

Hannah Brown<sup>1</sup>, Simone Gabriele<sup>1</sup>, Georgia Giannakopoulou<sup>1</sup>, Amber King<sup>1</sup>, Isabel Arrusi<sup>1</sup>, Joseph Vindici<sup>2</sup>, Sandra Teoh<sup>3</sup>, Nazira Jainis<sup>3</sup>, Abel Teh<sup>3</sup>  
<sup>1</sup>Ipsos, London, United Kingdom, <sup>2</sup>Ipsos, New York, NY, <sup>3</sup>Ipsos, Kuala Lumpur, Malaysia

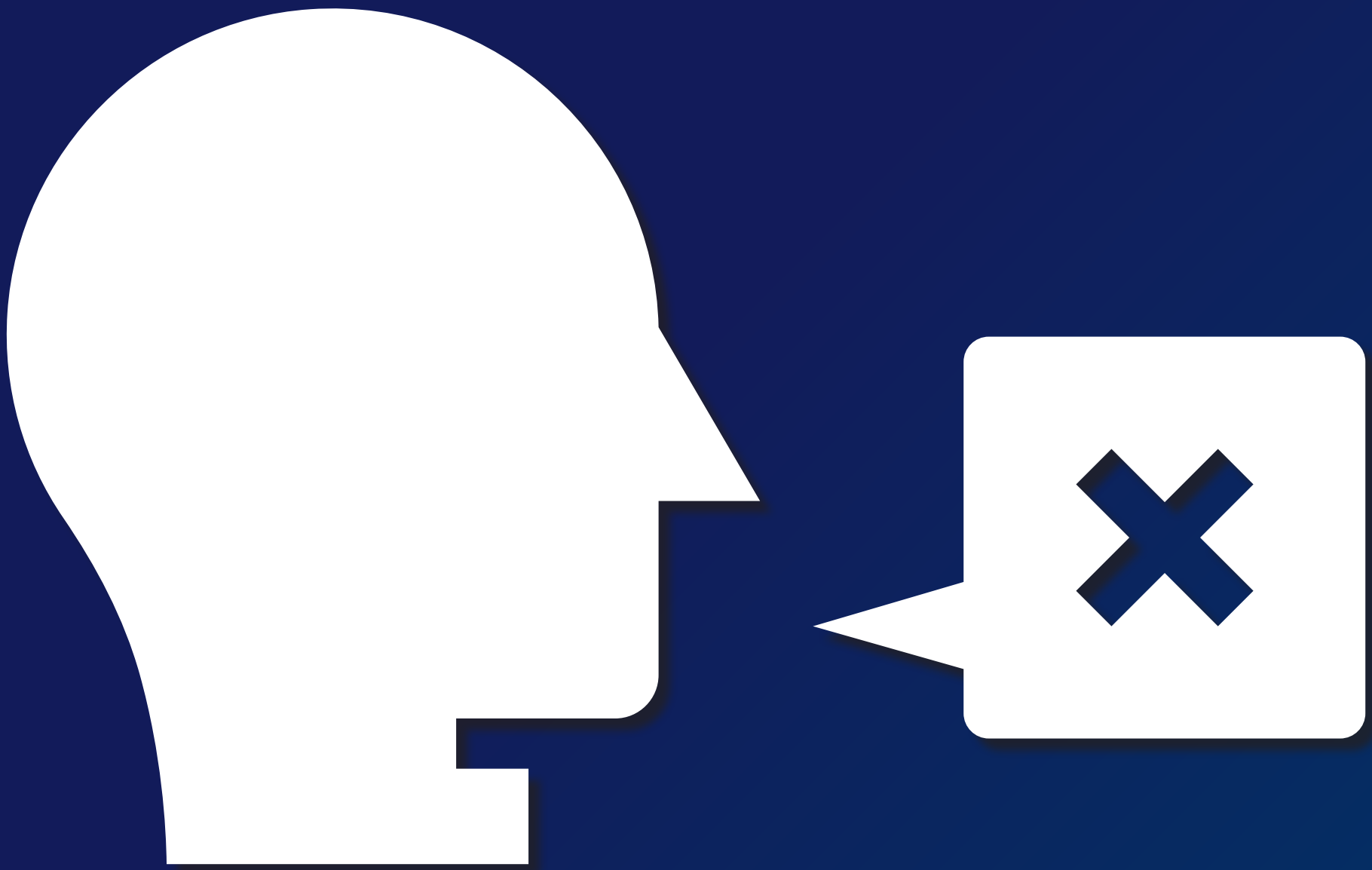
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**Introduction:**  
Despite FDA approval of disease-modifying therapies (DMTs) for Alzheimer’s disease (AD), adoption in the US remains relatively low. While system-level barriers are well-documented, patient-level factors influencing treatment decisions require further investigation.

**Objective:**  
This study examined barriers to DMT initiation with a focus on patient refusal patterns and drivers.

**Methods:**  
A multi-centre online survey was conducted among US neurologists, geriatricians, geriatric psychiatrists and internists specialising in geriatrics (October-December 2025). De-identified patient charts were collected from the physicians for patients with mild cognitive impairment, mild or moderate AD seen in the last 3 months. 123 HCPs reported treatment status, barriers to DMT use, and patient decision-making factors for 677 patients. Participating HCPs were screened for specialty duration and AD caseload.

**Conclusion:**  
In this study cohort, patient refusal presented as the primary barrier to DMT adoption in US clinical practice, driven by efficacy doubts and safety concerns. The proportion of patients who chose not to initiate a DMT when offered highlights the need for enhanced patient education, shared decision-making approaches, and strategies to address benefit-risk perceptions.



# Patient refusal is reported as the #1 barrier to Alzheimer’s DMT adoption, driven by a perceived lack of therapeutic benefit

Results

