulties of defining what constitutes meaningful success for researchers, regulators, the pharmacological industry, and, most importantly, people living with dementia and their carers.

In this chapter, a case study tells the story of the FTD Brothers, or how one family turned their experience with frontotemporal dementia into an impactful patient advocacy initiative to raise awareness of potential life-changing research into this underexplored condition.

Clinical trials are the core mechanism through which treatments – whether pharmacological or non-pharmacological – are evaluated for efficacy and safety before becoming accessible to the public. Far too often, however, that process remains unknown and poorly understood by the general public, including people who could benefit from participating in clinical trials.

ENDPAGE

Chapter 4 looks at how people living with dementia enrol into clinical trials, and the importance of recruiting, retaining, and supporting diverse groups of participants. Ensuring that clinical trials are representative, accessible, and equitable has become one of the greatest challenges facing dementia research today.

This chapter's case study follows Julie Stauffer Moore's experience during – and after – being recruited and participating in a clinical trial in the United States after being diagnosed with early-onset dementia, and what her and her family learned along the way.

Chapter 5 tackles the complex topic of safety, regulation, and ethics in clinical trials, from how major regulatory bodies across the world apply differing standards and safety requirements to ethical issues arising around building trust in trials and the impact of ageism on clinical research around dementia.

The related case study follows ADI board member Bill Yeates and his personal experience of being diagnosed with early-onset Alzheimer's disease, enrolling in a study, and navigating the aftermath of it coming to an end while maintaining his sense of purpose.

Chapter 6 delves deeper into the crucial importance of including low- and middle-income countries(LMICs) in dementia clinical trials so they are not treated as afterthoughts, but essential actors in developing research with meaningful, practical applications in the real world. This chapter notably explores how LMICs can pave the way for new diagnosis pathways and non-pharmacological trials.

The final case study of the report looks at the work of the Brain and Mind Institute in Nairobi, Kenya, and the challenges and opportunities in developing a strong foundation for dementia research and clinical trials in Africa.

And finally, **Chapter 7** lays out ADI's recommendations for how to ensure that the momentous progress made in dementia clinical trials continues on its upward trajectory, ensuring the proactive and meaningful inclusion of people living with dementia and those at risk of developing it, no matter their background or location, so that the science benefits all those who need it.

EMBARGO

Recommendations summary

For governments and policymakers

1. Invest in national diagnostic capacity and early detection pathways
2. Create incentives for clinical trials in underserved regions
3. Invest in dementia research infrastructure, diagnostic pathways, and public trial readiness globally

For national Alzheimer's associations

4. Strengthen the role of national Alzheimer's associations in dementia research and innovation

For trial sponsors and regulators

5. Embed diversity and inclusion into trial design from the outset
6. Reduce participant burden and strengthen participant-centred trial models
7. Continue strengthening safety standards and communication

For researchers and clinicians

8. Prioritise clinically meaningful outcomes
9. Further embed people living with dementia and carers in trial design and strengthen clinician referral pathways
10. Expand investment beyond Alzheimer's disease

EMBARGO