2026 EDITION

Realizing the National Plan to Address Alzheimer's Disease

Leadership Toward Treatment and Prevention

ALZHEIMER'S ASSOCIATION®

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The 2011 enactment of the landmark National Alzheimer's Project Act (NAPA) (P.L. 111-375) ushered in a new phase of progress, changing the way our nation addresses Alzheimer's and all other dementia — and resulting in unprecedented progress in Alzheimer's and dementia research, care and support. In 2024, Congress renewed the nation's commitment with the unanimous passage of the NAPA Reauthorization Act (P.L. 118-92) and the Alzheimer's Accountability and Investment Act (P.L. 118-93).

Since the passage of NAPA, the Alzheimer's Association® and the Alzheimer's Impact Movement (AIM) have worked with bipartisan congressional champions to increase federal research funding more than sevenfold. In fiscal year 2026 the National Institutes of Health (NIH) investment in Alzheimer's and dementia research will be more than $3.9 billion. During the same time, the Alzheimer's Association, academia, the pharmaceutical industry, the corporate sector and private philanthropists have stepped up. The Alzheimer's Association has expanded its international research grants program to fuel scientific progress at every stage — from identifying bold ideas to raising and investing dollars in high-impact projects with the potential to change the field. In 2025 alone, the Association invested $112 million to advance Alzheimer's and dementia research. These contributions to the most promising research have generated more than $3.07 billion in additional funding during the last five years.

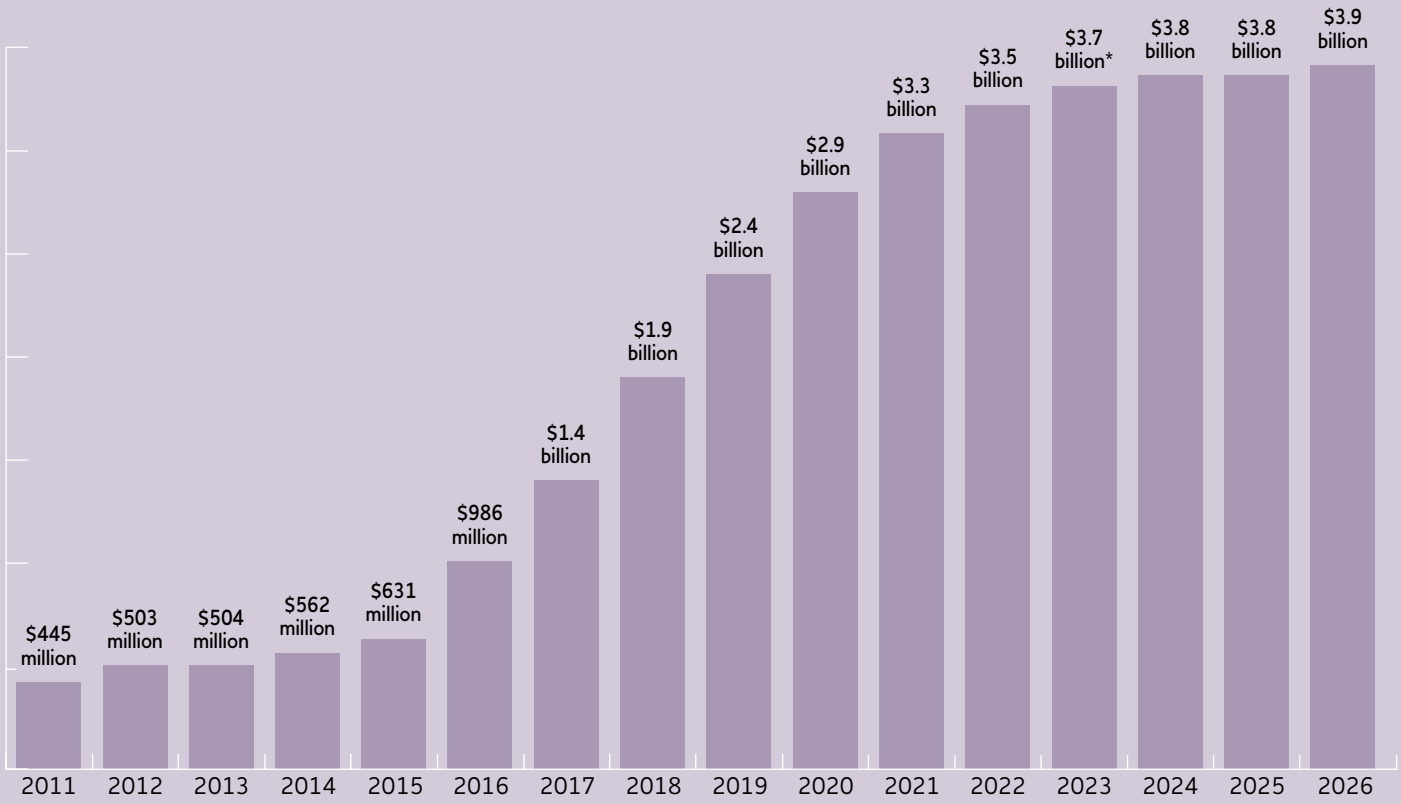
As a result of this increased investment, scientists have been able to work at a more rapid pace to advance basic disease knowledge, explore ways to reduce risk, uncover new biomarkers for early diagnosis and drug targeting, and develop potential treatments.

Today, several treatments which address the underlying biology of Alzheimer's disease have received approval by the Food and Drug Administration (FDA). These treatments change the course of the disease in a meaningful way for some people in the early stages. By slowing progression of the disease in the early stages of Alzheimer's, individuals will have more time to participate in daily life and live independently. Treatment discovery continues to advance for Alzheimer's disease and all other diseases that cause dementia. Future treatments will need to address the underlying biology that drives all stages and symptoms of each neurodegenerative disease, so that all individuals who are affected by Alzheimer's or another dementia have effective treatment options.

We're at the moment when our knowledge and discoveries are changing the way we fight Alzheimer's and all other dementia. Our progress must continue.

Public Policy's Role in Advancing Research

National Institutes of Health
Alzheimer's & Dementia Research Funding



Beginning in FY15, the NIH combined Alzheimer's and other dementia funding into one category.
Source: https://report.nih.gov/funding/categorical-spending
*Estimated below source

Public Policy Victories Led by the Alzheimer's Association and AIM

2011

The Alzheimer's Association and AIM worked with bipartisan leaders in Congress to develop the **National Alzheimer's Project Act (NAPA)**. This landmark legislation required the creation of a national plan to help change the trajectory of this devastating disease.

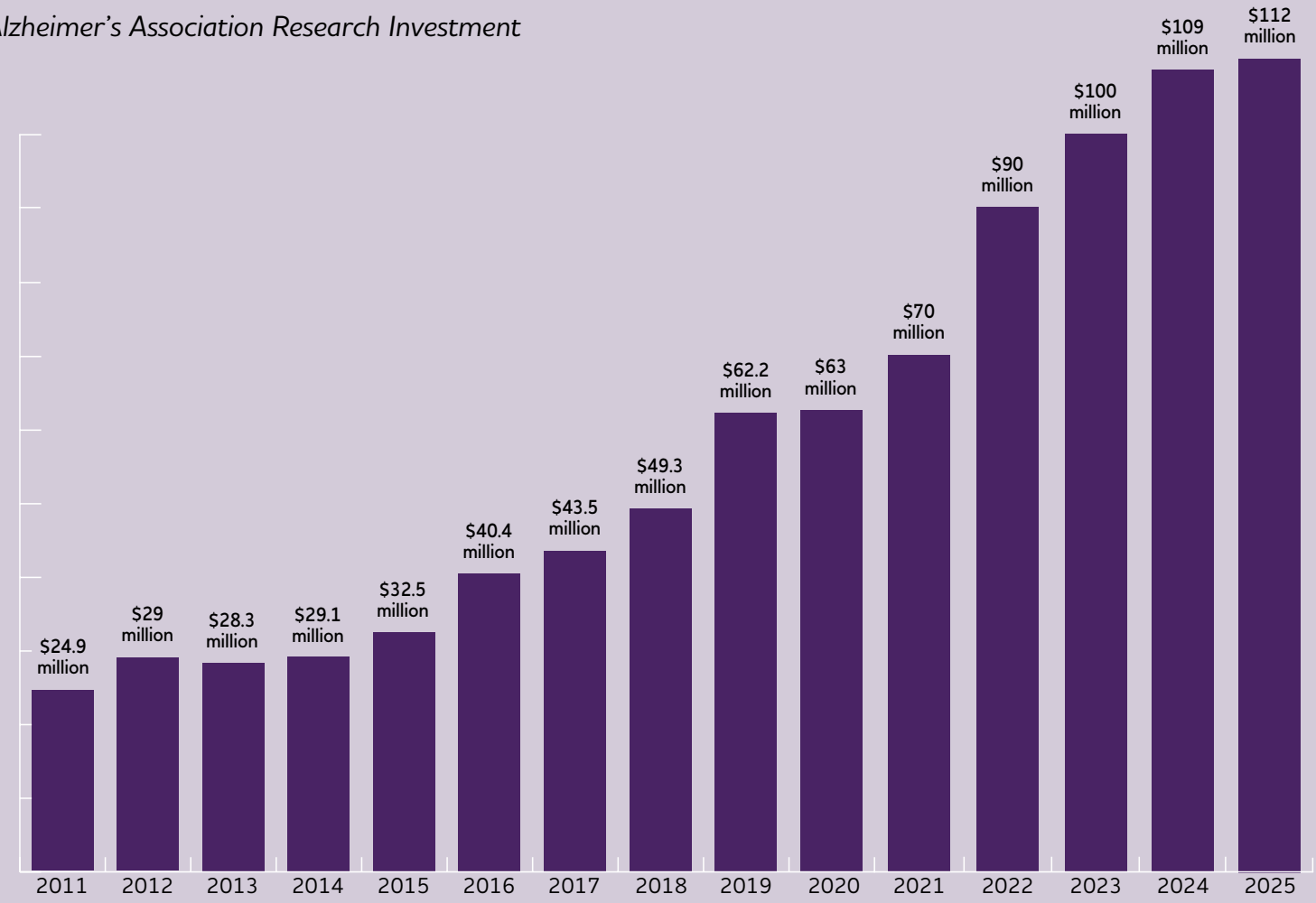
2012

The Alzheimer's Association hosted more than 130 community events to secure and provide input to the federal government for the development of the ***National Plan to Address Alzheimer's Disease***.

2014

To ensure swift movement toward the first goal of the national plan, the Alzheimer's Association and AIM secured support for the passage and enactment of the **Alzheimer's Accountability Act (AAA)**. This legislation ensures Congress hears directly from NIH scientists — through an annual professional judgment budget — on the resources needed to meet the nation's goal.

Alzheimer's Association Research Investment



2015

Following the passage of AAA, the NIH **released its first Professional Judgment Budget** (PJB) in 2015. In its first PJB, the NIH asked Congress for a $323 million increase in Alzheimer's and dementia research funding for the fiscal year.

2022

Key provisions of the ENACT Act were included in the Fiscal Year 2023 budget, which will help increase the participation of underrepresented populations in Alzheimer's and other dementia clinical trials by expanding education and outreach to these populations, encouraging the diversity of clinical trial staff and reducing participation burden, among other priorities.

2024

Working closely with bipartisan congressional champions, the Alzheimer's Association and AIM secured unanimous support and **reauthorized NAPA and AAA**, renewing our nation's commitment to the fight against Alzheimer's and other dementia.

Understanding Biological and Molecular Factors and Causes of Alzheimer's and Other Dementia

Since Alzheimer's disease was first described more than 100 years ago, researchers have made progress understanding the many aspects of the disease, but major gaps in knowledge still exist. Research into the underlying biology that may cause and contribute to Alzheimer's and other diseases that cause cognitive impairment and dementia is essential to preventing and effectively treating these diseases.

The Alzheimer's Association continues its leadership commitment to Alzheimer's research, currently investing more than $450 million in over 1,200 active projects in 56 countries spanning six continents **through its International Research Grant Program and strategic funding initiatives**. These funding projects seek to accelerate pathways toward early detection, diagnosis and treatment.

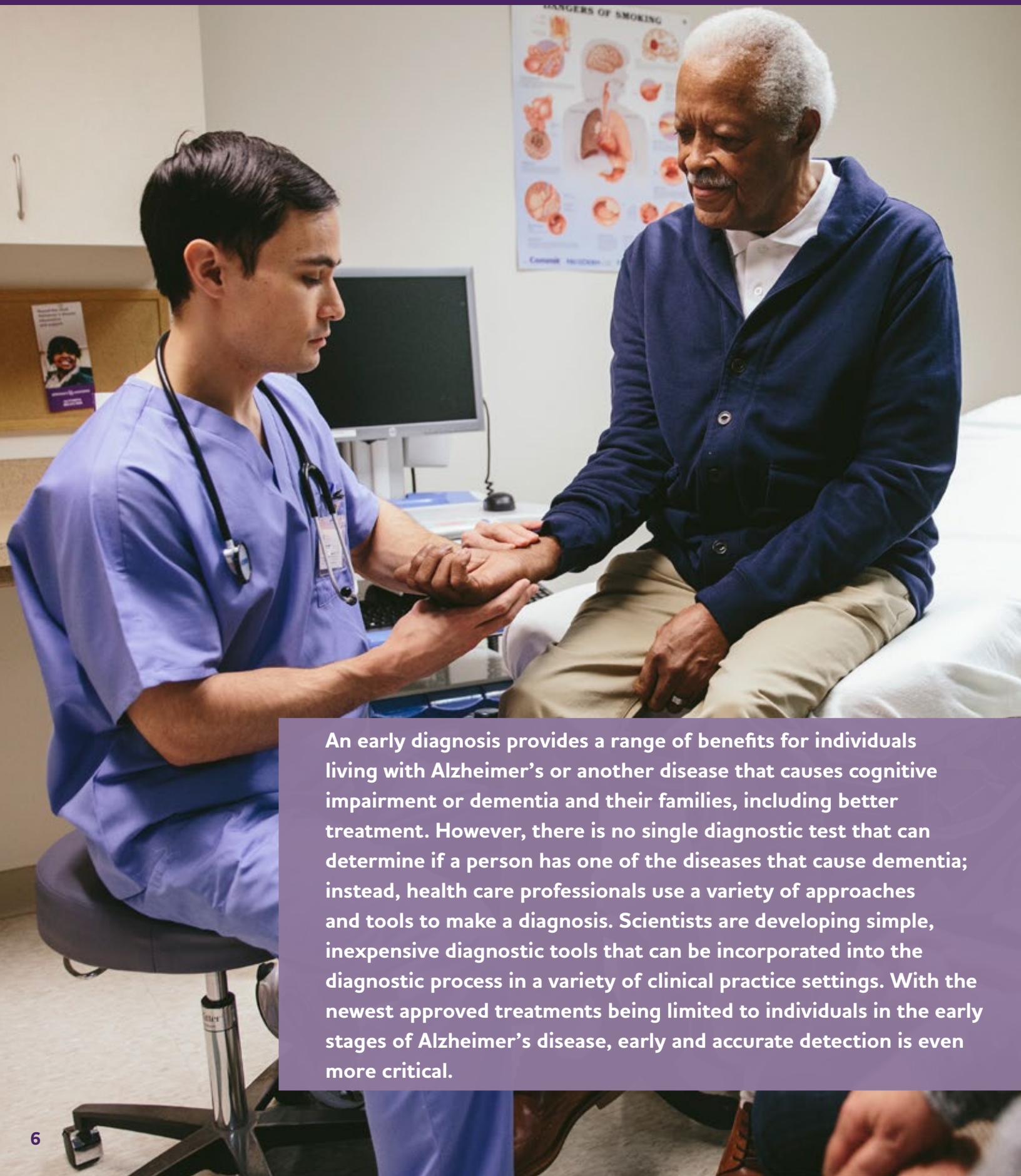
Through the Accelerating Medicines Partnership Alzheimer's Disease (AMP-AD), the Alzheimer's Association collaborates with the National Institutes of Health (NIH), industry and other nonprofit organizations to identify and validate promising biological targets for therapeutics. **AMP-AD has transformed the model for drug discovery** by making large-scale data sets openly available, enabling researchers to identify and prioritize promising biological targets for diagnostics and therapeutics.

Researchers are exploring gene therapy approaches that deliver **APOE-e2** — a variant associated with reduced Alzheimer's risk — as a potential strategy to counteract harmful effects of APOE. NIH-funded preclinical studies in APOE-e4 mouse models have demonstrated that delivering APOE-e2 reduces amyloid accumulation and improves neuroinflammation and neurodegeneration. Additionally, in 2025, the Alzheimer's Association's **Part the Cloud Translational Research to Advance Gene Therapy (TGT) Challenge** launched its first round of awards, allocating $5 million to advance gene targeting approaches into early-phase human trials. These efforts aim to protect brain health and slow disease progression by leveraging genetic resilience.

NIH-funded research is revealing how brain metabolism disruptions may drive cognitive decline. **Studies in Alzheimer's models show that abnormal amyloid beta and tau increase activity of the IDO1 protein**. When IDO1 is overactive, neurons get less energy, which can harm brain function. In these disease models, lowering IDO1 activity improved neuronal energy use and reduced those harmful effects — suggesting that targeting IDO1 may help inform future treatment approaches for Alzheimer's and other brain diseases linked to metabolism problems.

Mutations in the PSEN1 gene are the most common cause of familial early-onset Alzheimer's disease, which is dominantly inherited. This gene provides instructions for making a protein called presenilin, which helps produce beta amyloid — including the fragment that builds up into plaques in Alzheimer's disease. Recent **NIH-supported research has identified new PSEN1 variants that accelerate amyloid-beta accumulation and disrupt normal protein processing, providing critical insight into disease mechanisms**. These findings are informing the development of targeted therapies aimed at modifying the effects of these mutations.

Enabling Accurate and Timely Diagnosis



An early diagnosis provides a range of benefits for individuals living with Alzheimer's or another disease that causes cognitive impairment or dementia and their families, including better treatment. However, there is no single diagnostic test that can determine if a person has one of the diseases that cause dementia; instead, health care professionals use a variety of approaches and tools to make a diagnosis. Scientists are developing simple, inexpensive diagnostic tools that can be incorporated into the diagnostic process in a variety of clinical practice settings. With the newest approved treatments being limited to individuals in the early stages of Alzheimer's disease, early and accurate detection is even more critical.

The **Alzheimer's Disease Neuroimaging Initiative (ADNI)** continues to play a pivotal role in validating biomarkers for Alzheimer's disease clinical trials. Now in its fourth phase, ADNI has generated thousands of scientific publications and remains a cornerstone for advancing diagnostic tools and improving trial design. ADNI includes scientists at more than 60 research centers in the United States and Canada and will enroll up to 1,500 participants, including through new remote screening cohorts.

In 2025, **the U.S. Food and Drug Administration (FDA) cleared the first blood test designed for use in primary care settings to help diagnose Alzheimer's-related amyloid pathology**. This test provides clinicians with a practical tool to identify individuals who may need further evaluation, supporting earlier and more accurate diagnosis. **The FDA also cleared a second blood-based test related to Alzheimer's — this one designed to help rule out Alzheimer's-related pathology**. If the test is negative, it suggests that a person's cognitive impairment is likely due to something other than Alzheimer's. If the test is positive, the individual should receive further evaluation from a specialist. These advances represent a major step toward simplifying the diagnostic process and expanding access to early detection.

As biomarkers advance, it's critical that the clinical community stay abreast of changing best practices for diagnosis and detection of Alzheimer's. Building off of the 2011 National Institute on Aging and Alzheimer's Association (NIA-AA) clinical guidance and 2018 NIA-AA research framework, the **"Revised Criteria for Diagnosis and Staging of Alzheimer's Disease"** was published June 2024. The revised criteria aim to improve current diagnosis, including accuracy; provide context for a biological definition that will inform the next generation of clinical trials; and lay a foundation that moves us toward personalized approaches for Alzheimer's treatment that are rooted in biology.

To guide clinicians in the appropriate new blood biomarker tests, **the Alzheimer's Association published its first clinical practice guideline for blood-based biomarkers in 2025**. This guideline provides evidence-based recommendations to ensure these tests are used accurately and effectively in specialty care settings for individuals who are showing symptoms.

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26 Phase I
17 Phase II
7 Phase III

DIAGNOSTIC IMAGING AGING AGENTS

REGISTERED ON CLINICALTRIALS.GOV AS OF JANUARY 2026

NIH-funded researchers have developed a spinal fluid biomarker that may help detect Amyotrophic Lateral Sclerosis (ALS) and Frontotemporal Dementia (FTD) in early stages by identifying irregular proteins linked to TDP-43 pathology before symptoms appear. In these diseases, TDP-43 builds up abnormally inside cells, creating irregular proteins. The Alzheimer's Association also funds research that includes projects focused on TDP-43. In 2025, the Association partnered with the Association for Frontotemporal Degeneration (AFTD) to launch the **FTD Diagnostic Biomarkers Initiative**, accelerating biomarker development for FTD and related disorders. Together, these efforts advance early detection and highlight the value of cross-disease collaboration.

Artificial intelligence is emerging as a powerful tool for earlier diagnosis. The NIH has invested in a wide range of AI research — including an **AI collaboratory designed to expand the use of AI across many areas of Alzheimer's and dementia science**. One example of this progress is an NIH-supported study demonstrated that AI can analyze electronic health records to identify subtle patterns associated with Alzheimer's risk, potentially enabling clinicians to intervene sooner. When paired with health care use data, the models predicted an Alzheimer's diagnosis with about 86% accuracy seven years before clinical diagnosis and about 90% accuracy one year beforehand.

Progress Toward Effective Means of Prevention

Researchers around the globe are working to reduce risk of Alzheimer's and other dementia. Identifying methods of prevention could save millions of lives and greatly reduce health care costs for families, Medicare, and Medicaid. While we have no definitive answer for prevention of dementia, research has shown us that we can take action to reduce risk of cognitive decline.

U.S. POINTER
ALZHEIMER'S ASSOCIATION

The Alzheimer's Association announced new findings from the **U.S. POINTER** study, a large clinical trial evaluating whether lifestyle interventions can protect cognitive function in older adults at increased risk for cognitive decline. Results presented at AAIC® 2025 and published in the Journal of the American Medical Association (JAMA) showed that a structured lifestyle program improved thinking and memory over two years, keeping brain function from declining as it normally would with aging. Based on a conservative model that translates what these results mean, participants in the structured program performed like people who were 1 to almost 2 years younger, suggesting that there are steps we can take to help the brain stay resilient against age-related changes.

Results were released in December 2025 from **three NIA-funded add-on studies showing additional benefits for brain health**. Participants who followed the structured POINTER intervention showed better blood flow regulation to the brain, fewer sleep apnea episodes and greater cognitive resilience in those with Alzheimer's-related brain changes. These studies tell us that the U.S. POINTER lifestyle intervention with structured support has substantial and significant health benefits beyond improving cognition. Poor regulation of blood flow to the brain and sleep problems/irregular sleep patterns are known risk factors for cognitive decline and dementia, including Alzheimer's disease, so these new results describe additional benefits of the U.S. POINTER structured intervention.

The Alzheimer's Association developed the **Brain Health Habit Builder, an interactive tool that helps users assess their current brain-healthy habits**, create an action plan to improve them and receive tips and guidance grounded in behavior change science. The tool supports the Association's efforts to advance brain health awareness and encourage action informed by the latest research, including findings from the U.S. POINTER study.

The Association launched **Building Brain-Healthy Habits, a volunteer-led education program focused on everyday habits** — such as physical activity, nutrition and sleep — that support brain health at every age. The program provides science-backed tips for incorporating these habits into daily life and highlights the latest research, including findings from the U.S. POINTER study.

In March 2024, the Alzheimer's Association, with GHR Foundation, announced an additional commitment to support Washington University's Dominantly Inherited Alzheimer's Network Trials Unit (DIAN-TU) to launch **the DIAN-TU-003 Amyloid Removal Trial (ART)**. This open-label Phase 3b/4 study is now active and builds on prior DIAN-TU research. One of the world's leading Alzheimer's prevention studies, the international DIAN-TU has been advancing the evaluation of experimental drugs in people living with dominantly inherited Alzheimer's disease (DIAD), a rare genetically determined form of Alzheimer's, since 2012. DIAN ART is evaluating whether reducing amyloid plaques to normal levels with Eisai's Leqembi® (lecanemab) can impact cognitive symptoms, clinical progression and underlying disease processes.

Leqembi is also being tested in an ongoing prevention trial called AHEAD 3-45, which comprises two concurrent phase 3 trials to test the drug in individuals as young as 55 who have evidence of brain amyloid buildup but do not yet show symptoms. The Alzheimer's Association, in collaboration with GHR Foundation, provided $4 million to support community-based recruitment strategies to help ensure more people from underrepresented communities can participate. The Association also contributed an additional $2 million for blood collection and storage so these samples can be shared with the research community.

"To make meaningful progress against Alzheimer's, federal investment must prioritize the communities most affected and generate evidence where the burden is greatest—within families. Increased NIH funding has enabled my team to move beyond clinic-based research and build trusted, community-embedded infrastructure in border regions. By linking biological science with lived experience, we can identify why memory loss clusters in certain areas and translate those insights into earlier detection, prevention strategies, and more equitable brain health outcomes nationwide."

— GLADYS E. MAESTRE, M.D., PH.D.
Director, Memory and Aging Center
Professor of Neuroscience
University of Texas Rio Grande Valley
School of Medicine

"Increased NIH funding for Alzheimer's disease has transformed my research by giving us the freedom to break down silos and enabling us to build truly collaborative, innovative teams to pursue fundamental research questions at the interface of the brain, vascular, and immune systems and discover new therapeutic strategies now advancing into clinical trials. It has also accelerated integration of new technologies and enabled rigorous human validation and biomarker-driven insights."

— KATERINA AKASSOGLOU, PH.D.
Director, Center for Neurovascular Brain Immunology
Senior Investigator, Gladstone Institutes Professor,
Department of Neurology
University of California, San Francisco

"The NIH funding increases are essential for major advances in discovering the fundamental causes of Alzheimer's disease, developing and implementing high accuracy diagnostic testing, and developing and testing new treatments. We can win the fight against Alzheimer's disease with the necessary investments into detecting, treating, and preventing Alzheimer's disease. With major breakthroughs in just the past few years, now is the time to accelerate our efforts to have substantial impacts for our patients, families, and society."

— RANDALL J. BATEMAN, M.D.
Charles F. and Joanne Knight Distinguished Professor of Neurology Bateman Lab
Director, Consortium for Artificial Intelligence in Neurodegeneration (C-BRAIN)

"I have benefited greatly from the increased NIH funding for Alzheimer's disease and dementia research. These funds have allowed me to expand my research portfolio, enhance my collaborative network, and celebrate numerous career milestones. I am especially grateful for the opportunity I have had to be involved in groundbreaking studies like U.S. POINTER and to lead investigations aimed at understanding how lifestyle interventions can favorably impact vascular and metabolic health and alter the trajectory of cognitive decline and dementia in at-risk individuals."

— TINA ELLIS BRINKLEY, PH.D.
Associate Professor, Gerontology and Geriatrics, Internal Medicine
Wake Forest University School of Medicine

Realizing Progress for Everyone

Each person's experience with Alzheimer's or another dementia is different, including what may contribute to the underlying disease, the progression, and their symptoms that would benefit from treatment or intervention. In addition, multiple treatments are needed to address different diseases that cause dementia. It is also critical that future treatments and strategies to prevent cognitive decline are effective in all populations.

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AAIC FOR ALL

AAIC is the largest global forum for sharing groundbreaking dementia research, marking year over year progress of the research that will shape the future of diagnosis, treatment, prevention and care. For those who can't attend the full conference due to time or resources, the Alzheimer's Association hosts the **AAIC for All**, a no-cost, half-day event that offers two tracks: one for the general public and another for clinicians and health care providers. In 2025 more than 8,000 people registered for the program.

Researchers are **uncovering rare genetic variants that may influence Alzheimer's risk** among individuals of African ancestry. In an NIH-funded study, scientists analyzed genetic information from multigenerational families who self-identified as African American and had a history of Alzheimer's but no known early-onset variants. These findings are helping to expand understanding of genetic diversity and inform strategies for precision medicine.

An NIA intramural collaborative study examined sex differences in dementia risk and progression. While women remain at higher overall risk for developing dementia, researchers found that once amyloid pathology appears in the brain, men experience steeper increases in blood and brain biomarkers than women. Other research suggests that although both sexes engage compensatory brain networks as Alzheimer's progresses, these mechanisms may be less effective in women. These findings may inform sex-specific approaches to diagnosis and treatment.

To strengthen collaboration and speed research across the life course, **the NIA established the Exposome Coordinating Center in August 2024**. The Center serves as a centralized hub to help researchers access, harmonize, and link environmental and individual exposure data relevant to Alzheimer's and other dementia. By integrating data across areas such as climate, physical environment, policy, social settings, and life experiences, this effort will provide the research community with the data needed to explore how long-term exposures shape a person's dementia risk and outcomes across their lifespan.

The National Institute on Aging (NIA) launched the CLEAR-AD program to accelerate the validation of blood-based and other biomarkers for Alzheimer's disease. Researchers continue to work toward improving the accuracy of diagnostic tests. The NIH is funding CLEAR-AD, a cross-disciplinary program involving several institutions that aims to identify the next generation of Alzheimer's biomarkers. This initiative aims to standardize testing approaches and improve reliability across diverse populations, paving the way for broader clinical adoption.

Working Toward Effective Treatments

For decades, millions of Americans and their families have waited for improved and effective therapies for Alzheimer's and other dementia. Around the globe, researchers are working to find solutions for those facing the crushing realities of these relentless conditions. Unprecedented levels of funding mean scientists are exploring a wide variety of pathways that could yield potential therapies. Today, we're seeing results as new therapies addressing the underlying biology of Alzheimer's disease are now available to patients.

The Alzheimer's Network for Treatment and Diagnostics (ALZ-NET) is a voluntary health care provider-enrolled patient network that collects clinical and safety data for individuals treated with FDA-approved Alzheimer's disease therapies and tracks long-term health outcomes in real-world settings. In 2025, ALZ-NET released its first data readout, providing evidence that these therapies are being used safely and effectively in clinical practice. As of January 2026, the network has grown to include more than 3,800 enrolled patients across 122 active clinical sites. The network continues to expand across the United States and internationally, building a foundation of real-world evidence to inform treatment decisions and improve care for people living with Alzheimer's.

Part the Cloud — founded by philanthropist Michaela Hoag in partnership with the Alzheimer's Association — accelerates research from the lab to clinical trials and potential therapies. In 2026, the initiative awarded $11 million to advance innovative treatments. Since its inception, **Part the Cloud has funded 83 clinical studies, and has raised more than $90 million to fund therapeutic development**, helping bridge the gap between early-stage research and real-world impact.

In 2025, **the FDA approved a new subcutaneous maintenance dosing option for Leqembi**. This advancement offers individuals living with early Alzheimer's a less invasive alternative to intravenous infusion, making ongoing treatment more convenient and accessible. The approval reflects continued progress toward improving quality of life for those impacted by the disease and underscores the importance of sustained investment in research and innovation.

Researchers are examining less common forms of dementia, including Progressive Supranuclear Palsy (PSP), a rare disorder that shares tau-related biological features with Alzheimer's disease. Building on lessons from the Alzheimer's Tau Platform — a master-protocol trial designed to efficiently test multiple tau-targeted treatments — **the NIH has launched an innovative PSP Platform Trial** that allows several therapies to be evaluated simultaneously under a single research framework. This coordinated, data-sharing approach could accelerate the identification of effective treatments for rarer types of dementia.

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162 Phase I
216 Phase II
72 Phase III-IV

AGENT AND DEVICE CLINICAL TRIALS

Across all trials, including diagnostic agents:

39.37%
were industry-sponsored

60.63%
were collaboratively funded (academia, industry, NIH, Alzheimer's Association and others)

REGISTERED ON CLINICALTRIALS.GOV AS OF JANUARY 2026

To improve efficiencies in treatment development, the NIH is investing in research to determine whether drugs used for other conditions can be repurposed to treat dementia. Based on findings of abnormal electrical activity in the brains of people living with Alzheimer's, several studies are evaluating whether epilepsy medications may help slow disease progression. One **recent study tested whether a once-a-day dose of the epilepsy drug levetiracetam** could halt the progression of mild cognitive impairment. Although the drug did not show broad cognitive benefits, findings suggest it may help limit brain changes in individuals without the APOE-e4 risk gene, reinforcing the importance of tailoring treatments to specific patient populations.

Improving the Delivery of Care and Support

The delivery of high quality care and support for families facing Alzheimer's is critically important. Needs change swiftly based on the stage of the disease, and each situation is unique. Research and education around new measures of care and support — as well as improved outcomes — benefit individuals, families and care providers.

In 2026, **the Alzheimer's Association earned Joint Accreditation for its brain health and dementia care training programs**, a recognition that reflects the highest standards in continuing education for health care teams. This accreditation ensures that providers receive evidence-based, interdisciplinary training to deliver high-quality, person-centered dementia care, improving outcomes for individuals and families.

To further support individuals living with dementia and their caregivers, **the Alzheimer's Association launched My ALZ Journey** in May 2025. This free, personalized digital tool is designed to help navigate the complexities of dementia care. The app provides tailored information, resources and guidance based on where someone is in their journey, empowering families to make informed decisions and access support when they need it most. My ALZ Journey complements the Association's broader care initiatives — including Project ECHO® and the Dementia Care Navigation System — by delivering practical, person-centered assistance directly to users.

Using large data sets from NIH-funded research resources, **scientists have developed computational models that can help predict when older adults living with dementia may need nursing care**. Early testing shows these models — which look at factors such as age, overall health, daily functioning, driving status, and history of falls — can accurately forecast care needs, enabling better planning and timely interventions that improve outcomes for individuals and families.

New collaborative research centers are generating critical data to improve and better understand how home- and community-based services can meet the needs of people living with dementia. Through initiatives such as the **Community Care Network for Dementia (CaN-D) and the State Alzheimer's Support Center (StARS)**, researchers are developing shared data resources and analytic tools to examine how dementia care services are delivered, how they affect care transitions, and where gaps in access, quality, and cost remain. These efforts are helping build the evidence needed to strengthen community-based dementia care across the country.

An NIH-funded study **examining outcomes after admission to long-term acute care hospitals** found that nearly 4 in 5 adults over age 50 had died or experienced poor long-term cognitive or physical outcomes within 2.5 years, with the worst results seen among those with dementia or other serious impairments. These findings point to the importance of proactive conversations about care priorities and the role of palliative care for individuals living with dementia.

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203 NIH-SUPPORTED

ALZHEIMER'S AND RELATED DEMENTIA CARE AND CAREGIVER INTERVENTION TRIALS AS OF MARCH 2025.

ALZHEIMER'S ASSOCIATION®

The Alzheimer's Association leads the way to end Alzheimer's and all other dementia — by accelerating global research, driving risk reduction and early detection, and maximizing quality care and support.

Our vision is a world without Alzheimer's and all other dementia®.

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AIM®
ALZHEIMER'S IMPACT MOVEMENT
ALZHEIMER'S ASSOCIATION®

The Alzheimer's Impact Movement (AIM) is a separately incorporated advocacy affiliate of the Alzheimer's Association. AIM develops and advances policies to overcome Alzheimer's disease through increased investment in research, enhanced care and improved support.

alzimpact.org