

DEMENTIA IN MIGRANTS LIVING IN ITALY: PROMOTING A DIVERSITY-SENSITIVE CLINICAL APPROACH AND PROVISION OF CARE

March 27, 2026



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

Marco Canevelli



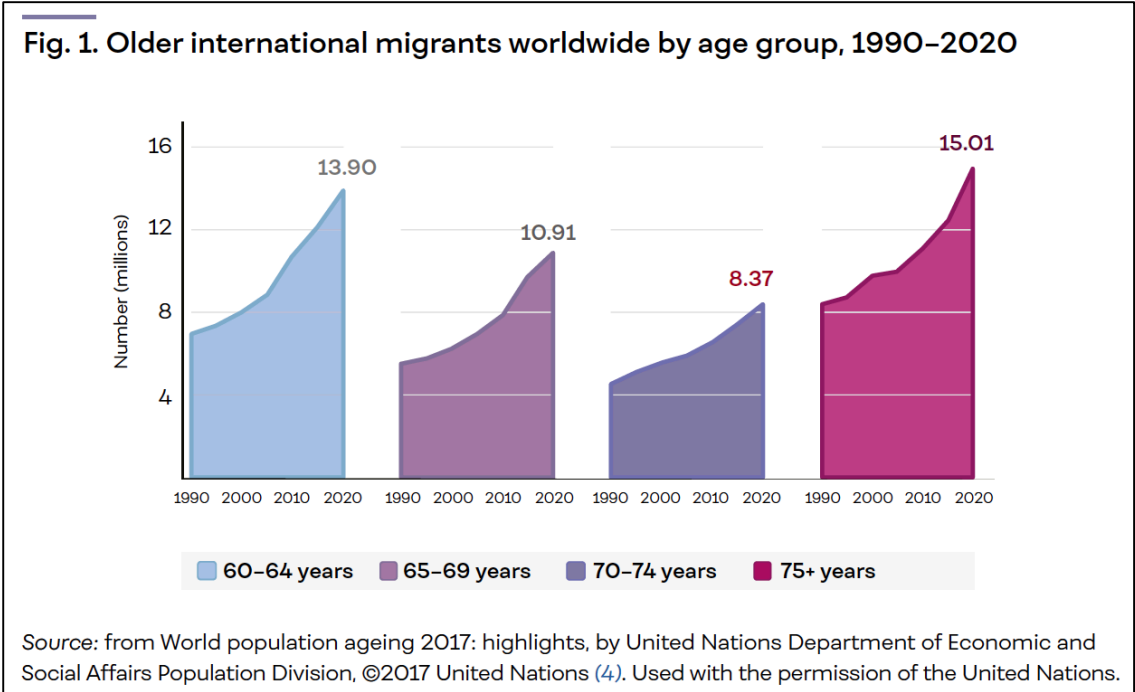
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Global Evidence Review on Health and Migration (GEHM) on dementia in refugees and migrants

Background



Global action plan on the public health response to dementia — 2017 - 2025

VISION, GOALS AND CROSS-CUTTING PRINCIPLES

e. Universal health and social care coverage for dementia
 Designing and implementing health programmes for universal health coverage must include financial risk protection and ensuring equitable access to a broad range of promotive, preventive, diagnostic and care services (including palliative, rehabilitative and social support) for all people with dementia and their carers.

f. Equity
 All efforts to implement public health responses to dementia must support gender equity and take a gender-sensitive perspective, keeping in mind all vulnerabilities specific to each national context, consistent with the 2030 Agenda for Sustainable Development, which recognizes that people who are vulnerable, including people with disabilities, older people and migrants must be empowered.

g. Appropriate attention to dementia prevention, cure and care
 Steps to realize this focus include using existing knowledge and experience to improve prevention, risk reduction, care and support for people with dementia and their carers and generation of new knowledge towards finding disease-modifying treatments or a cure, effective risk reduction interventions and innovative models of care.

World Health Organization

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Methods

Scoping review: “What is the available evidence on the impact of dementia in refugees and migrants and on the provision of care and support for these population groups?”

Academic literature review



Two broad blocks of search terms for:

- 1) Dementia
- 2) Refugees and migrants

Additional records from snowball searches and consultations with international experts

Grey literature review



Eligibility criteria

Inclusion criteria:

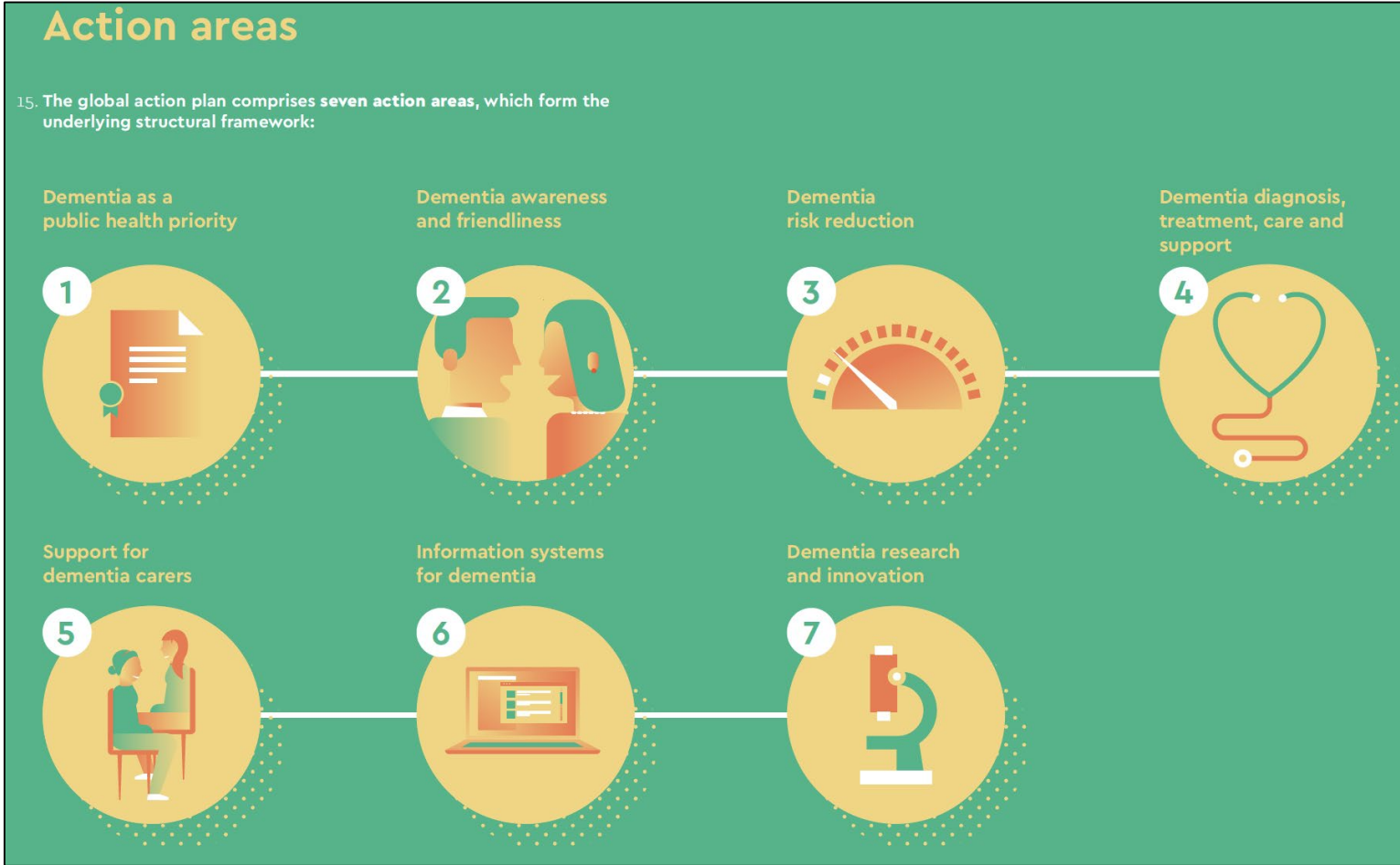
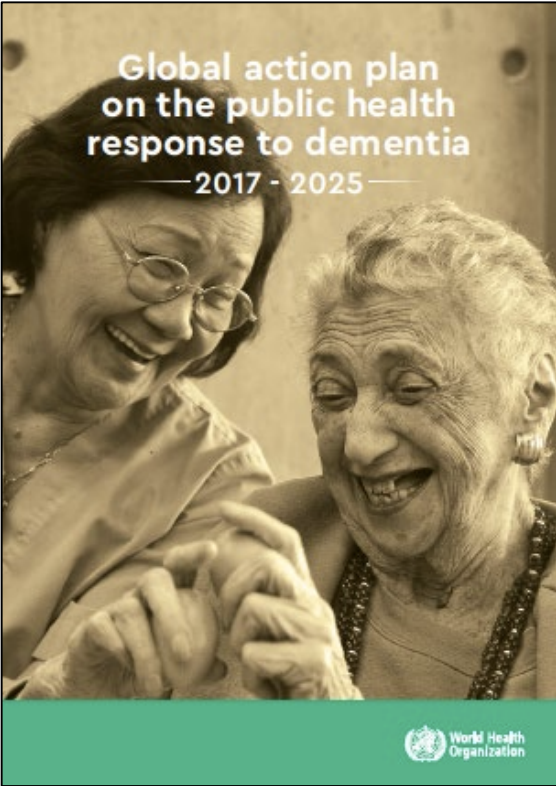
- Original papers/policy documents
- Focus on dementia/major neurocognitive disorders
- Focus on refugees/international migrants
- UN official languages

Exclusion criteria:

- Focus on milder/minor cognitive disorders
- Focus on internal migrants, ethnic minorities

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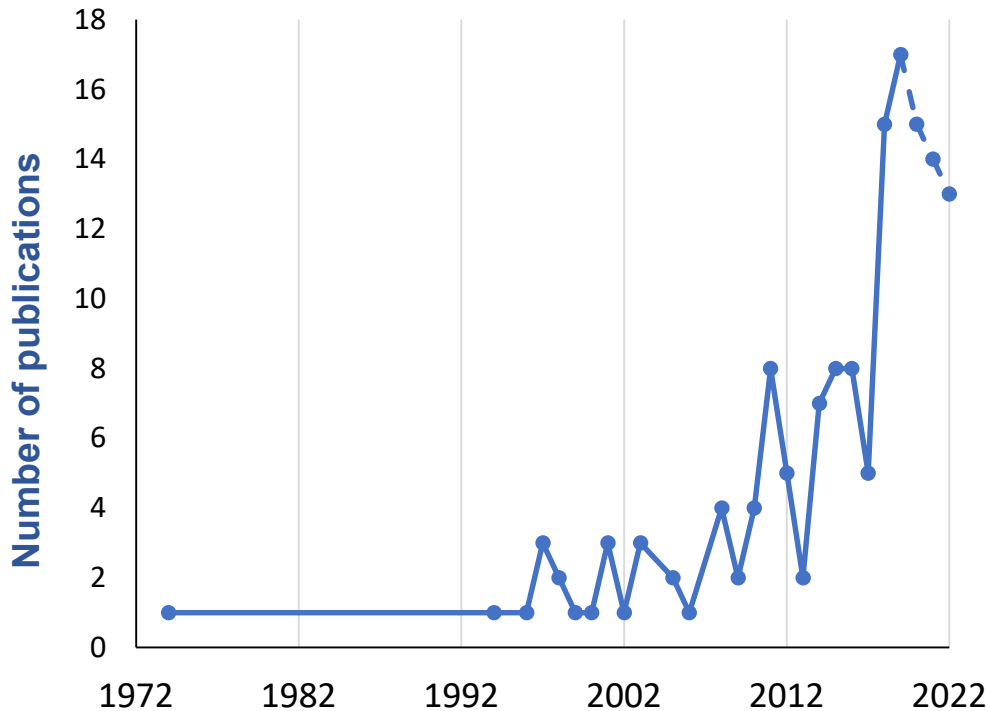
Methods



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Results: general findings

A total of 147 studies and 39 policy documents were included in the evidence synthesis



- Studies were conducted **only in high-income and upper-middle-income countries** (United States n=39; United Kingdom n=17; Netherlands n=16; Sweden n=14; Norway n=11; Canada n=10).
- A total of **6,614,034 participants**; sample sizes ranging between 1 and 3,286,624 (median 90; interquartile range 20-757).
- Study participants: 1) **older people with dementia** (including refugees and migrants) in 75 studies; 2) **informal caregivers** of migrants with dementia in 36 studies; and 3) **healthcare professionals** caring for migrants with dementia in nine studies.
- Most quantitative studies (68.7%) relied on **cross-sectional analyses**, 21 on longitudinal observations, and three were structured as randomized controlled trials.
- Most studies (59.2%) were population- or community-based, 25 were conducted in outpatient services, 11 in residential facilities (e.g., nursing homes), and the remaining in hybrid settings.

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Results: Dementia as a public health priority

World countries with existing National Dementia Plans

WHO member states whose dementia plan/strategy addresses the issue of dementia in refugees and migrants

- Austria
- Belgium
- Canada
- Germany
- Netherlands
- New Zealand
- Norway
- Sweden

WHO member states whose dementia plan/strategy does not address the issue of dementia in refugees and migrants

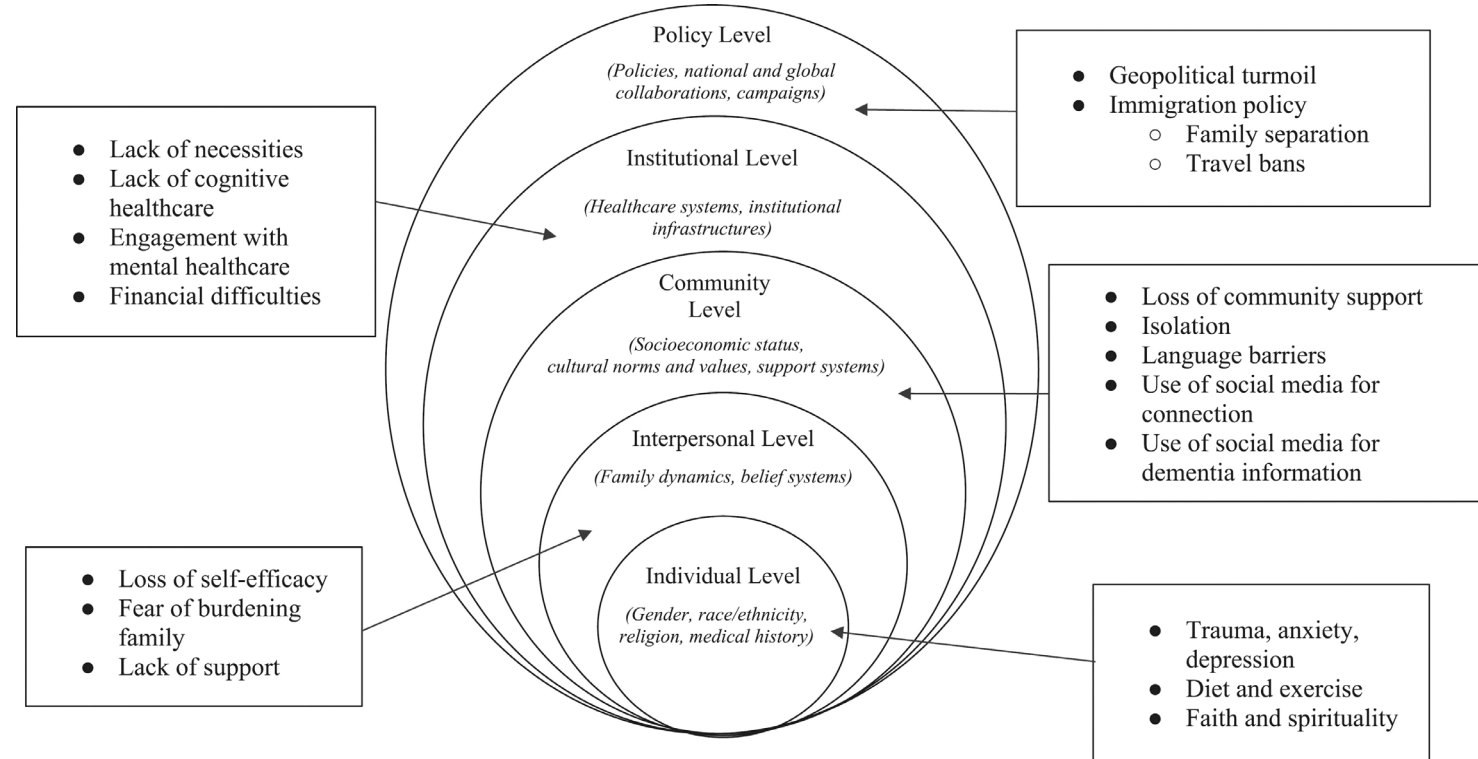
- Australia
- Belize
- Brunei Darussalam
- Chile
- China
- Costa Rica
- Cuba
- Czech Republic
- Denmark
- Dominican Republic
- Finland
- France
- Greece
- Iceland
- India
- Indonesia
- Iran
- Ireland
- Israel
- Italy
- Japan
- Jordan
- Luxembourg
- Malaysia
- Maldives
- Malta
- Mauritius
- Mexico
- Morocco
- Oman
- Portugal
- Republic of Korea
- Russia
- Singapore
- Slovenia
- Spain
- Switzerland
- Thailand
- Trinidad and Tobago
- Turkey
- United Kingdom
- United States of America

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Results: Dementia awareness and friendliness

- Dementia assumes **different understandings and attributions** depending on the cultural background of the individual
- **Awareness of dementia is low** in certain groups of migrants and their informal caregivers.
- Dementia interpretations are often influenced by spiritual/religious convictions and surrounded by **stigma and negative beliefs**
- Low levels of knowledge and social care acceptance of dementia hamper medical help-seeking and prevent timely diagnosis, treatment, and support in migrants

Attitudes Towards Dementia Among a Diverse Group of Refugees Resettled in the US

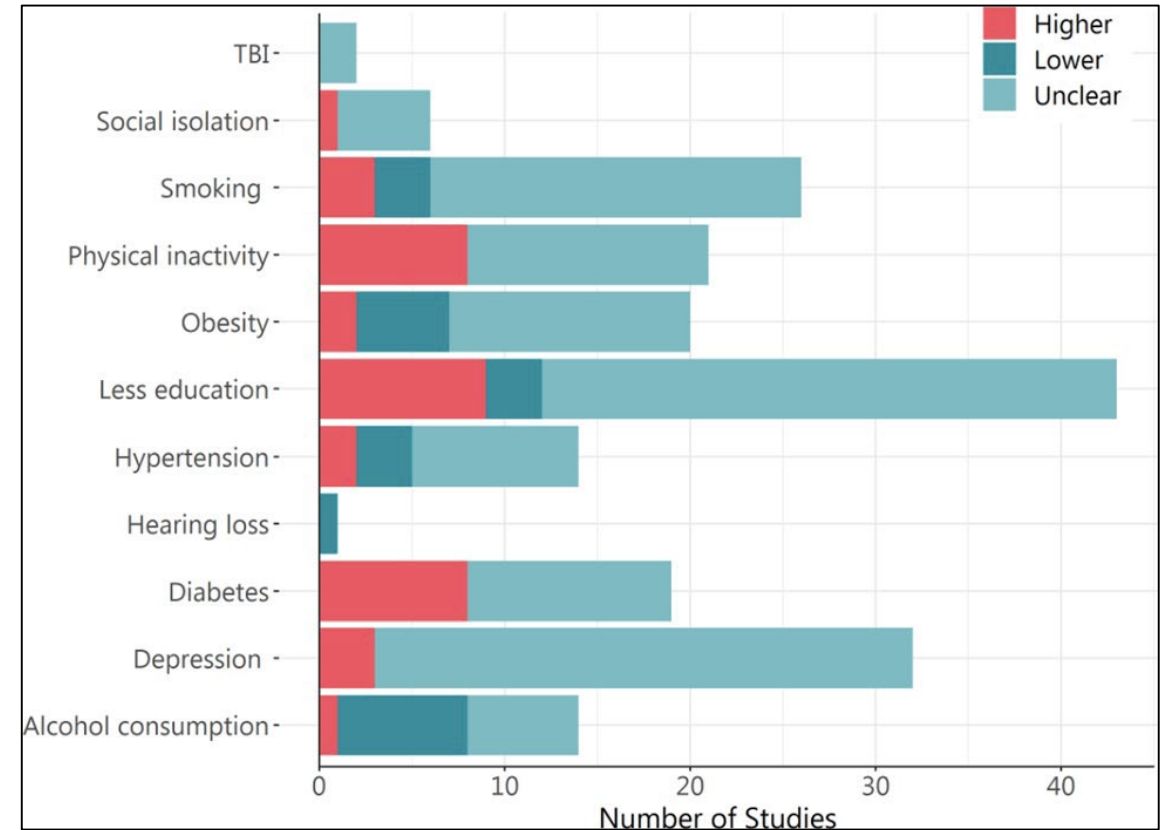


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Results: Dementia risk reduction

- **Education** affects the likelihood of developing dementia among individuals with a migration background
- Inconclusive evidence exists on the influence of **age of migration, bilingualism/multilingualism, and migration-related traumatic experiences** on dementia risk
- Several **modifiable dementia risk factors** may be differently distributed in different migrant and refugee populations. This influences the impact of risk-reduction strategies
- No evidence was found on the design and/or implementation of dementia risk reduction strategies for migrants

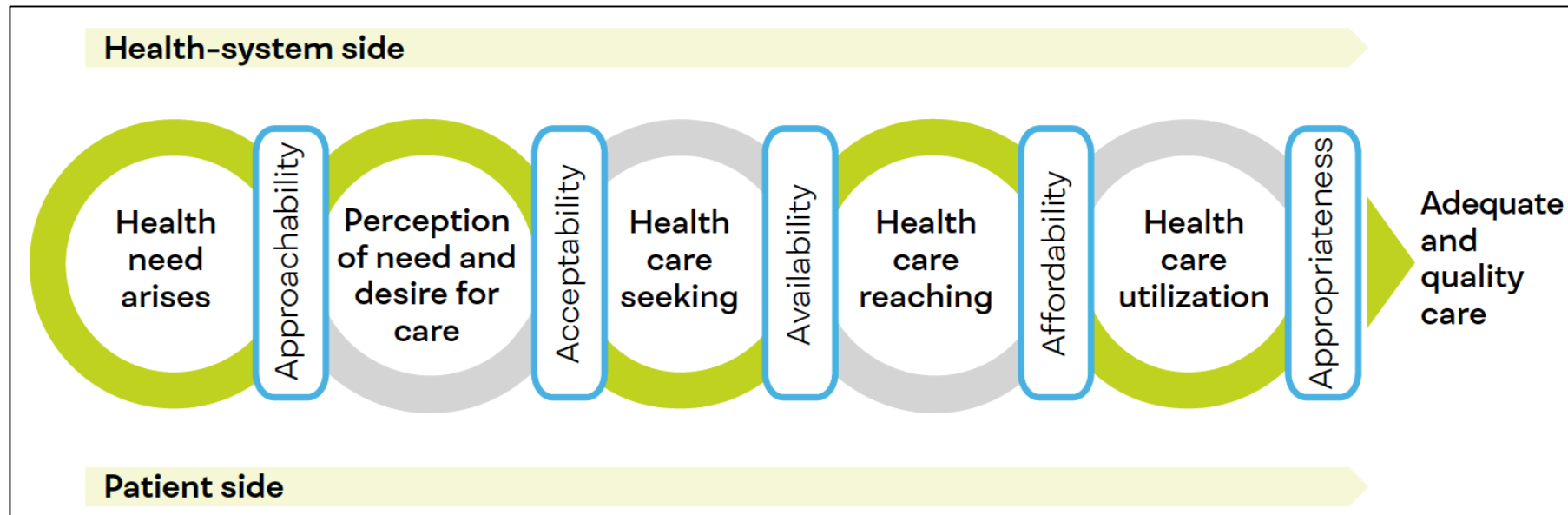
Modifiable Risk Factors for Dementia Among Migrants, Refugees and Asylum Seekers in Australia: A Systematic Review



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Results: Dementia diagnosis, treatment, care and support

- From the **patient's side**, poor awareness of dementia, limited knowledge of the language of the host country, and difficulty navigating healthcare services in the receiving country may challenge the accurate and timely detection of dementia
- At the **healthcare system level**, ageism, the limited specific training of healthcare professionals, the poor preparedness of services to provide cross-cultural care, and the lack of sensitive screening tools are relevant barriers
- Once diagnosed with dementia, migrants seem to have **lower access** to specific pharmacological treatment, and support
- The adoption of a culturally adapted cognitive evaluation is fundamental to correctly and timely identifying dementia in migrants

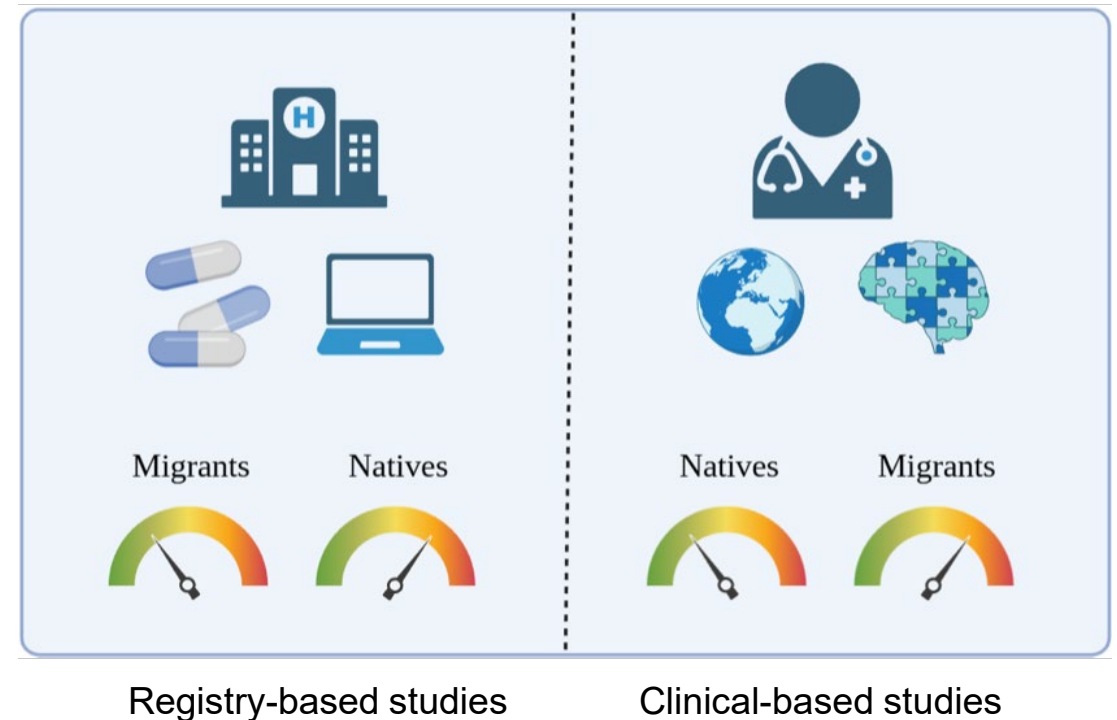


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Results: Information systems for dementia

- Most registry-based studies reported lower dementia rates in migrants relative to natives
- Conversely, studies using direct clinical assessments/records for the identification of dementia documented higher prevalence and incidence rates in migrants relative to natives
- The **discrepancy between registry-based and clinical-based** studies may suggest structural inequity with underdiagnosis of dementia and poor access to healthcare resources in migrants rather than a more favorable risk profile
- Migration seems to act as a “**modifier of dementia risk**” or of the likelihood of case ascertainment rather than a direct dementia risk factor

Prevalence and/or incidence of dementia in migrants vs. individuals born in the receiving country



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Knowledge gaps

World countries where the retained studies were conducted

HIC	<ul style="list-style-type: none">• United States, n=39• United Kingdom, n=17• Netherlands, n=16• Sweden, n=14• Norway, n=11• Canada, n=10• Germany, n=9• Australia, n=8• Denmark, n=8• Belgium, n=6• Italy, n=5• Greece, n=3	<ul style="list-style-type: none">• Israel, n=3• Switzerland, n=2• Croatia, n=1• Finland, n=1• France, n=1• Ireland, n=1• Japan, n=1• Poland, n=1• Portugal, n=1• Romania, n=1• Singapore, n=1• Spain, n=1
UMIC	<ul style="list-style-type: none">• Brazil, n=5• Türkiye, n=3	<ul style="list-style-type: none">• Bulgaria, n=1• Serbia, n=1
LMIC	None	
LIC	None	

- Low- and middle-income countries were underrepresented in the scientific and grey literature
- However, more than 13 million older international migrants currently live in less developed countries (i.e., 27.5% of the overall population of older migrants)
- 85% of 27.1 million refugees live in developing countries
- 60% of the 55 million people living with dementia worldwide reside in low- and middle-income countries

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Knowledge gaps



Editorial

There are dementia patients in Gaza too

Journal of Alzheimer's Disease

1-4

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Abstract

This editorial highlights the devastating impact of the ongoing Israeli military assault in Gaza on dementia patients, whose fragile care systems have collapsed, leaving them vulnerable and without essential medical support. Through harrowing stories of displacement, medication shortages, and tragic deaths, the piece underscores the profound moral failure in protecting Gaza's most vulnerable, calling for urgent global action to address the humanitarian crisis and ensure dignity and healthcare for all affected individuals.

- There was insufficient evidence regarding refugees who have dementia
- There is insufficient data on dementia among refugees and migrants residing in detention camps or receiving care at dedicated facilities such as reception centers and outpatient services managed by non-governmental organizations

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Knowledge gaps



Research themes

Summarizing current state and research gaps



Dementia epidemiology and economics



Dementia disease mechanisms and models



Dementia diagnosis



Drug development and clinical trials for dementia



Dementia care and support



Dementia risk reduction

15 strategic goals

Actions and timebound milestones address research gaps



- 1 High-quality epidemiological data
- 2 Economic impact of dementia
- 3 Understanding underlying diseases
- 4 Models of diseases
- 5 Development of biomarkers
- 6 Development of clinical assessment of cognition and function
- 7 Diagnosis during prodromal stages
- 8 Development of novel therapies
- 9 Improving clinical trials
- 10 Legislative and regulatory environments
- 11 Tools and methodologies for interventions
- 12 Models across the continuum of care
- 13 Methodologies and approaches for risk reduction research
- 14 Understanding risk factors
- 15 Risk reduction interventions

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Policy considerations

Tabella 7.1. Considerazioni di politica proposte nel documento *Dementia in refugees and migrants: epidemiology, public health implications and global responses* della WHO, presentate in base alle aree prioritarie del *Global Action Plan on the Public Health Response to Dementia 2017-2025 (GAP)*

Aree prioritarie del GAP	Considerazioni di policy
1. La demenza come priorità di salute pubblica	Inclusione di rifugiati e migranti nelle relative politiche nazionali e subnazionali, legislazioni, piani e quadri di riferimento sulla demenza. Inclusione della demenza nelle agende globali, regionali e nazionali che si occupano della salute di rifugiati e migranti.
2. Consapevolezza e inclusione della demenza	Organizzazione di campagne nazionali e locali e attività educative per aumentare la consapevolezza sulla demenza tra rifugiati e migranti. Creazione di ambienti <i>dementia-friendly</i> per rifugiati e migranti, in base ai diversi contesti. Creazione di ambienti inclusivi per rifugiati e migranti affetti da demenza che vivono in contesti di emergenza.
3. Riduzione del rischio di demenza	Progettazione e implementazione di interventi basati su prove scientifiche, multisettoriali e culturalmente sensibili, volti alla riduzione del rischio di demenza nei rifugiati e nei migranti. Promozione di strategie di riduzione del rischio di demenza tra rifugiati e migranti in contesti di emergenza. Integrazione della riduzione del rischio di demenza con altre politiche in corso per la prevenzione e il controllo delle malattie non trasmissibili (NCD) nei migranti. Rafforzamento della base di evidenze sui fattori di rischio e di protezione per la demenza nei rifugiati e nei migranti.
4. Diagnosi, trattamento, assistenza e supporto per la demenza	Sviluppo di percorsi di cura integrati per rifugiati e migranti con demenza. Superamento delle barriere all'accesso alle cure e sviluppo di un'assistenza sensibile alle diversità per rifugiati e migranti con demenza. Fornitura di formazione specifica sulla demenza ai professionisti socio-sanitari e ad altri stakeholder che operano con rifugiati e migranti in contesti di emergenza.
5. Supporto per i caregiver di persone con demenza	Sviluppo e attuazione di programmi di formazione e istruzione per i caregiver di rifugiati e migranti con demenza. Sviluppo e rafforzamento della protezione legale per i caregiver di rifugiati e migranti con demenza. Fornitura di assistenza e supporto per i caregiver, anche in contesti di emergenza. Coinvolgimento dei familiari/caregiver informali nella pianificazione dell'assistenza e nella definizione delle politiche.
6. Sistemi informativi per la demenza	Rafforzamento dei sistemi nazionali di sorveglianza e monitoraggio per includere/stratificare i dati relativi a rifugiati e migranti. Rafforzamento della base di evidenze sull'epidemiologia della demenza nei rifugiati e nei migranti e sulle sue implicazioni per la salute pubblica. Ampliamento delle prove scientifiche riguardanti rifugiati e migranti con demenza che vivono in contesti di emergenza.
7. Ricerca e innovazione sulla demenza	Inclusione della demenza nei rifugiati e nei migranti nell'agenda di ricerca globale. Promozione di investimenti e collaborazioni sul tema della demenza nei rifugiati e nei migranti.

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Conclusions

- Interest in dementia among refugees and migrants is increasing within the scientific community.
- Global aging has led to an increasing number of refugees and migrants with dementia who may require local healthcare resources tailored to their specific needs in host countries.
- Migration and forced displacement can impact various aspects of dementia care, such as prevention, risk reduction, diagnosis, and support.
- Refugees and migrants face inequalities in accessing care and support for dementia.
- Identified gaps in the literature on migration and dementia include a lack of data on refugees and migrants living in emergency situations and from low- and middle-income countries (LMICs).
- **Refugees and migrants must be adequately included in global health initiatives concerning dementia, which should be recognized as a significant health issue for these populations.**
- **It is essential to develop and implement integrated, culturally sensitive care pathways specifically for refugees and migrants with dementia. Additionally, situation-specific risk reduction strategies and support for caregivers should be designed.**
- **Moreover, the health needs of refugees and migrants living with dementia in emergencies should be acknowledged and addressed effectively.**

Thank you for the attention



Dementia in refugees and migrants

Epidemiology, public health implications and global responses

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Document production

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