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SUPPLEMENTARY MATERIAL



AFADE Brain Health: a multi-level socio-healthcare programme for Alzheimer's prevention. A regional pilot initiative in Murcia, Spain

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STRUCTURED SUMMARY

BACKGROUND	The 2024 Lancet Commission links up to 45% of dementia cases to 14 modifiable risk factors. ¹ Turning this evidence into structured, multi-sector models is still a challenge for governance, workforce capacity and community reach.
OBJECTIVE	To describe the design and early implementation of AFADE Brain Health – AvanCer®, the first programme in the Region of Murcia for brain-health prevention in midlife (ages 40–65, preclinical phase), within a life-course approach. It builds new socio-health agents with access to the non-clinical population and connects them through a shared methodology.
METHODS	A coordinated pathway with four agents on a social-to-clinical continuum: life-course education, community pharmacy, primary care (training for nursing and medical professionals) and specialist Brain Health Services. Each agent has its own training and assessment protocol, and all share one framework, instruments, risk stratification and data model. The programme runs under a collaboration agreement with the Regional Ministry of Health and partner universities. Open research lines with UCAM study physical exercise and nutrition in family members of people living with dementia.
RESULTS	In 2026, its first year, the programme trained or reached more than 460 people: 381 students (secondary, baccalaureate, vocational and university), more than 45 primary-care professionals, 9 staff of the Pharmacists' Association, more than 17 executives of small and medium-sized enterprises and 12 families of people living with dementia. The first two regional Brain Health Services opened in September 2026.
CONCLUSIONS	The programme shows the design feasibility of a regionally governed brain-health strategy aligned with Lancet 2024. It offers a framework that can be transferred to other national and European health systems, and it lays the ground for a Regional Brain Health Observatory.

Keywords: dementia prevention · brain health services · modifiable risk factors · midlife · community pharmacy · primary care · health-system implementation

1 Rationale

Pathophysiological changes leading to Alzheimer's disease begin decades before symptoms. Midlife is when exposure to most modifiable risk factors is highest and when prevention is most likely to work.¹ Most preventive and memory services, however, reach people only once cognitive complaints are established. In the Region of Murcia, no service systematically assessed dementia risk in adults aged 40–65 before this programme.

45%

of dementia cases potentially preventable or delayable by acting on 14 modifiable risk factors¹

~55,000

people estimated to live with some degree of cognitive impairment in the Region of Murcia^a

~3,400

people followed each year by the public specialised dementia units of the Region^a

^a Estimates published by the Regional Ministry of Health of Murcia (Murcia Salud portal, 2026). The two figures are not directly comparable (annual follow-up vs estimated prevalence) and are shown only to illustrate the order of magnitude of the gap.

2 Programme design

Framework and target population

The design follows the **2024 Lancet Commission**,¹ the **WHO** life-course approach to brain health² and the recommendations of the European task force for **Brain Health Services**.³ The preventive intervention follows the multidomain **FINGER** model and the World-Wide FINGERS network.^{4,5} The target population is **cognitively healthy adults aged 40–65**, in the preclinical and asymptomatic phase, with modifiable risk factors or subjective cognitive complaints.

Four agents on a social-to-clinical continuum

The programme does not create a new care structure. It turns existing settings into brain-health agents that can reach people who do not usually attend health services. The agents work independently but share one methodology. Assessment becomes deeper at each level, and clinical assessment and diagnosis always remain within the health system.

Table 1. Programme agents, from social to clinical

AGENT	SETTING	TRAINING	ASSESSMENT AND ROLE
01 · Education SOCIAL · LIFE COURSE 	Schools (incl. IB and vocational), universities (UMU, UCAM), Murcia–Milan eTwinning, workplaces (SMEs) and families of people living with dementia	Brain-health education programme for students and trainees	Brain-health literacy; comparative evidence between countries
02 · Community pharmacy COMMUNITY · SOCIO-HEALTH 	Regional community pharmacy network, through the Pharmacists' Association of Murcia (COFRM)	Accredited brain-health course (AFADE, Regional Ministry of Health, UCAM)	Screening for modifiable risk factors; lifestyle guidance and follow-up
03 · Primary care CLINICAL · FIRST LEVEL 	Primary-care teams: nursing and medical professionals	Training in brain health and modifiable risk factors	Identification of modifiable risk factors and brain-health advice in routine care
04 · Brain Health Services CLINICAL · SPECIALIST 	First two regional services: Quirónsalud Murcia and Viamed San José (Alcantarilla)	Specialist team in clinical neuropsychology; AvanCer® protocols	Neuropsychological assessment; differential diagnosis of MCI; biomarker evaluation only when indicated and within ethical frameworks ³ ; personalised plan and long-term follow-up. Access: free initial screening; full assessment at reduced cost (AFADE agreements)

3 Shared methodology

All agents use the same scientific framework, risk domains, instruments, stratification and data model. Each agent applies these according to its level and professional competencies. This keeps the data comparable across settings and builds a single regional dataset.

Risk domains (Lancet Commission 2024)

CARDIOVASCULAR Hypertension, diabetes, obesity, LDL cholesterol	LIFESTYLE Physical inactivity, smoking, excessive alcohol	SENSORY Hearing loss, untreated vision loss	PSYCHOSOCIAL Depression, social isolation, education	ENVIRONMENTAL Air pollution, traumatic brain injury
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Table 2. Instruments

INSTRUMENT	PURPOSE IN THE PROGRAMME	REFERENCE
CSC AFADE v2.0	Brain-health questionnaire developed by AFADE; structured collection of modifiable risk factors across the Lancet 2024 domains	AFADE
LIBRA-2	Lifestyle-based index of modifiable risk and protective factors	Rosenau et al., 2024 ⁶
CAIDE	Midlife dementia risk score (prediction at 20 years)	Kivipelto et al., 2006 ⁷
MoCA	Brief cognitive screening	Nasreddine et al., 2005 ⁸

Stratification, intervention and training

- **Risk stratification:** AFADE five-level protocol (**NO–N4**), which combines risk indices and cognitive screening to set the intensity of each person's preventive pathway.
- **Intervention:** a personalised prevention plan based on the multidomain FINGER model.⁴
- **Training:** a common core curriculum for pharmacists and clinical professionals, which keeps the method consistent across agents.

4 Families: training and research

Family members of people living with dementia are a group at increased risk and a natural entry point for AFADE as a family association. Since **June 2026**, they have had a **brain-health, prevention and wellbeing training** line, with one session per quarter, as part of AFADE's annual training and support programme for families (12 families in 2026). The same population is the focus of the research lines with UCAM.

Open research lines: lifestyle and brain health in family members In collaboration with Universidad Católica San Antonio de Murcia (UCAM)

FOCUS	Physical exercise and nutrition , two core domains of multidomain prevention ⁴
POPULATION	Family members of people living with dementia, a group at increased risk of dementia and a natural entry point for AFADE as a family association
APPROACH	Studies built on the programme's shared instruments and data model, so that results feed the regional dataset
FRAMEWORK	Declaration of Helsinki; GDPR; approval by the relevant research ethics committee
STATUS	Research lines open; study protocols in preparation

5 Early implementation, 2026

In its first year, the programme trained or reached **more than 460 people** across its settings. These are process indicators of reach; outcome indicators will come from the Brain Health Services and the research lines.

Table 3. Reach in 2026

AGENT / SETTING	GROUP AND ACTIVITY	N
01 · Education	Secondary students (ESO), Murcia–Milan eTwinning project on dementia awareness and brain health	120
	Baccalaureate students: brain health and healthy lifestyles	90
	Vocational training students: dementia awareness, brain health and healthy lifestyles	83
	Medical students: Alzheimer's disease and brain health	80
	Interns developing final-degree and master's projects on brain health and dementia	8
Families	Families of people living with dementia: brain-health, prevention and wellbeing training, one session per quarter since June 2026	12
Workplace	Executives of small and medium-sized enterprises (business consortium), sessions from October 2026	17+
02 · Community pharmacy	Staff of the Pharmacists' Association (COFRM), first brain-health training; first pharmacist programme in brain health and screening in co-design	9
03 · Primary care	Family medicine and nursing professionals trained in brain health and modifiable risk factors (training pilot)	45+
04 · Brain Health Services	First two regional services opened (Quirónsalud Murcia, Viamed San José), September 2026	2
People trained or reached (each family counted as at least one person)		460+

6 Governance and partnerships

The programme runs under a **Collaboration Agreement between AFADE and the Regional Ministry of Health of Murcia** (NRS-9/2025; 2026–2030). The agreement covers prevention, strengthening primary care, a Brain Health Services demonstrator node, equity of access and the evaluation of impact and cost-effectiveness. The agreement provides for a Monitoring Committee to set monitoring and evaluation criteria.

Partners: Universidad Católica San Antonio de Murcia (UCAM) · University of Murcia (UMU) · Pharmacists' Association of the Region of Murcia (COFRM) · Quirónsalud · Viamed San José · Pasqual Maragall Foundation (scientific alliance, 2026).

7 Towards a Regional Brain Health Observatory

The long-term goal is a regional observatory: the first regional Brain Health Services node. The shared data model is designed to produce:

- **Epidemiological data:** prevalence of modifiable risk factors at ages 40–65.
- **Feasibility data:** reach, uptake and completion of screening in community settings.
- **Care and process indicators** from the Brain Health Services.
- **Impact and cost-effectiveness**, in the long term.

8 Planned phases, 2026–2029

SEPT 2026 – MID 2027

Positioning

Partnership agreements, Brain Health Services running, first training editions for pharmacists and primary-care professionals.

2027 – 2028

Consolidation

All four agents active; UCAM research lines under way; process and care indicators; scientific dissemination; competitive funding.

2028 – 2029

Scale

A data-based decision on the programme's scale and on a stable observatory function.

9 Conclusions

- 1 Midlife and preclinical.** The programme acts at ages 40–65, before symptoms, in line with the Lancet Commission 2024, WHO and FINGER.
- 2 New agents, one method.** Education, community pharmacy, primary care and workplaces become brain-health agents. In its first year the programme reached more than 460 people outside the clinic, and all agents produce comparable data.
- 3 Transferable.** This cross-sector model links public health, universities, pharmacy and specialist care, and can be adapted to other national and European health systems.

10 References

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CONFLICTS OF INTEREST

None declared.

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LANGUAGE

This material follows Alzheimer Europe's guidelines on ethical and inclusive communication about dementia.