ISTISAN CONGRESSI 26|C2

ISSN: 0393-5620 (cartaceo) • 2384-857X (online)

Final Conference

Dementia in migrants living in Italy: promoting a diversity-sensitive clinical approach and provision of care

Istituto Superiore di Sanità
Rome, March 27, 2026

Edited by
I. Bacigalupo, F. Sciancalepore, E. Salvi,
B. Contoli and M. Canevelli

ISTITUTO SUPERIORE DI SANITÀ

Final Conference

Dementia in migrants living in Italy: promoting a diversity-sensitive clinical approach and provision of care

Istituto Superiore di Sanità
Rome, March 27, 2026

ABSTRACT BOOK

Edited by
Ilaria Bacigalupo (a), Francesco Sciancalepore (a), Emanuela Salvi (b),
Benedetta Contoli (a) and Marco Canevelli (c)

(a) National Center for Disease Prevention and Health Promotion,
Italian National Institute of Health, Rome
(b) National Centre for Drug Research and Evaluation,
Italian National Institute of Health, Rome
(*c) Sapienza University of Rome, Rome*

ISSN 0393-5620
ISTISAN Congressi
26/C2

Istituto Superiore di Sanità
Final Conference. Dementia in migrants living in Italy: promoting a diversity-sensitive clinical approach and provision of care. Rome, March 27, 2026.
Edited by Ilaria Bacigalupo, Francesco Sciancalepore, Emanuela Salvi, Benedetta Contoli and Marco Canevelli
2026, vii, 47 p. ISTISAN Congressi 26/C2

This book includes the abstracts that will be presented during the Final Conference Dementia in migrants living in Italy: promoting a diversity-sensitive clinical approach and provision of care. The final conference is organized into five sessions: the first will present contributions on global health commitments regarding diversity, dementia, and healthy aging; the second will be dedicated to the epidemiology of dementia in migrants; the third will address the assessment of dementia in migrants and culturally diverse individuals; the fourth will focus on cross-cultural cognitive and functional assessment; and the fifth will showcase real-world experiences in improving care for migrants living with dementia.

Key words: Dementia, Migrants, Final Conference

Istituto Superiore di Sanità
Conferenza Finale. Demenza nei migranti che vivono in Italia: sviluppo e implementazione di modelli clinici e assistenziali sensibili alle diversità. Roma, 27 marzo 2026. Riassunti.
A cura di Ilaria Bacigalupo, Francesco Sciancalepore, Emanuela Salvi, Benedetta Contoli e Marco Canevelli
2026, vii, 47 p. ISTISAN Congressi 26/C2 (in inglese)

Nel presente volume sono riportati i lavori che verranno presentati nel corso della Conferenza Finale Demenza nei migranti che vivono in Italia: sviluppo e implementazione di modelli clinici e assistenziali sensibili alle diversità. La conferenza finale si articola in cinque sessioni: nella prima saranno presentati contributi susul tema della diversità nell'ambito delle strategie di sanità pubblica e globale rivolte alla demenza e all' invecchiamento, la seconda sarà dedicata all'epidemiologia della demenza nei migranti, nella terza si affronterà il tema della valutazione della demenza nei migranti e in individui culturalmente diversi, nella quarta il focus sarà posto sulla valutazione cognitiva e funzionale cross-culturale, nella quinta verranno presentate le esperienze dal mondo reale sull'assistenza ai migranti affetti da demenza.

Parole chiave: Demenza, Migranti, Convegno finale

Per informazioni su questo documento scrivere a: emanuela.salvi@iss.it

Il rapporto è disponibile online sul sito di questo Istituto: www.iss.it.

Citare questo documento come segue:

Bacigalupo I, Sciancalepore F, Salvi E, Contoli B, Canevelli M (Ed.). *Final Conference. Dementia in migrants living in Italy: promoting a diversity-sensitive clinical approach and provision of care. Roma, Rome, March 27, 2026. Abstract Book.* Roma: Istituto Superiore di Sanità, 2026 (ISTISAN Congressi 26/C2).

Legale rappresentante dell'Istituto Superiore di Sanità: *Rocco Bellantone*
Registro della Stampa - Tribunale di Roma n. 119 del 16/5/2014 (cartaceo) e n. 120 del 16/5/2014 (online)
Direttore Responsabile della serie: *Antonio Mistretta*
Redazione*: Patrizia Mochi e Giovanna Morini*

Viale Regina Elena, 299 – 00161 Roma

INDEX

PROGRAMME

March 27th, 2026

09.00 Opening Ceremony
Prof. Rocco Bellantone
President, Italian National Institute of Health

Dott. Andrea Piccioli
Director General, Italian National Institute of Health

Prof. Giovanni Capelli
Director, National Centre for Disease prevention and health promotion

Dott.ssa Caterina B.N.A. Bianchi, **Dott.ssa Cristina Tamburini**
Directorate-General for Healthy Lifestyles and Ecosystem Relations
Ministry of Health

Dott. Santino Severoni, Dr. Katrin Seeher
World Health Organization

09.20 Opening Remarks
Marco Canevelli, Ilaria Bacigalupo

Session 1

GLOBAL HEALTH COMMITMENTS ON DIVERSITY, DEMENTIA, AND HEALTHY AGEING

Chair: **Dianne Gove**

9.30 *Advancing dementia care: Italy's public health response within the WHO Global Action Plan and European strategies*
Nicola Vanacore

9.45 *The Decade of Healthy Ageing: a focus on cultural diversity*
Matteo Cesari

10.00 *Diversity and dementia from the perspective of patients' associations: Alzheimer Disease International*
Paola Barbarino

10.15 *Dementia in refugees and migrants: epidemiology, public health implications and global responses*
Marco Canevelli

10.30 Discussion

10.45 Coffee break

SESSION 2

EPIDEMIOLOGY OF DEMENTIA IN MIGRANTS

Chair: **Benedetta Contoli**

11.00 *Dementia in migrants living in the Lazio region: exploring prevalence and mortality relying on health information systems*
Silvia Cascini, Anna Acampora

11.15 *Diversity and dementia prevention*
Sanne Franzen

11.30 *Health needs of older people in humanitarian crises: a focus on mental health*
Favila Escobio

11.45 Discussion

Session 3

ASSESSMENT OF DEMENTIA IN MIGRANTS AND CULTURALLY DIVERSE INDIVIDUALS

Chair: **Giuseppe Bruno**

12.00 *Assessment of dementia in minority ethnic groups in Europe: A 14-year follow-up survey*
Rune Nielsen

12.15 *A nationwide survey of Italian Centers for Cognitive Disorders and Dementia on the provision of care for international migrants*
Ilaria Bacigalupo

12.30 *Influence of diversity on bloodbased biomarkers of Alzheimer's disease*
Daniel Kjaergaard

12.45 *Culturally and linguistically diverse patients in an Italian memory clinic: lessons learned from the ImmiDem Project*
Ilaria Cova

13.00 *Characteristics of migrants referred to Italian Centers for Cognitive Disorders and Dementia*
Francesco Sciancalepore

13.15 Discussion

13.30 Light Lunch

Session 4
CROSS-CULTURAL COGNITIVE AND FUNCTIONAL ASSESSMENT

Chair: **Camillo Marra**

14.30 *Translation and adaptation into Italian of cross-cultural cognitive assessment tools: BASIC, RUDAS, and CNTB*
Simone Pomati

14.45 *Cross-cultural functional assessment for dementia*
Clara Calia

15.00 *Optimising interpreter mediated assessments for dementia: the OPTIMEDD project*
Naaheed Mukadam

15.15 *Innovations in cross-cultural cognitive assessment*
Pauline Narme

15.30 *Capturing quality of education in culturally, linguistically and educationally diverse populations*
Renelle Bourdage

15.45 Discussion

Session 5
REAL-WORD EXPERIENCES ON IMPROVING CARE FOR MIGRANTS WITH DEMENTIA

Chair: **Lorenzo Tarsitani**

16.00 *Engagement with migrant communities: the Modena experience*
Valentina Guerzoni

16.15 *Training of healthcare professionals: the Bologna experience*
Lucia Bosi

16.30 *Translation of the MMSE into the Genoese dialect*
Guglielmo Bruzzone

16.45 *Promoting awareness and competency on dementia in migrants: the Immidem website*
Benedetta Ferrucci, Norina Wendy Di Blasio

17.00 Discussion

17.15 *Closing remarks*
Marco Canevelli, Ilaria Bacigalupo, Benedetta Contoli

NOTES FOR CONSULTATION

This volume collects all the contributions presented at the Final Conference Dementia in migrants living in Italy: promoting a diversity-sensitive clinical approach and provision of care.

For ease of reference, the abstracts are presented in alphabetical order by first author. An index of all authors for each individual contribution is also included at the end of the work.

Abstratcs

DEMENTIA IN MIGRANTS LIVING IN THE LAZIO REGION: EXPLORING PREVALENCE AND MORTALITY RELYING ON HEALTH INFORMATION SYSTEMS

Acampora Anna (a), Cascini Silvia (a), Canevelli Marco (a,b), Cova Ilaria (d), Contoli Benedetta (b), Pomati Simone (e), Bellomo Guido (b), Bacigalupo Ilaria (b), Vanacore Nicola (b), Agabiti Nera (a), Angelici Laura (a)

(a) Department of Epidemiology, Lazio Regional Health Service, Rome, Italy
(b) National Center for Disease Prevention and Health Promotion, Italian National Institute of Health, Rome, Italy
(c) Department of Human Neurosciences, Sapienza University of Rome, Rome, Italy
(d) Neurology Unit, Luigi Sacco University Hospital, Milan, Italy
(e) Cognitive Disorders and Dementia Center, IRCCS Maugeri, Pavia, Italy

Introduction. Dementia is a major cause of disability and death among older people. Older migrants living in Italy are increasing and the prevalence of dementia is expected to rise in this population. Nevertheless, there is lack of real-world information concerning their health outcomes. The aim of this work was to analyse mortality in migrants with dementia living in Lazio, Italy (IMMIDEM project, GR-2021-12372081).

Methods. A prevalence study included individuals aged ≥50, living in Lazio as of December 31, 2022. A validated algorithm based on Health Information Systems identified patients with dementia. Migrant status was defined by country of birth, categorized as native Italians, migrants from Highly Developed Countries (HDCs) and from High Migratory Pressure Countries (HMPCs). Age-standardized prevalence of dementia, and 95% confidence intervals (CI) were estimated overall and by migrant status. Dementia population characteristics were compared according to migrant status using $\chi 2$test. In addition, people with dementia aged ≥50, living in Lazio on 31st December 2018 were identified and followed-up for 5 years. Age-standardized mortality rate (SMR) was estimated overall and by migrant status. Time to event analysis was performed using Kaplan-Meier curves, log-rank tests, and multivariate Cox regression.

Results. The prevalence study included 3,976,160 individuals and 38,708 had dementia, with an overall prevalence of 0.85% (CI:0.84-0.86), a prevalence of 0.87% (CI:0.86-0.88) in Italians, 0.69% (CI:0.62-0.76) in HDCs, and 0.57% (CI:0.54-0.61) in HMPCs. Italians were older and with a higher male percentage than migrants. Additionally, Italians showed a greater percentage of anti-dementia drug use (54.4% Italians, 51.0% HDCs, 47.4% HMPCs, $p<0.001$). On 31st December 2018, 38,835 individuals with dementia were living in Lazio, (2.2% HMPCs; 0.9% HDCs). The SMR was lower in migrants (HPMCs 34.8%, CI95% 30.1%-40.2%; HDCs 29.1%, CI95% 21.6%-39.1%) than in natives (44.8%; CI95% 43.2%-46.4%). The age-adjusted mortality hazard ratio (HR) was lower in migrants (HDCs HR=0.77, CI95%:0.66-0.91; HMPC HR=0.84, CI95%:0.75-0.93) than natives.

Conclusions. The study showed lower dementia prevalence among migrants compared to native Italians, with reduced access to anti-dementia drug, especially in individuals from HMPCs. The cohort study found lower mortality rate among migrants. Under-diagnosis, the “salmon bias”, and the “'healthy migrant effect” could explain this apparent paradox, consistently with available literature. Following-up migrants using HIS may cause underestimation. Enhancing the comprehension of this phenomenon could allow the formulation of more effective policies and practices for the management of dementia in migrant population.

A NATIONWIDE SURVEY OF ITALIAN CENTERS FOR COGNITIVE DISORDERS AND DEMENTIA ON THE PROVISION OF CARE FOR INTERNATIONAL MIGRANTS

Bacigalupo Ilaria
National Centre for Disease Prevention and Health Promotion, Italian National Institute of Health, Rome, Italy

Introduction. The number of older people with a history of international migration is increasing in Italy and in other European countries. As a result, the health needs of the migrant population and the related care requirements are evolving. The project "Dementia in immigrants and ethnic minorities living in Italy: clinical epidemiological aspects and public health perspectives" (ImmiDem) was established with the aim of providing unique data on the magnitude and characteristics of this emerging phenomenon, documenting possible inequalities in dementia services across Italian regions. This paper presents the results of a national survey conducted among Italian Memory Clinics (Centres for Cognitive Disorders and Dementia, CCDDs), aimed at exploring the preparedness of services in addressing this growing challenge.

Methods. An online survey was conducted among all Italian CCDDs between December 2020 and April 2021. A specifically developed questionnaire collected information on the number of migrants evaluated in 2019, the challenges encountered in the diagnostic pathway, and potential facilitators in the provision of care, with the aim of identifying barriers and resources for diversity sensitive care.

Results. A total of 343 out of 570 CCDDs completed the survey (response rate: 60.2%). In 2019, more than 4,500 migrants accessed these services (median: 5; interquartile range: 1–15). More than one third of centres-particularly those located in Northern and Central Italy-reported an increase in visits and assessments of migrants over the past five years. Only a small proportion of CCDDs reported having dementia information materials translated into other languages, cross cultural cognitive tests, or access to interpreting or cultural mediation services. Based on the responses collected, the main difficulties in providing care to migrants with cognitive disorders concerned communication and the disclosure of the diagnosis, as well as the involvement of the family. Marked regional differences were also observed in the availability of resources across services.

Conclusions. The survey shows that Italian CCDDs are not yet adequately prepared to provide culturally sensitive care, as required by ongoing sociodemographic changes. The findings may inform public health initiatives aimed at reducing inequalities, ensuring high standards of care, and promoting the well being of all people with dementia living in Italy, regardless of their country of birth. Developing culturally sensitive models of care and support is therefore essential to ensure the inclusion of migrant populations within Italy's response to dementia.

DIVERSITY AND DEMENTIA FROM THE PERSPECTIVE OF PATIENTS' ASSOCIATIONS: ALZHEIMER DISEASE INTERNATIONAL

Barbarino Paola
Alzheimer's Disease International, London, England

Alzheimer's Disease International is a federation of over 100 Alzheimer and dementia associations globally. We work by empowering Alzheimer and dementia associations to advocate for dementia as a national priority, to raise awareness and to offer support for people with dementia and their care partners. Globally, we strive to focus attention on dementia, maintain it as a global health priority, campaign for better policy from governments and encourage investment and innovation in dementia research. As a member-based organisation, one of the key principles that we employ within the organisation and with our member associations is that there is no "one size fits all" approach when it comes to dementia advocacy and support. What works in one country, within one cultural, social, economic and medical context will not necessarily be as successful in another. This global diversity is one of ADI's biggest strengths. Because of the international nature of our organisation, we are so fortunate to have member organisations from all corners of the world, who remind us that we do need to think outside the box, outside our comfort zone, and outside the context in which we live. It also reminds us that we can learn from the differing experiences of others, and we so often see our members can collaborate, share knowledge, and be solutions-orientated because of the diversity between them. This presentation will highlight cultural aspects of dementia care using case studies of some of ADI's member organisations from around the world. It will explore how culture in all its aspects affects the nature of dementia care from country-to-country and how these considerations must be taken into account in order to successfully plan dementia advocacy campaigns and dementia support for all who live with the condition globally.

TRAINING OF HEALTHCARE PROFESSIONALS: THE BOLOGNA EXPERIENCE

Bosi Lucia
Local Health Authority, Bologna, Italy

Introduction. International migration is reshaping the demographic profile of Italian cities, including Bologna, where the number of foreign-born residents aged ≥65 has markedly increased in recent years. Dementia services are therefore confronted with new organizational demands to ensure equitable access and culturally appropriate cognitive assessment. This presentation describes the initial implementation of the Immidem collaboration within the Bologna Local Health Authority (AUSL), highlighting organizational adaptations and preliminary clinical observations from Cognitive Disorders and Dementia Centers (CDCDs).

Methods and organizational implementation. Since 2024, a structured assessment pathway dedicated to migrant patients has been implemented within the network of CDCD of the AUSL of Bologna and its province. Dedicated 60-minute appointment slots have been introduced for each patient in order to provide study information and obtain informed consent, collect personal and migration history, and administer the RUDAS scale in addition to commonly used cognitive screening tools (MMSE and/or MoCA). Nursing staff play a central role in this pathway: they identify eligible patients during the booking process, conduct a telephone-based linguistic triage, and activate interpreting services or cultural mediation when necessary. To date, approximately 70 patients have been assessed within this structured pathway. This number likely underestimates the true underlying need, suggesting the presence of unmet need and potential inequalities in access to services. Another challenge that has emerged concerns the limited availability of culturally and linguistically adapted non-pharmacological interventions, such as Day Care Centers offering activities tailored to multicultural users. In parallel, the organizational implementation included multidisciplinary awareness initiatives, such as a local conference held in May 2025 on dementia and migration, aimed at physicians, nurses, psychologists, social workers, and healthcare volunteers. The RUDAS scale has also been formally included in the local clinical care pathway (PDTAI) as a first-level diagnostic tool. Furthermore, a centralized training course focusing on the role of nurses in CDCD services has been launched, including a specific anthropological and cultural perspective on migrant patients.

Conclusions. Dementia assessment in migrants requires structured organizational interventions. The introduction of dedicated consultation time, proactive language mediation pathways and transcultural nursing triage can improve diagnostic accuracy and clinical appropriateness. Embedding culturally appropriate instruments (RUDAS) into standardized pathways and investing in multidisciplinary training enhances sustainability. Preliminary data also highlight a probable unmet need and the importance of expanding both case identification and culturally adapted non-pharmacological interventions.

CAPTURING QUALITY OF EDUCATION IN CULTURALLY, LINGUISTICALLY AND EDUCATIONALLY DIVERSE POPULATIONS

Bourdage Renelle, Franzen Sanne
Alzheimer Center & Department of Neurology, Erasmus MC University Medical Center, Rotterdam, Netherlands

The effect of education on neuropsychological test performance is well established, with education influencing both underlying cognitive processes and familiarity with test formats and expectations. However, most neuropsychological assessments currently used in clinical practice were developed and validated in populations from countries with historically greater access to educational resources, higher standards of living, and relatively stable socio-political contexts. As a result, assumptions underlying neuropsychological tests are that test-takers possess specific cultural knowledge and educational experiences that would have familiarized them with certain test content and formats (i.e., "test-wiseness"). Indeed, studies have shown that which educational experiences or skills are obtained and valued in school settings translate to performances on neuropsychological tests, meaning that even when educational level is controlled differences due to testing familiarity remain. Consequently, individuals from culturally, linguistically, or educationally diverse backgrounds are more likely to obtain lower scores on neuropsychological assessments, independent of their true cognitive abilities, thereby increasing the risk of diagnostic misclassification. This concern is particularly salient in Europe, where several demographic trends intersect: (a) increasing cultural diversity due to historical and ongoing migration, (b) substantial variability in educational attainment within both migrant and native populations, including a notable proportion of individuals with limited or no formal schooling, and (c) a growing number of individuals from these groups reaching older age. In addition, dementia risk may be elevated in older migrant populations, potentially due to a higher prevalence of risk factors such as low educational attainment, diabetes, and hypertension. Taken together, these factors underscore the importance of understanding an individual's educational background and the quality of education received when interpreting neuropsychological test performance, particularly in culturally, linguistically, and educationally diverse populations. This further highlights the need to directly assess quality of education, as traditional indicators, such as years of schooling or level of educational attainment (e.g., primary, secondary, university), may fail to adequately capture meaningful differences in educational experience.

TRANSLATION OF THE MMSE INTO THE GENOESE DIALECT

Bruzzone Guglielmo, Bampi Franco, Nencioni Alessio, Monacelli Fiammetta
University of Genoa, Genoa, Italy

Introduction. Language plays a crucial role in cognitive assessment, particularly in older adults, who may retain stronger familiarity with their native dialect than with standard language. The Mini-Mental State Examination is one of the most widely used cognitive screening tools worldwide and has been translated into numerous languages. However, no version currently exists in the Genoese dialect, a traditional language still commonly spoken among older adults in Liguria. This study aimed to develop a culturally and linguistically adapted Genoese version of the Mini-Mental State Examination and to explore its feasibility, acceptability, and potential effects on cognitive performance and emotional response.

Methods. The Mini-Mental State Examination was translated into Genoese dialect through close collaboration with a Genoese language expert to ensure semantic and cultural equivalence. The adapted version preserved the original structure and scoring system while modifying selected expressions to reflect local linguistic usage. Thirty older adults undergoing routine cognitive evaluation were administered both the Italian and the Genoese versions. Cognitive performance was measured using total Mini-Mental State Examination score. Emotional response was assessed immediately after each administration using a numerical rating scale ranging from zero to ten, with higher scores indicating greater anxiety.

Results. The mean Mini-Mental State Examination score was 21.2±5.0 in Italian and 23.5±4.3 in Genoese, showing a non-statistically significant increase in the dialect version ($p=0.099$). Anxiety scores were significantly lower during administration in Genoese, with a mean numerical rating scale score of 0.46 ± 0.4 compared to 1.46±1.0 during the Italian version ($p=0.01$). Participants frequently reported greater comfort and familiarity when interacting in dialect.

Conclusions. The Genoese dialect version of the Mini-Mental State Examination was feasible and well accepted among older adults. Its use was associated with reduced anxiety and a trend toward higher cognitive scores. Dialect-based cognitive assessment may improve patient engagement and provide a more culturally appropriate evaluation in populations with strong linguistic identity. Further studies with larger samples are needed to validate its diagnostic accuracy and establish normative values."

CROSS-CULTURAL FUNCTIONAL ASSESSMENT FOR DEMENTIA

Calia Clara
University of Edinburgh, Edinburgh, UK

The European Consortium on Cross-Cultural Neuropsychology (ECCroN) brings together researchers and clinicians working to improve the cultural validity of cognitive and functional assessments across diverse populations. In an increasingly diverse global context, cross-cultural functional assessment is essential for equitable and accurate dementia detection. However, widely used measures of functional decline are often developed and validated primarily in Euro-American settings, limiting their applicability across different cultural and social contexts. This presentation outlines key challenges in current functional assessment practices, including limited cultural adaptability, inconsistent validation processes, and the underrepresentation of diverse populations in tool development. Functional abilities are shaped by sociocultural norms, living arrangements, gender roles, and access to resources, yet these contextual factors are rarely systematically incorporated into assessment tools. As a result, culturally biased assessments may lead to misinterpretation of functional decline and contribute to inequalities in dementia diagnosis and care. Drawing on existing literature and collaborative work within ECCroN, we propose a multidimensional framework for culturally responsive functional assessment that integrates both standardised and culturally grounded approaches. This framework emphasises the identification of transcultural markers of functional decline, robust and transparent adaptation and validation processes, and meaningful stakeholder engagement, including input from local communities and clinicians. Such an approach seeks to balance diagnostic rigour with contextual relevance. Addressing cultural bias in functional assessment is both a clinical and ethical priority. Researchers should expand the evidence base for culturally sensitive tools, clinicians should interpret functional changes within their sociocultural context, and policymakers should support the development and implementation of inclusive assessment approaches. To support this effort, we present a set of actionable priorities developed through ECCroN collaboration. These priorities synthesise recurring themes from the literature and clinical experience across Europe and provide a preliminary roadmap for future research, validation, and clinical practice aimed at developing culturally responsive functional assessment tools for dementia.

DEMENTIA IN REFUGEES AND MIGRANTS: EPIDEMIOLOGY, PUBLIC HEALTH IMPLICATIONS AND GLOBAL RESPONSES

Canevelli Marco
Department of Human Neurosciences, Sapienza University of Rome, Rome, Italy

Introduction. Due to global population ageing, an increasing number of refugees and migrants are affected by dementia and cognitive disorders, with significant clinical and societal consequences. To enhance patient care, service delivery, and healthcare policy, it is essential to gather existing evidence and identify knowledge gaps on dementia in these groups. Understanding its scale and challenges is crucial for shaping research priorities and targeted policies. Based on the premises, a scoping review was conducted to map the existing evidence on the impact of dementia in refugees and migrants and to offer policy considerations to improve care and support for these population groups.

Methods. The scoping review searched PubMed, Web of Science, PsycInfo, and Embase from inception to July 1, 2022, to identify original studies on dementia in people with different migration backgrounds and legal entitlements (international migrants, refugees, and asylum seekers) and/or their carers. This search was complemented by a grey literature review of websites of international organizations, non-governmental organizations, government ministries, research institutes, and networks to identify relevant policy documents. To align this research with the existing dementia policy framework, the retrieved evidence was mapped onto the seven action areas of the WHO Global Action Plan on the Public Health Response to Dementia 2017-2025.

Results. A total of 186 records (i.e., 147 studies and 39 policy papers/documents) were included in the evidence synthesis. Dementia among refugees and migrants is attracting growing scientific attention, as shown by the rising number of studies. Evidence indicates that, due to global population ageing, more refugees and migrants are affected by dementia and may require health services tailored to their specific needs in host countries. Migration and forced displacement can influence multiple aspects of dementia care, including prevention, diagnosis, and support, and may expose affected individuals to inequalities in access to health and social care. The literature also shows important gaps, particularly the lack of data on refugees and migrants living in humanitarian crises and in low- and middle-income countries.

Conclusions. Refugees and migrants must be included in global health commitments related to dementia, aiming to prevent marginalization, reduce health inequities, and ensure equitable access to services throughout the entire continuum of care.

THE DECADE OF HEALTHY AGEING: A FOCUS ON CULTURAL DIVERSITY

Cesari Matteo
Child, Adolescent and Older People Unit; Department of Sexual, Reproductive, Maternal, Child, Adolescent and Ageing Health; World Health Organization, Geneva, Switzerland

The United Nations Decade of Healthy Ageing (2021-2030) calls for global transformation to support older adults' functional ability and well-being. Yet, achieving this goal requires more than biomedical or structural interventions. It demands explicit attention to cultural diversity as a core determinant of health equity in ageing. Cultural context profoundly shapes how ageing is experienced, perceived, and supported. Beliefs about health, family roles, caregiving, autonomy, and dementia influence access to care, help-seeking behaviours, and the acceptability of interventions. Ignoring these dimensions risks rendering global health commitments ineffective or even harmful when applied uniformly across diverse populations. This presentation argues that cultural diversity must be embedded in all levels of policy, research, and practice related to healthy ageing. It will examine how global frameworks can be meaningfully operationalised only through culturally responsive approaches. This includes centring the voices of older adults from varied cultural backgrounds, ensuring inclusive data collection, and training health systems to recognise and respect cultural differences. Cultural competence is not optional; it is foundational to equitable ageing. Without it, efforts to promote healthy ageing may inadvertently reinforce disparities, particularly for marginalised or minority communities. The presentation will conclude with key principles for integrating cultural diversity into global health commitments: co-design with communities, context-sensitive implementation, and systemic accountability for equity.

CULTURALLY AND LINGUISTICALLY DIVERSE PATIENTS IN AN ITALIAN MEMORY CLINIC: LESSONS LEARNED FROM THE IMMIDEM PROJECT

Cova Ilaria (a), Maestri Giorgia (a), Nicotra Alessia (a), Forgione Arianna (a), Maggiore Laura (a), Acampora Anna (b), Canevelli Marco (c), Vanacore Nicola (d), Pantoni Leonardo (e, f), Pomati Simone (g)

(a) Neurology Unit, Luigi Sacco University Hospital, Milan, Italy
(b) Department of Epidemiology, Regional Health Service, Lazio Region, Rome, Italy
(c) Department of Human Neuroscience, Sapienza University, Rome, Italy
(d) National Center for Disease Prevention and Health Promotion, Italian National Institute of Health, Rome, Italy
(e) Department of Biomedical and Clinical Sciences, University of Milan, Italy.
(f) Department of Neurorehabilitation Sciences, Casa di Cura Igea, Milan, Italy
(g) Istituti Clinici Scientifici Maugeri IRCCS, Pavia, Italy

Introduction. Increasing global migration and progressive population ageing are reshaping the epidemiology of dementia in Europe. Migrants and Culturally and Linguistically Diverse (CALD) individuals often encounter substantial barriers to timely and accurate cognitive assessment, including language discordance, cultural differences, limited educational attainment, and reduced access to culturally appropriate diagnostic tools. In Italy, the ImmiDem Project-funded by the Ministry of Health-was launched to improve preparedness for dementia care among migrant populations through dissemination of information, validation of cross-cultural cognitive instruments, and professional training. This study aimed to evaluate longitudinal changes in diagnostic practices within an Italian Centre for Cognitive Disorders and Dementia (CCDD) before and after the implementation of ImmiDem initiatives.

Methods. We conducted a retrospective observational study including all consecutive CALD patients evaluated at the CCDD of Sacco University Hospital (Milan) between January 2016 and December 2024. CALD status was defined as being foreign-born with a primary language other than Italian. Sociodemographic variables (age, sex, education, country of origin, linguistic proficiency) and clinical data (type of cognitive assessment, use of mediators, diagnostic classification) were collected from electronic medical records. Two time periods were compared: T1 (2016-2020), preceding ImmiDem implementation, and T2 (2021–2024), following its introduction. Cognitive screening tools included MMSE, MoCA, and RUDAS; extensive neuropsychological assessment comprised standard cognitive tests (SCT) and cross-cultural tests (CCT). Statistical analyses included group comparisons and correlation analyses.

Results. A total of 163 CALD patients (4.2% of 3,843 referrals) were identified. The number of CALD referrals increased by 180% in T2, with prevalence rising from 2.1% to 5.9%. Mean age was 65.2±13.8 years; 35.2% had low educational attainment. Patients originated from 46 countries and spoke 26 languages, reflecting marked heterogeneity without significant demographic differences between T1 and T2. Screening evaluations were performed in 81.6% of cases, while 33.1% underwent extensive neuropsychological testing. The use of professional cultural mediators and cross-cultural cognitive tools significantly increased in T2. RUDAS demonstrated weaker correlations with age and education compared to MMSE and MoCA, supporting its relative robustness against sociodemographic bias. Overall concordance between RUDAS and MMSE classifications was high (80.8%). Importantly, T2 was characterized by a relative shift toward earlier-stage diagnoses, with a greater proportion of subjective cognitive decline and mild cognitive impairment, suggesting earlier referral and improved diagnostic sensitivity.

Conclusions. Over nearly a decade, our Italian memory clinic experienced a substantial rise in CALD referrals accompanied by progressive adaptation of diagnostic practices. Implementation of cross-cultural tools and increased involvement of professional mediators were associated with earlier detection of cognitive impairment and enhanced equity in assessment. Nonetheless, persistent challenges-including limited validated normative data, heterogeneity of linguistic backgrounds, and variability in cultural competence-highlight the need for multicentre prospective studies and structured training programs. These findings provide practical insights into how specialized dementia services can evolve to meet the needs of increasingly diverse populations and support more equitable models of cognitive care.

HEALTH NEEDS OF OLDER PEOPLE IN HUMANITARIAN CRISES: A FOCUS ON MENTAL HEALTH

Escobio Favila
Médecins Sans Frontières, Operational Centre Brussels, Bruxelles, Belgium

As global populations' age and humanitarian crises multiply due to conflict, climate change, and forced displacement, the health needs of older adults in emergency settings are increasingly urgent yet under recognized. Older people experience compounded vulnerabilities in these contexts, including higher burdens of non-communicable diseases, cognitive decline, and mental health conditions, all exacerbated by disrupted health services, resource limitations, and social exclusion. Dementia presents particular challenges in humanitarian settings, where continuity of care, specialist services, and caregiver support are often insufficient, and structural ageism limits access to assessment and treatment. Older adults face multiple barriers to care in humanitarian contexts: limited mobility, insufficient understanding of the rights and needs of older population, medication shortages, and discriminatory attitudes among providers. Neurocognitive disorders such as dementia are frequently overlooked, and displaced populations face additional linguistic, cultural, and systemic obstacles to diagnosis, management, and ongoing support. Trauma, social isolation, stress, and nutritional deficiencies are key contributors to cognitive decline and amplify serious health-related suffering (SHS). Recent published Médecins Sans Frontières data highlight elevated neuropsychiatric symptoms in older displaced adults, reflecting the urgent need for interventions that address both cognitive and broader health needs across humanitarian contexts. Some of the actual crises illustrate these vulnerabilities, where age-disaggregated data remain sparse, limiting clear understanding of what is reallz happening, while we know firsthand how in Gaza, older adults experience restricted access to essential services, and nutritional support. In Ukraine, one of the most "aged" humanitarian crises globally, older adults often remain in frontline areas, facing economic hardship, isolation, and limited health services. Sub-Saharan African crises, from protracted conflicts to climate-induced displacement, further demonstrate that older people's needs are frequently overlooked despite their contributions as caregivers, community leaders, and knowledge holders. Recognizing their role is essential to building resilient humanitarian responses. The WHO Integrated Care for Older People (ICOPE) framework, embedded in the UN Decade of Healthy Ageing provides evidence-based pathways to support intrinsic capacity, including cognitive, physical, and psychosocial function. But implementation in humanitarian settings remains limited. Ensuring a continuum of care-including responding to acute needs but also to unmet long-term and palliative care urgent needs-is essential. Person-centered approaches, caregiver support, and culturally appropriate intervention to preserve dignity and functional independence while addressing barriers including structural and interpersonal ageism. Older adults, and their families, particularly those living with dementia, remain at heightened risk of neglect. Humanitarian responders and health systems must adopt age-inclusive frameworks, integrate long-term and palliative care strategies, strengthen data collection, and recognize the social and cultural value older adults bring to communities. Without deliberate inclusion, older persons risk continuing as the invisible casualties of humanitarian crises.

PROMOTING AWARENESS AND COMPETENCY ON DEMENTIA IN MIGRANTS: THE IMMIDEM WEBSITE

Ferrucci Benedetta, Di Blasio Norina Wendy
Il Pensiero Scientifico Editore Srl, Rome, Italy

Introduction. Dementia in migrant populations represents a growing public health challenge in Italy and across Europe. Cultural, linguistic, and social barriers often prevent timely diagnosis and appropriate care for older migrants experiencing cognitive decline. The Immidem Project website (https://immidem.it/) was developed to address these gaps by building a comprehensive digital infrastructure capable of translating scientific evidence into practical tools for clinicians, researchers, policymakers, and communities.

Methods. The Immidem website was designed as a multistakeholder platform, structured around four primary target groups: researchers and policymakers, healthcare and social care professionals, patients and caregivers, and the broader civil society. Content was developed drawing on the work of the Immidem Study Group and was aligned with the WHO Global Action Plan on dementia. The platform integrates epidemiological data, cross-cultural assessment tools, clinical guidance, and public awareness resources. In 2025, the main pages were translated into English to outspread the reach of the project to an international audience and to foster cross-border research networks.

Results. The website has been developed as a continuing education resource for health professionals, providing downloadable cross-cultural assessment scales including the RUDAS (Rowland Universal Dementia Assessment Scale), the BASIC (Brief Assessment of Impaired Cognition) and BASIC-Q, and the CNTB (European Cross-Cultural Neuropsychological Test Battery). These tools were specifically selected and validated to overcome the limitations of standard neuropsychological tests when applied to individuals with varying educational backgrounds or non-Italian mother tongues. The platform also offers procedural guidance for clinical settings, including best practices for communication with cultural mediators and translators, and recommendations for the triangular consultation model (clinician–interpreter–patient), with attention to briefing and debriefing phases essential to diagnostic accuracy. For patients, caregivers, and ethnic minority communities, the site provides accessible information on early signs of dementia and pathways to care, with a specific focus on reducing stigma surrounding cognitive decline.

Conclusions.The Immidem website is a replicable model of digital health resource aimed at promoting culturally sensitive and inclusive dementia care. By bridging research, clinical practice, and community awareness, the platform supports the Italian National Health Service in responding to the demographic transformations underway in the Country. Its translation into English marks a further step towards building an international network committed to equitable dementia care for migrant populations.

DIVERSITY AND DEMENTIA PREVENTION

Franzen Sanne, Rirash Awaale Fuad, Lazaar Najoua, Papma Janne
Department of Neurology and Alzheimer Center, Erasmus MC University Medical Center, Rotterdam, the Netherlands

Introduction. The 2024 *Lancet* report highlighted that around 45% of dementia cases may be prevented by addressing 14 modifiable risk factors. Awareness of these risk factors, and more broadly of dementia, is a necessary first step in mitigating dementia risk. This is particularly important for migrant populations who may have an up to fourfold higher prevalence of dementia. This presentation highlights past and ongoing research on dementia awareness and prevention in migrant populations in the Netherlands.

Methods. Results are drawn from a community-based dementia prevention program and research projects focused on migrant populations from diverse countries, predominantly with low literacy levels. The program included educational sessions aimed at improving dementia literacy and healthy aging practices, and the research explored the knowledge and attitudes of migrants regarding dementia prevention. Data collection involved survey data among prevention program participants and in-depth interviews, analyzing participants' understanding of dementia, its risk factors, and barriers and facilitators to adopting healthy behaviors.

Results. Two waves of a community education program as well as the qualitative interviews showed that basic dementia literacy was generally limited in these populations. Many migrants are unaware that dementia can be prevented, often attributing dementia to genetic factors. Furthermore, alternative factors such as stress and sleep were suggested as potential risk factors, although these factors are not yet formally endorsed by the scientific community. The social environment was seen both as a facilitator and barrier to adopting prevention behaviors. For instance, healthy lifestyle choices like exercise were sometimes negatively perceived if they deviated from traditional cultural practices. In contrast, family support was identified as a key facilitator. Socio-economic challenges, such as lack of resources to purchase healthy food, were barriers to making health-conscious decisions. In the healthy aging program, the importance of customized dementia prevention materials suitable for low educated participants was highlighted, as well as the need to provide information in the first language of the participants.

Conclusions. This work underscores the importance of improving dementia awareness in migrant communities, particularly regarding modifiable risk factors. Interventions should be tailored to account for intersecting aspects of diversity, cultural norms, and social determinants of health to enhance engagement and effectiveness. Targeted approaches adapted to cultural and educational backgrounds are needed to address the challenges and opportunities for dementia prevention within diverse populations.

ENGAGEMENT WITH MIGRANT COMMUNITIES: THE MODENA EXPERIENCE

Guerzoni Valentina, Tozzi Rossella
Complex Operative Unit of Local Geriatrics, Local Health Unit of Modena, Modena, Italy

Introduction. Population ageing and increasing migration flows are reshaping the epidemiology of dementia worldwide. Recent international reports have highlighted that refugees and migrants are at higher risk of underdiagnosis and undertreatment of dementia due to linguistic barriers, limited health literacy, cultural perceptions of cognitive decline, and reduced access to culturally appropriate services. In order to promote inclusion and prevention, within the framework of the ImmiDem project, direct meetings were organized with several migrant communities in the Province of Modena.

Methods. Between 2023 and 2025, four outreach events were conducted in collaboration with Sikh (Castelfranco Emilia), Arab (Pavullo district), Filipino (Modena), and Ghanaian (Formigine) communities. Activities were co-designed with religious leaders and cultural mediators to ensure contextual adaptation. Each meeting included short educational sessions on dementia, interactive discussions on modifiable risk factors, and voluntary cognitive screening (GPCog). When feasible, knowledge and satisfaction questionnaires were administered. Individuals screening positive were referred to the local Cognitive Disorders and Dementia Center (CDCD).

Results. Attendance ranged from 30 to 33 participants per event. In the Sikh community, 12 individuals aged over 60 underwent screening; three screened positive and were referred for specialist evaluation. In the Arab community, 53 participants completed a preliminary knowledge questionnaire. Main areas of interest were disease characteristics (33%) and prevention (23%), while preferred formats included expert-led meetings (23%) and cognitive testing (30%). During the event, four individuals aged over 65 were screened; one positive case was referred to the CDCD. In the Filipino community (30 participants), participants requested additional sessions, particularly for family caregivers. In the Ghanaian community (approximately 30 participants), satisfaction questionnaires indicated strong appreciation and interest in continuing similar initiatives.

Conclusions. These initiatives suggest that culturally tailored, community-based approaches may help reduce barriers to dementia awareness and access to care among migrant populations. Integrating health promotion, early screening, and collaboration with community stakeholders appears consistent with international recommendations calling for inclusive dementia policies and culturally competent services. This model may contribute to improving equity in cognitive health in multicultural settings.

INFLUENCE OF DIVERSITY ON BLOODBASED BIOMARKERS OF ALZHEIMER'S DISEASE

Kjaergaard Daniel (a), Nielsen T. Rune (a,b), Stomrud Erik, (d,e) Palmqvist Sebastian (d,e) Bali Divya (e), Orduña Dolado Anna (e), Janelidze Shorena (e), Hansson Oskar (e), Waldemar Gunhild (a,c), Hviid Simonsen Anja (a)

(a) Danish Dementia Research Centre, Copenhagen University Hospital, Rigshospitalet, Copenhagen, Denmark
(b) Department of Psychology, University of Copenhagen, Copenhagen, Denmark
(c) Department of Clinical Medicine, University of Copenhagen, Copenhagen, Denmark
(d) Memory Clinic, Skåne University Hospital, Malmö, Sweden
(e) Clinical Memory Research Unit, Department of Clinical Sciences, Lund University, Malmö, Sweden

Introduction. Reliable and scalable biomarkers are essential for detecting Alzheimer's Disease (AD) pathology across clinical populations including patients with diverse backgrounds. Plasma tau phosphorylated at threonine 217 (p-tau217) shows high accuracy in research cohorts, yet most studies included predominantly homogeneous populations. Whether its diagnostic performance varies across diverse groups remains unclear. We examined the impact of ethnicity, defined by country of birth, on plasma p-tau217 concentrations and diagnostic accuracy in identifying AD and amyloid pathology.

Methods. We retrospectively included 1,170 patients from memory clinics in Denmark and Sweden. Foreign-born patients were matched one-to-one with Danish-born patients on age and sex. Diagnoses followed established international criteria and were determined without knowledge of plasma results. In 539 individuals, amyloid status was established using Cerebrospinal Fluid (CSF) biomarkers and/or amyloid Positron Emission Tomography (Aβ-PET). Plasma p-tau217 was measured in duplicate in a single batch under blinded conditions. Multivariable linear regression evaluated the influence of covariates on plasma p-tau217 concentrations. Cross-validated logistic regression assessed discrimination for clinical AD and amyloid-confirmed pathology.

Results. Plasma p-tau217 accurately identified patients with AD and with amyloid pathology (area under the curve >0.88 in all models). Geographic origin did not influence p-tau217 concentrations, nor did it affect diagnostic performance. Reduced kidney function showed the most consistent association with higher p-tau217 levels, whereas body mass index, age, and sex had modest effects. Although AD prevalence differed between regions, biomarker concentrations within diagnostic categories were comparable.

Conclusions. In this large, ethnically diverse memory clinic cohort, plasma p-tau217 performed consistently across geographic origins. These findings support its cross-cultural applicability in clinical practice while highlighting the importance of considering comorbidities, particularly renal function, when interpreting results.

OPTIMISING INTERPRETER MEDIATED ASSESSMENTS FOR DEMENTIA: THE OPTIMEDD PROJECT

Gurwara Maryam (a), Nielsen T. Rune (b), Franzen Sanne (c), Silva Ana Rita (d), Calia Clara (e), Jiang Jessica (f), Barzykowski Krystian (g), Jordao Magda (h), Canevelli Marco (i), Wereszczyński Michał (g), Bourdage Renelle (l), Watermeyer Tamlyn (m,n), McNelis Carl (o), Gonzalez Erika (p), Brijnath Bianca (q), Cavuoto Marina (r), Mukadam Naaheed (a)
(a) Division of Psychiatry, University College London, London, UK
(b) Danish Dementia Research Centre, Copenhagen University Hospital - Rigshospitalet, Copenhagen, Denmark
(c) Department of Neurology & Alzheimer Center, Erasmus MC University Medical Center, Rotterdam, the Netherlands
(d) Faculty of Psychology and Educational Sciences, University of Coimbra; Center for Research in Neuropsychological and Cognitive Behavioral Interventions (CINEICC), University of Coimbra, Coimbra, Portugal
(e) School of Healthin social Science, University of Edinburgh, Edinburgh, UK
(f) Dementia Research Centre, UCL Queen Square Institute of Neurology, University College London, UK
(g) Applied Memory Research Laboratory, Institute of Psychology, Faculty of Philosophy, Jagiellonian University, Krakow, Poland
(h) School of Humanities and Social Sciences, Leeds Beckett University, Leeds, UK
(i) Department of Human Neurosciences, Sapienza University of Rome, Rome, Italy
(l) Laboratoire Mémoire Cerveau et Cognition, Université Paris Cité, paris, France
(m) Faculty of Health & Life Sciences, Northumbria University; Centre for Dementia Prevention, Clinical Brain Sciences, The University of Edinburgh, Edinburgh, UK
(n) Centre for Clinical Brain Sciences, College of Medicine and Veterinary Medicine, University of Edinburgh, Edinburgh, UK
(o) Clinical Psychology, University of Edinburg, Edinburgh, UK
(p) School of Global, Urban and Social Studies, RMIT University, Melbourne, Australia
(q) Social Gerontology, National Ageing Research Institute, Melbourne, Australia
(r) National Ageing Research Institute, Australia; Turner Institute for Brain and Mental Health, Monash University, Melbourne, Australia

An accurate dementia diagnosis involves taking a history, conducting a clinical examination, and using culture-fair cognitive screening tools (among other investigations). People from ethnically diverse backgrounds may experience suboptimal assessment if their cultural and linguistic needs are not met. With the increasing diversity of older adults presenting to cognitive assessment services, there is an urgent need to improve the quality of assessment provided to such patients so that dementia and other cognitive disorders can be diagnosed in an accurate and timely manner. Use of interpreters reduces miscommunication, improves clinical outcomes, and increases patient satisfaction whereas not using them can lead to increased use of imaging and testing, increasing costs and delaying diagnosis. Access to interpreter services and quality varies widely between countries: interpreters may not be familiar with the topics, terminology, and procedures in neuropsychological assessments. They may also have stigmatised ideas about dementia and may not be aware of non-pejorative terms for dementia in other languages. There is therefore an urgent need for interpreter training for appropriate and accurate cognitive assessments. In this proposal, we build on a successful Australian interpreter training intervention with a plan to translate, adapt and pilot the intervention in seven European countries.

We will complete the following work packages:

1. Review existing evidence including the Australian intervention and other similar interventions to identify core components and good practice.
2. Recruit and engage ~40 stakeholders including patients, service managers, clinicians, and interpreters about experiences using interpreter-mediated cognitive assessment.
3. Translate and adapt the intervention for use in seven different European countries and modify in accordance with feedback.
4. Pilot the intervention with interpreters and modify based on feedback
5. Identify future funding to implement and assess the training programme across Europe.

We expect positive impact on interpreter confidence, knowledge and competence in administering and interpreting cognitive assessments. For patients, this will mean the ability to access culturally sensitive and cognitive disorder informed interpretation in their assessments, streamlining and improving the process and quality of assessments. This will help to make cognitive assessments fairer and culturally tailored so that accurate and timely dementia diagnosis can be obtained by all patients regardless of ethnic and cultural background. Clinicians will also benefit from working with trained interpreters to help facilitate seamless and culturally fair assessments, thus accurately diagnosing cognitive disorders.

INNOVATIONS IN CROSSCULTURAL COGNITIVE ASSESSMENT

Narme Pauline (a), Sarti Giulia (b), Palisson Julietteb (b), Benrahmoune Kenza (b), Dupuis Laurine (b), Olivre Anne (b), Canevelli Marco (c), Franzen Sanne (d), Garcin Beatrice (b,e)
(a) Laboratoire Mémoire Cerveau et Cognition, Université Paris Cité, Paris, France
(b) Neurology Department, Avicenne Hospital, APHP, Paris, France
(c) Department of Human Neuroscience, Sapienza University, Rome, Italy
(d) Alzheimer Center & Departement of Neurology, Erasmus MC University Medical Center, Rotterdam, The Netherlands
(e) Frontlab, INSERM U1127, ICM, Pitié-Salpêtrière Hospital, Paris, France

Introduction. Although neuropsychological tests have been developed in recent years to detect dementia in diverse populations, most tools focus on assessing memory, executive functions and, more recently, language and social cognition. Drawing copies and the Clock Drawing Test are most used to assess visuospatial, visuoperceptual and visuo-constructive abilities, although several studies suggest that they are inadequate for assessing diverse populations. The objective of this study was to develop and pilot a new battery to assess posterior and temporal functions.

Methods. Based on our clinical experience with this population and recent data from the literature, we have developed a battery to screen visuoperceptual, visuospatial, visuo-constructive, and naming abilities. This battery, called TFP-93 (for testing posterior and temporal functions), consists of: (i) a matching figures task inspired by the orientation matching task from the BORB (Birmingham Object Recognition Battery); (ii) a simplified overlapping figures test using line drawings (also inspired by the BORB);(iii) a symbol counting test (inspired by the Visual Object and Space Perception battery - VOSP); (iv) a sun test (inspired by the Bells test); (v) 5 simple figures to copy; (vi) meaningless gestures to imitate; and (vii) a 10-items version of the Naming Assessment in Multicultural Europe test. The TFP-93 was administered to 10 patients from diverse cultural backgrounds, seven of whom had no formal qualifications. Two of them had been clinically diagnosed with Lewy body disease (LBD), and difficulties with the battery were expected.

Results. All patients understood the instructions without difficulty and were able to complete the entire battery. Most patients achieved maximum or near-maximum scores on all tests. Only one LBD patient performed worse, particularly on the overlapping figures, symbol counting, the sun test, copying drawings and naming. The other LBD patient also scored low on the drawing test. Patients with other diagnoses generally performed better.

Conclusions. This pilot study seems encouraging, suggesting, on the one hand, that the instructions are accessible to low-educated populations and, on the other hand, that the difficulties encountered with the TFP-93 are relatively specific to the context of LBD. These first data also enabled us to make some slight changes to the battery. The next steps will be to confirm its interest in patients with neurological diseases that may disrupt posterior and temporal functions, and then to study the linguistic, cultural and educational effects in a healthy elderly population.

ASSESSMENT OF DEMENTIA IN MINORITY ETHNIC GROUPS IN EUROPE: A 14-YEAR FOLLOW-UP SURVEY

Nielsen T. Rune
Danish Dementia Research Centre, Copenhagen University Hospital, Rigshospitalet, Copenhagen, Denmark

Introduction. There is no European consensus on good clinical practice for timely diagnosis and culturally appropriate care of people with dementia from minority ethnic groups. Despite significant advances in culture-sensitive dementia diagnostics, little is known about how this has been implemented in clinical practice. The aims of this follow-up survey were to explore current practices for assessing dementia in patients from minority ethnic groups in Europe and to determine whether barriers in access to specialized dementia services have changed during the last 14 years.

Methods. A cross-sectional online survey was conducted in the European Alzheimer's Disease Consortium (EADC) in June 2023. The survey utilized questionnaires from a previous EADC survey from 2009 and focused on different points in the clinical assessment of dementia in patients from minority ethnic groups.

Results. Thirty-three centers from 15 countries participated in the survey, of which 21 were the same as in the 2009 survey. Patients from minority ethnic groups were seen on a regular basis in 91% of these centers, which was a significant increase compared to 2009 (69%, $p=0.04$). Despite perceived clinical expertise increasing, implemented strategies for bypassing cultural and linguistic barriers were sparse and communication problems and lack of adequate assessment tools continued to be the main perceived barriers in diagnostic assessment of dementia in minority ethnic groups.

Conclusions. Patients from minority ethnic groups are increasingly being referred for diagnostic assessment of dementia in Europe. Despite some improvements, diagnostic challenges generally remained the same as in 2009 and there is a continuous need to implement effective cross-cultural communication and assessment practices.

TRANSLATION AND ADAPTATION INTO ITALIAN OF CROSS-CULTURAL COGNITIVE ASSESSMENT TOOLS: BASIC, RUDAS, AND CNTB

Pomati Simone
Cognitive Disorders and Dementia Center, Maugeri IRCCS Scientific Clinical Institutes, Pavia, Italy

Many cognitive and psychological assessment tools, developed within the WEIRD (Western, Educated, Industrialized, Rich, Democratic) paradigm, face significant obstacles when applied across diverse cultural contexts. These issues impact public health, clinical practices, and population-focused research. Since these instruments are primarily rooted in a singular cultural viewpoint, they often fail to resonate with individuals who come from varied cultural settings and speak different languages. To address this gap, adopting an alternative framework such as ECLECTIC (Education, Culture and Acculturation, Language, Economic Issues, Communication Style, Testing Situation, Intelligence, and Context of Immigration) offers a more effective path for guiding the selection, evaluation, and adaptation of these assessment tools. Prominent examples of culturally-sensitive tools include the Brief Assessment of Impaired Cognition (BASIC), the Rowland Universal Dementia Rating Scale (RUDAS), and the European Cross-Cultural Neuropsychological Test Battery (CNTB). These instruments have been specifically crafted for use among culturally and linguistically diverse populations. Each serves a unique role: BASIC for community-based screening, RUDAS for clinical applications, and CNTB for more in-depth assessments. Exploring how these tools have been adapted into Italian provides insights into the process of cross-cultural adaptation. This process transcends mere linguistic translation and incorporates methodological, clinical, and practical considerations. Key stages, following the International Test Commission Guidelines for Test Translation and Adaptation, include forward and backward translation, expert reviews, pilot testing, and psychometric assessment, with particular attention to maintaining semantic, conceptual, cultural, and methodological equivalence. Within these steps, two distinct perspectives emerge. The defensive approach prevalent in standardized environments views culture as a challenge, focusing on reducing bias or variation. In contrast, the constructive approach often adopted in diverse or resource-restricted settings treats culture as a valuable clinical factor, prioritizing practicality and comprehensibility in real-world scenarios. Academic settings stress psychometric priorities such as validity, reliability, and cross-comparability across groups while public health systems emphasize practical considerations like feasibility, efficiency, acceptance, and long-term viability. Consequently, the success of an adaptation should not be exclusively judged through statistical metrics but rather evaluated based on its alignment with specific needs and situational constraints. Another essential yet underrepresented factor is the role of cultural mediators, who are instrumental in bridging linguistic and cultural divides during assessments, especially in migratory or community-driven contexts. Delivering fair assessments demands respect for people’s languages, cultures, and lived experiences in addition to evaluating their responses. Inclusive tools that consider these fundamental aspects are essential to achieving equitable outcomes for all individuals.

CHARACTERISTICS OF MIGRANTS REFERRED TO ITALIAN CENTERS FOR COGNITIVE DISORDERS AND DEMENTIA

Sciancalepore Francesco
National Centre for Disease Prevention and Health Promotion, Italian National Institute of Health, Rome

Introduction. The ImmiDem project aimed to explore the socio-demographic and clinical characteristics of migrant patients attending Italian Centers for Cognitive Disorders and Dementia (CDCDs), comparing them with native Italian patients.

Methods. Data were collected using a standardized Case Report Form (CRF) across 15 Italian CDCDs. Centers consecutively enrolled migrant and native Italian patients attending their services. Collected variables included socio-demographic characteristics (age, sex, education, occupation, marital status, caregiver type, and Italian language proficiency) and clinical data (multimorbidity, number of chronic diseases, cardiovascular conditions, behavioral risk factors, and psychosocial criticalities).

Results. A total of 635 patients were enrolled, including 326 Italians (51.3%) and 309 migrants (48.7%). Migrants were significantly younger than Italians (mean age 72.8 vs. 76.6 years; $p<0.001$). Gender distribution was similar between groups. Educational attainment differed significantly ($p=0.038$), with migrants more represented in the higher education category, while Italians were more frequently in the lower education group. Occupational categories also differed ($p=0.001$), with migrants more often engaged in low-skilled and service occupations. Migrants were more frequently non-married ($p=0.001$) and more often supported by their children as caregivers ($p=0.004$). Marked differences emerged in language proficiency: 45.3% of migrants had low Italian competence compared to 4.6% of Italians ($p<0.001$). Multimorbidity (≥ 2 chronic conditions) was highly prevalent in both groups (66.0%) without significant differences. Similarly, the number of chronic diseases, cardiovascular conditions, behavioral risk factors, and psychosocial criticalities were largely comparable between migrants and Italians.

Conclusions. Migrant patients attending Italian CDCDs are younger and experience greater linguistic and social vulnerabilities compared to native Italians, while presenting a similar clinical burden. These findings underscore the importance of culturally and linguistically tailored dementia care pathways to ensure equitable access and appropriate management for migrant populations in Italy.

ADVANCING DEMENTIA CARE: ITALY'S PUBLIC HEALTH RESPONSE WITHIN THE WHO GLOBAL ACTION PLAN AND EUROPEAN STRATEGIES

Vanacore Nicola
Head of the Dementia Observatory, Italian National Istitute of Health, Rome, Italy

In Italy, dementia affects approximately 10% of the population, including people with cognitive decline (nearly two million individuals with mild cognitive impairment and dementia) and their families (nearly four million). Over the past 12 years, national dementia policies have been implemented through the adoption of the National Dementia Plan in 2014 and the activation of projects financed by the Alzheimer's and Dementia Fund 2021–23 and 2024-26. At the European level, Italy's participation in three joint actions (Alcove, Act on Dementia, JADE-Health) has contributed to shaping European strategies on dementia. Despite the considerable challenges posed by limited financial resources dedicated to dementia, Italy is striving to achieve the objectives set by the WHO Global Action Plan (GAP). We recently compared the activities of the Italian Fund for Alzheimer's and other Dementias 2021–2023 with the seven action areas of the WHO GAP. This work provided the first national and subnational overview of Italy's public health response to dementia, highlighting major strengths, gaps, and regional disparities (Ancidoni et al., 2025, BMJ Public Health). Since 2018, the Dementia Observatory of the Istituto Superiore di Sanità, in collaboration with the Department of Epidemiology of the Lazio Region and Sacco Hospital in Milan, has conducted the ImmiDem project on dementia and migrants. The results of ImmiDem are informing Italian dementia policies. In particular, three specific areas of direct intervention can be identified: (a) the update of the National Dementia Plan, in line with WHO methodology, will explicitly address migrants and diversity; (b) the updated guideline on the diagnosis and treatment of dementia will include the use of cross-cultural neuropsychological tools; and (c) the updated document on Recommendations for governance and clinical practice in the dementia sector will include neuropsychological tools for cross-cultural assessment as an appendix. Furthermore, the ImmiDem project has produced important advances in other areas, such as dementia-friendly communities, the definition of specific pathways for migrants within regional and local integrated care pathways for people with dementia, and the development of algorithms for using administrative data and registries to identify dementia among migrants. This targeted approach to migrants in the dementia field is clearly influenced by the design and implementation of immigration and integration policies in Italy, which combine reception with socio-occupational inclusion through housing support, cultural mediation, and access to health, social, educational, and employment services.

AUTHOR’S INDEX

Serie ISTISAN Congressi
gennaio-marzo 2026 (n. 1) 1° Suppl.

Stampato in proprio
Servizio Comunicazione Scientifica - Istituto Superiore di Sanità

Roma, marzo 2026