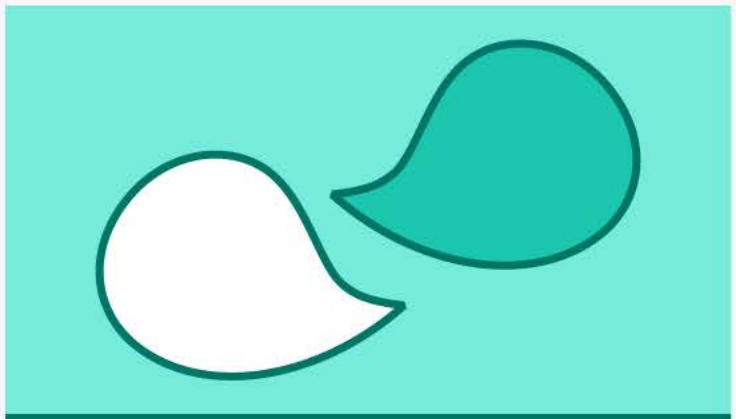
In many cases behavioural and psychological symptoms can be improved without the use of medication using approaches such as:



Personalised social interaction

Personalised activities

Avoiding specific triggers

Appropriate assesment of triggers, training, support and staffing for care providers is crucial to identify the most effective mix of medication and non-medication strategies to treat behavioural and psychological symptoms of dementia and provide long-term follow-up.

Thorough diagnostic testing is crucial for effective applications of these new treatments including:

- Cognitive assessments
- Brain scans
- Cerebrospinal fluid tests
- Blood tests

Early prevention—before cognitive impairment manifests—is also becoming a reality through personalised programmes:

For some, promotion of structured healthy lifestyle changes can immediately be implemented

For others, preventative medication might be on its way

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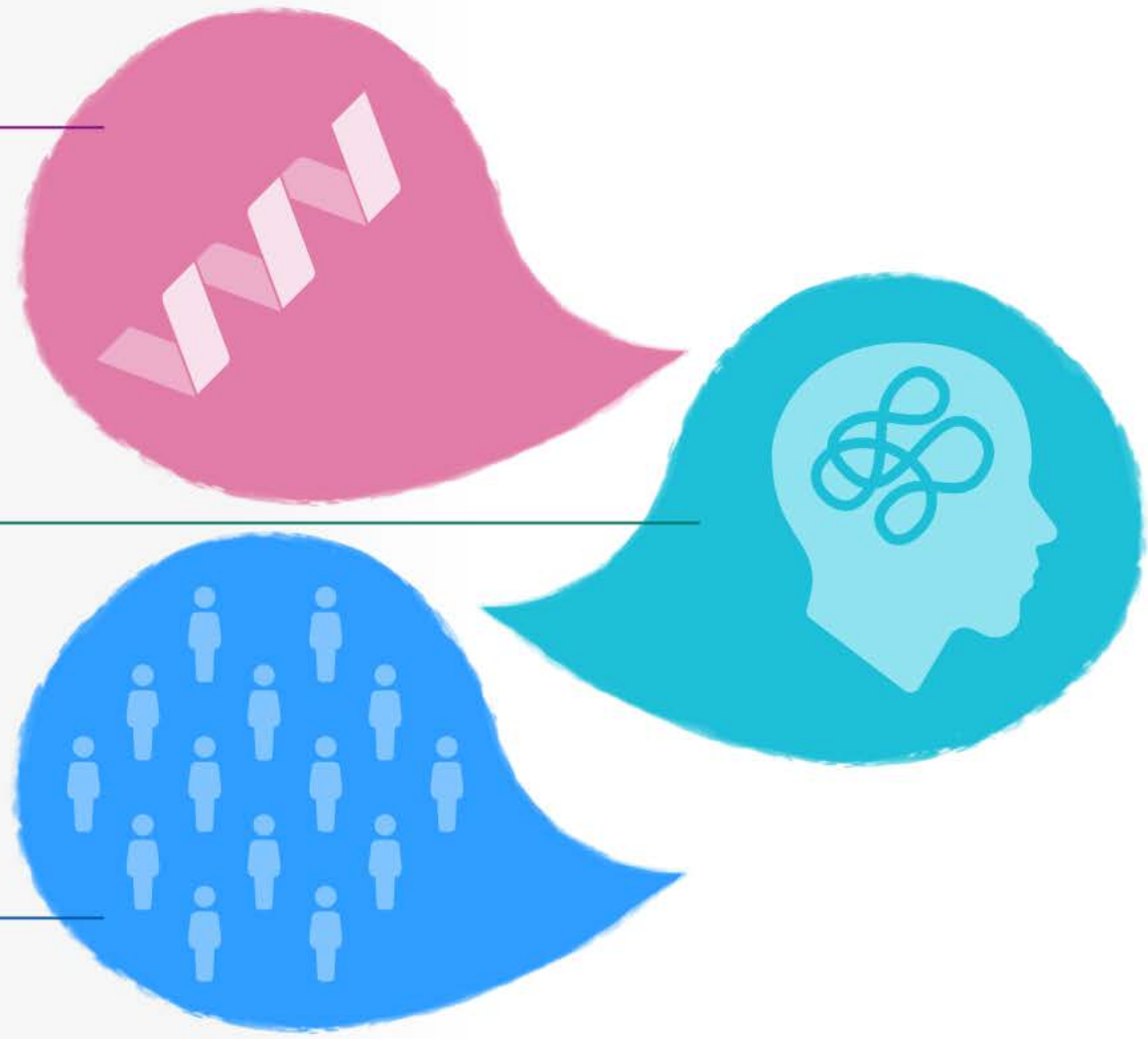
While experts continue to debate whether Alzheimer's should be viewed through the lens of the disease, the patient, or the population, some common perspectives are beginning to emerge, showing that these approaches are not necessarily mutually exclusive, and can even be synergistic.

Disease-centred
Focuses on pathology (amyloid and tau) as the disease, even without cognitive impairment

Patient-centred
Considers disease with pathology alongside the presence of cognitive impairment in defining the condition

Population-centred
Emphasises cognitive impairment itself regardless of the underlying pathology



Common ground
All three perspectives agree that cognitive decline generally results from Alzheimer's disease pathology combined with non-Alzheimer's disease-related vascular, neurodegenerative, genetic, and environmental factors. An educated biopsychosocial approach helps to identify the contribution of co-pathologies and personalise the most effective medication and non-medication interventions for each patient.

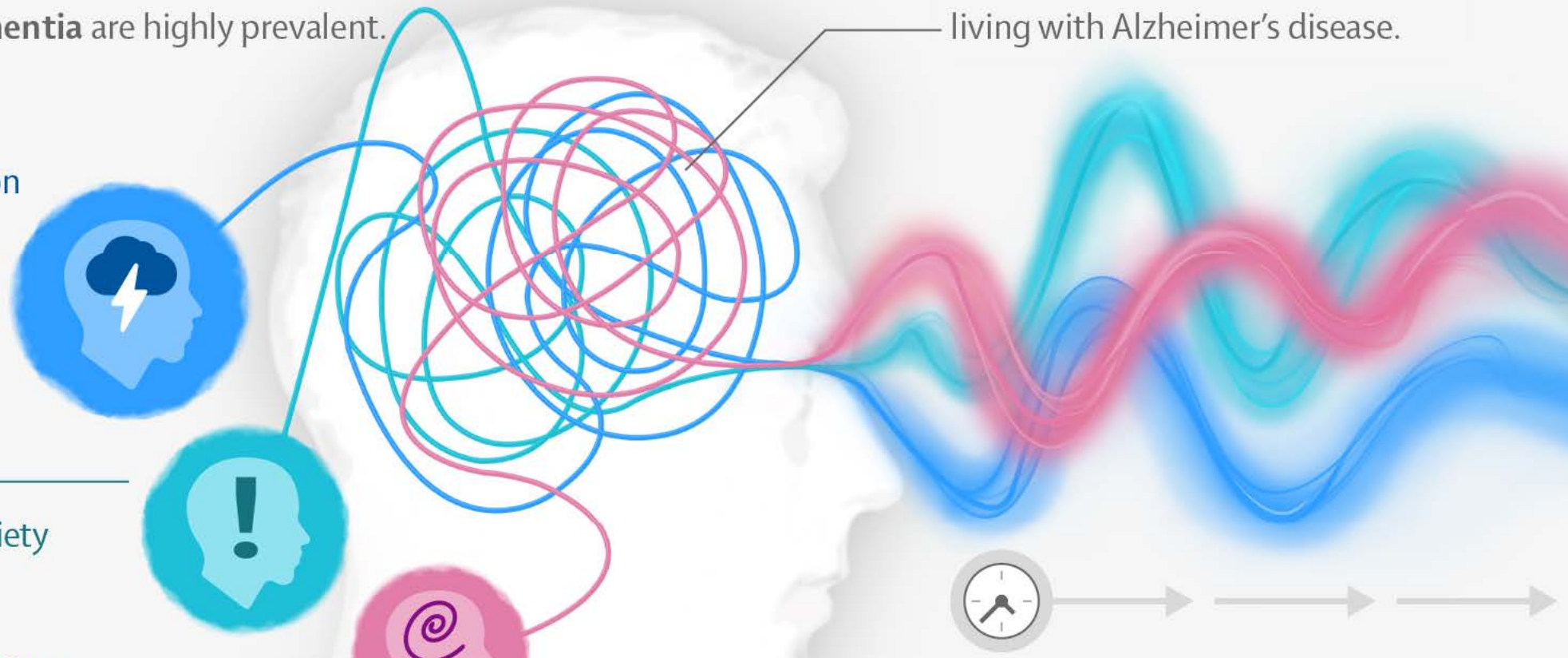
Common symptoms of Alzheimer's disease can be managed effectively with medication and non-medication strategies.

Among roughly 100 million people affected by Alzheimer's disease **behavioural and psychological symptoms of dementia** are highly prevalent.

>50%
experience agitation and depression

45%
experience anxiety

30 to 40%
experience apathy, sleep disorders, and psychosis



>90%
are estimated to develop at least one of these symptoms over the course of living with Alzheimer's disease.

These symptoms fluctuate over time, with cycles of weeks or months, showing spontaneous resolution and relapse.

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