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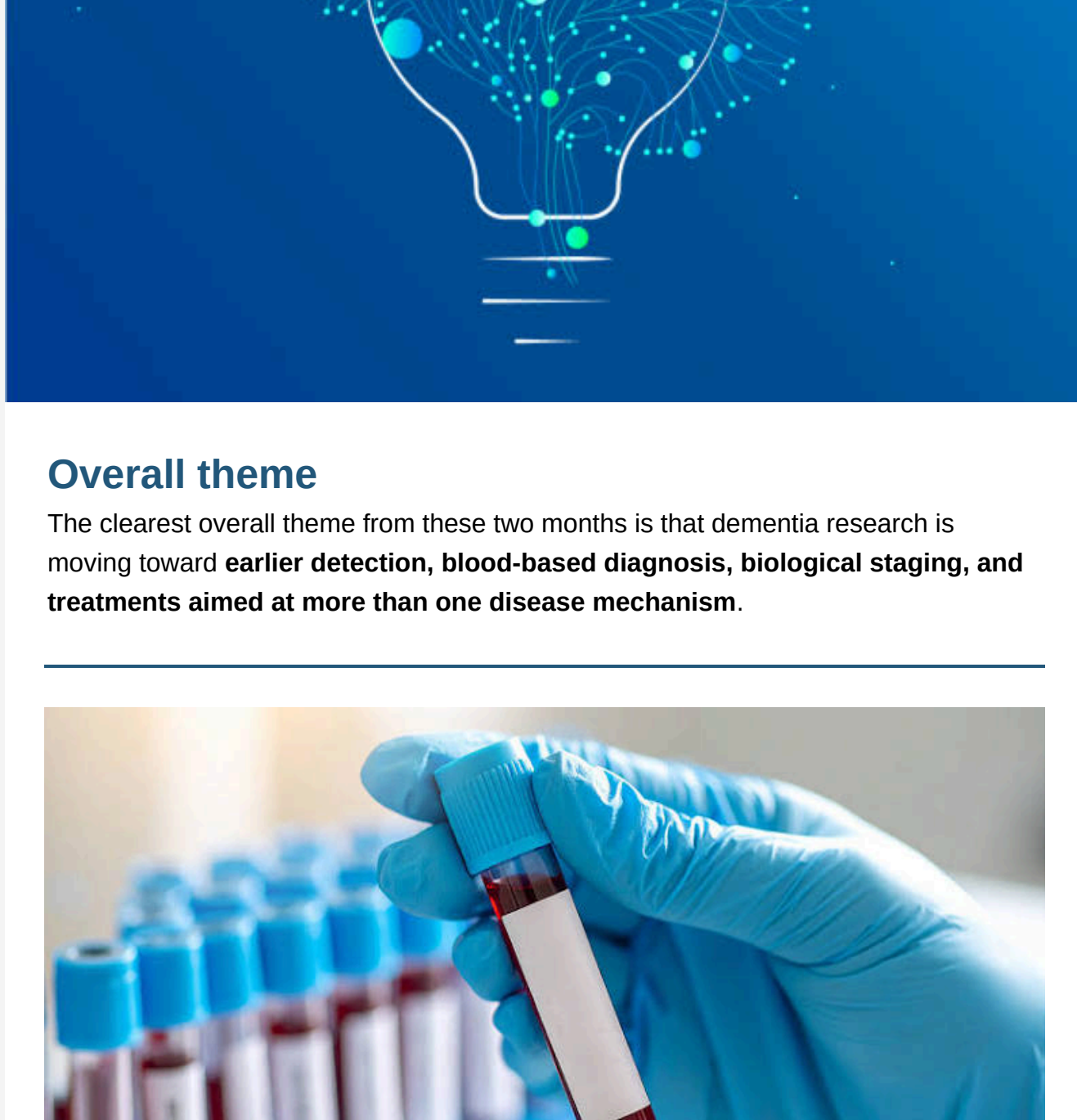


**DEMENCIA  
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## Monthly news summary

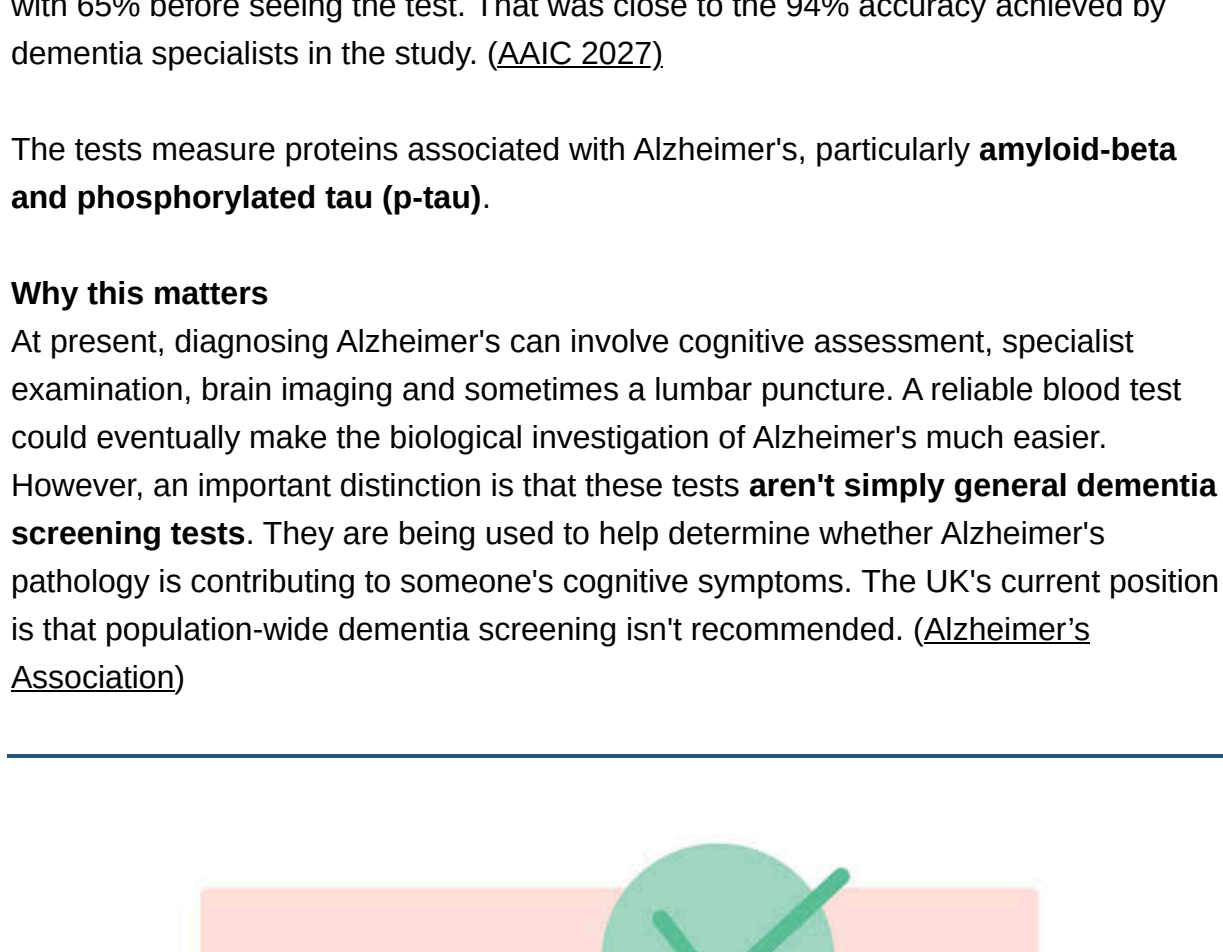
July/August 2026

## Research Highlights



### Overall theme

The clearest overall theme from these two months is that dementia research is moving toward **earlier detection, blood-based diagnosis, biological staging, and treatments aimed at more than one disease mechanism.**



### Blood tests for Alzheimer's made a major step forward

A large Swedish real-world study presented in July involved **more than 1,300 patients and 155 doctors**. When doctors had access to an Alzheimer's blood-test result, diagnostic accuracy among primary-care doctors rose to about **93%**, compared with 65% before seeing the test. That was close to the 94% accuracy achieved by dementia specialists in the study. ([AAIC 2022](#))

The tests measure proteins associated with Alzheimer's, particularly **amyloid-beta** and **phosphorylated tau (p-tau)**.

#### Why this matters

At present, diagnosing Alzheimer's can involve cognitive assessment, specialist examination, brain imaging and sometimes a lumbar puncture. A reliable blood test could eventually make the biological investigation of Alzheimer's much easier.

However, an important distinction is that these tests **aren't simply general dementia screening tests**. They are being used to help determine whether Alzheimer's pathology is contributing to someone's cognitive symptoms. The UK's current position is that population-wide dementia screening isn't recommended. ([Alzheimer's Association](#))



### Two more Alzheimer's blood tests were cleared in the US

August brought two significant regulatory developments.

On **20 August**, the FDA cleared **PrecivityAD2**, a blood test for adults aged 40+ who have signs or symptoms of cognitive impairment. ([Alzheimer's Association](#))

Four days later, on **24 August**, the FDA cleared **Elecsys pTau217**, which measures p-tau217 in blood and can help assess whether amyloid pathology is present in people with cognitive symptoms. ([Alzheimer's Association](#))

These are US regulatory decisions, so they **do not mean that the tests automatically become available through the NHS**.

But scientifically, they demonstrate how quickly blood biomarkers are moving from research laboratories into clinical practice.

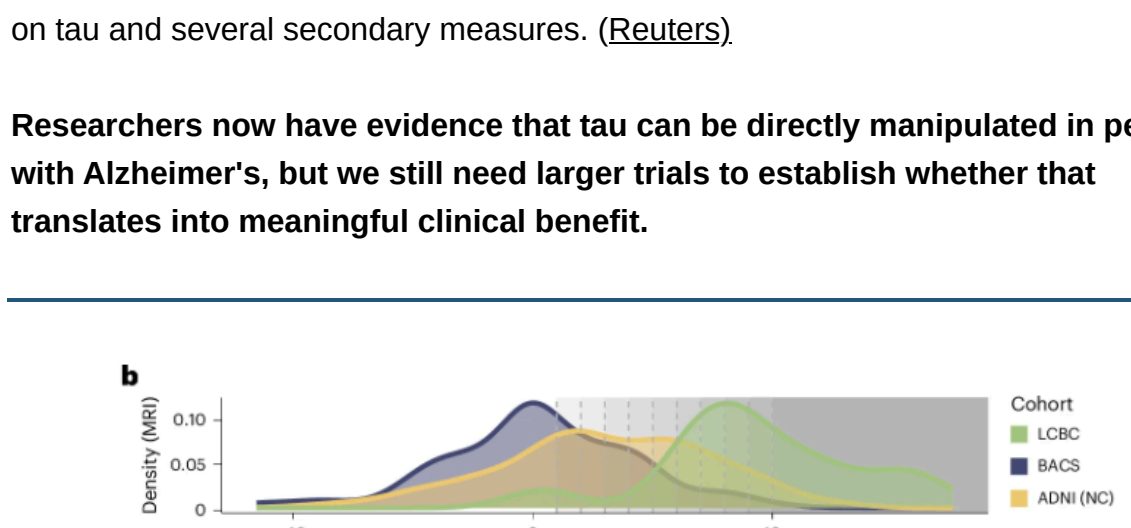


### p-tau217 may identify Alzheimer's risk years before symptoms

Researchers studied people who were **cognitively healthy at the time of testing**. Those with very high levels of the blood biomarker p-tau217 had an estimated **78% probability of developing cognitive impairment within 10 years**. ([AAIC 2022](#))

That doesn't mean that someone with a high p-tau217 result is destined to develop dementia. Rather, it suggests that Alzheimer's-related biological changes can be detected **many years before conventional symptoms become apparent**. This is particularly important for future prevention trials: researchers could potentially identify people at high biological risk and test interventions before substantial cognitive decline occurs.

"This is the future of Alzheimer's care, targeting the earliest stages of the disease, including in its silent stage before memory issues arise. This is when treatments may have the greatest benefit — perhaps even keeping people from ever experiencing dementia symptoms," said [Maria C. Carrillo, Ph.D.](#), Alzheimer's Association chief science officer and medical affairs lead. "Identifying people at risk earlier could fundamentally change how we diagnose, treat and prevent dementia, with far-reaching health, happiness and cost implications for patients, families, healthcare systems and society."



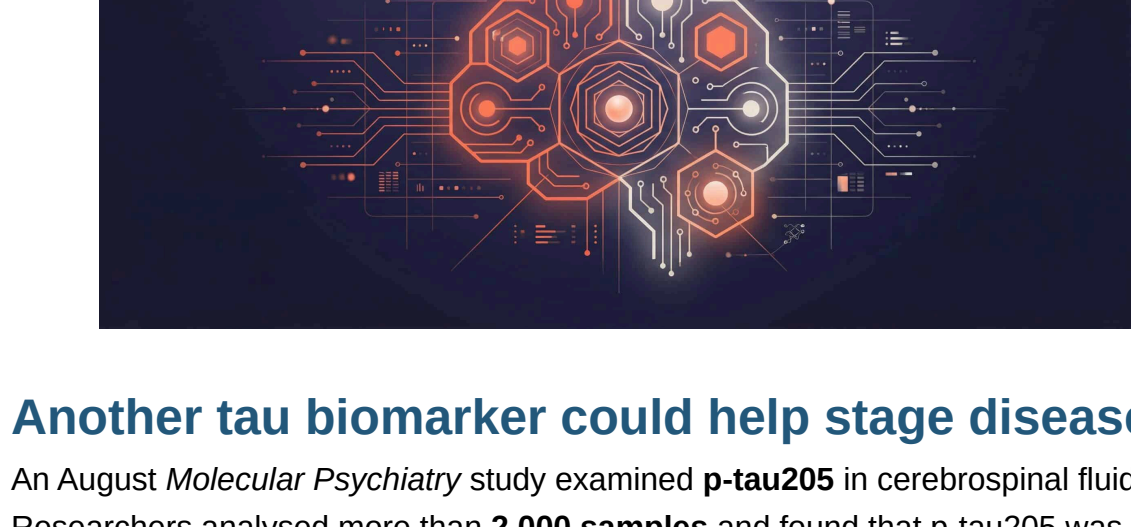
### Researchers found another promising blood biomarker: circular RNA

An interesting August paper looked at **circular RNAs**, a type of RNA molecule found in blood.

Researchers identified 34 circular RNAs associated with Alzheimer's in a study involving more than 1,200 people. A model based on these molecules performed better than p-tau217 alone for identifying biomarker-confirmed Alzheimer's and predicting progression to symptomatic disease. Combining the circular-RNA information with p-tau217 improved prediction further. ([Nature](#))

This is **not yet a clinical test**.

It needs validation in larger and more diverse populations, but it illustrates where diagnosis may be heading: instead of relying on a single biomarker, doctors may eventually use **panels of several biological signals**.



### Tau is becoming an increasingly important treatment target

For many years, Alzheimer's drug development was dominated by the **amyloid hypothesis**: remove amyloid plaques and slow the disease.

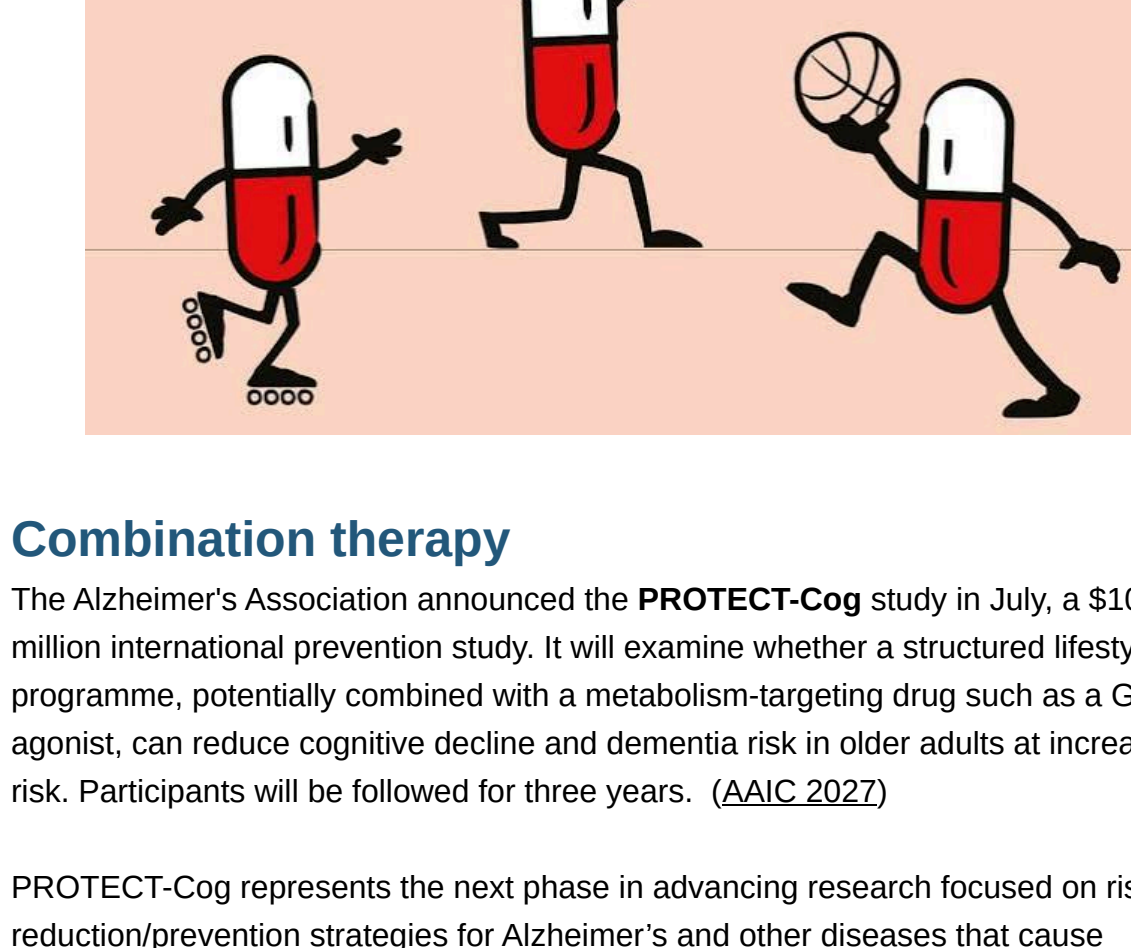
Amyloid-targeting drugs such as lecanemab and donanemab have demonstrated that removing amyloid can modestly slow cognitive/functional decline in appropriately selected people with early Alzheimer's.

But researchers are increasingly targeting **tau**, another protein that becomes abnormally modified and forms tangles inside neurons.

In July, Phase 2 results for **diranersen (BIB080)** provided evidence that the treatment can substantially reduce abnormal tau. ([Alzheimer's Association](#))

There is an important caveat here: the trial **did not clearly meet its primary cognitive endpoint**, so it should not be interpreted as proof that the drug works clinically. Reuters reported that the results were mixed, despite encouraging effects on tau and several secondary measures. ([Reuters](#))

**Researchers now have evidence that tau can be directly manipulated in people with Alzheimer's, but we still need larger trials to establish whether that translates into meaningful clinical benefit.**



### We may be seeing Alzheimer's-related brain changes earlier than previously thought

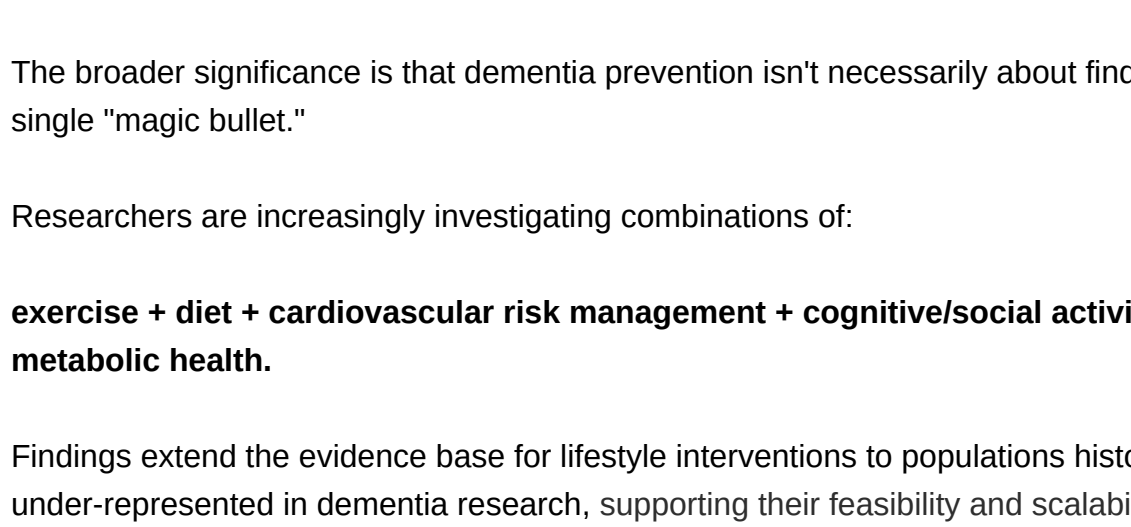
An August study in *Nature Neuroscience* produced an interesting challenge to the traditional sequence of Alzheimer's pathology.

Researchers looked at longitudinal MRI and amyloid-PET data from cognitively healthy people and found that **changes in cortical thickness could be detected up to seven years before people developed high amyloid levels detectable by PET**. ([Nature](#))

This is important because it suggests the disease process may be more complicated than: **amyloid → tau → brain damage → memory loss**

Some structural brain changes may occur very early, potentially before amyloid reaches the levels that current PET imaging can detect.

It doesn't establish that cortical-thickness changes alone can diagnose Alzheimer's.

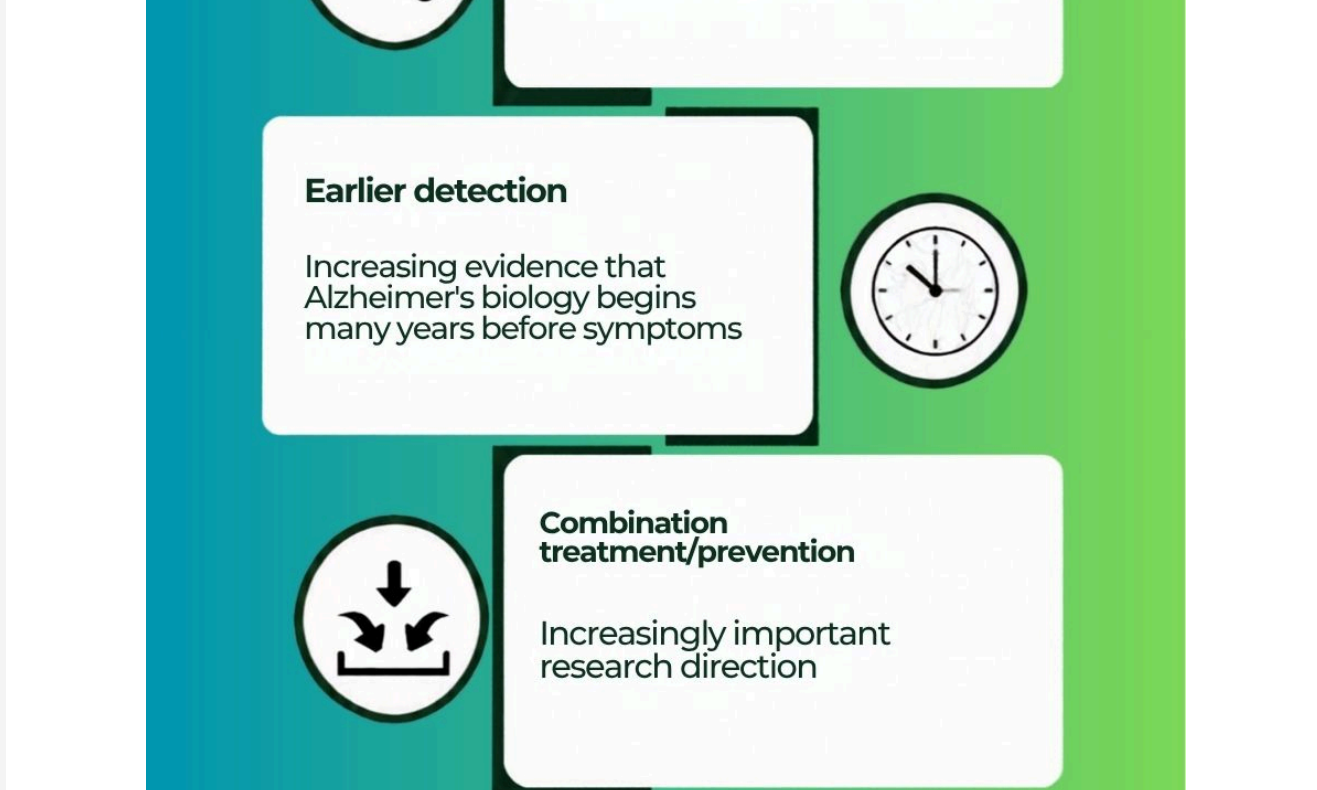


### Another tau biomarker could help stage disease

An August Molecular Psychiatry study examined **p-tau205** in cerebrospinal fluid. Researchers analysed more than **2,000 samples** and found that p-tau205 was associated with amyloid and tau accumulation, cortical atrophy and cognitive decline. Higher levels were also associated with subsequent disease progression. ([Nature](#))

**Why this matters:** The potential significance is **biological staging**. Rather than simply saying: "This person has Alzheimer's.", researchers are increasingly trying to determine: "What biological stage of Alzheimer's is this person in?"

That could eventually become important when deciding **when to start treatment and how to monitor whether treatment is working**.

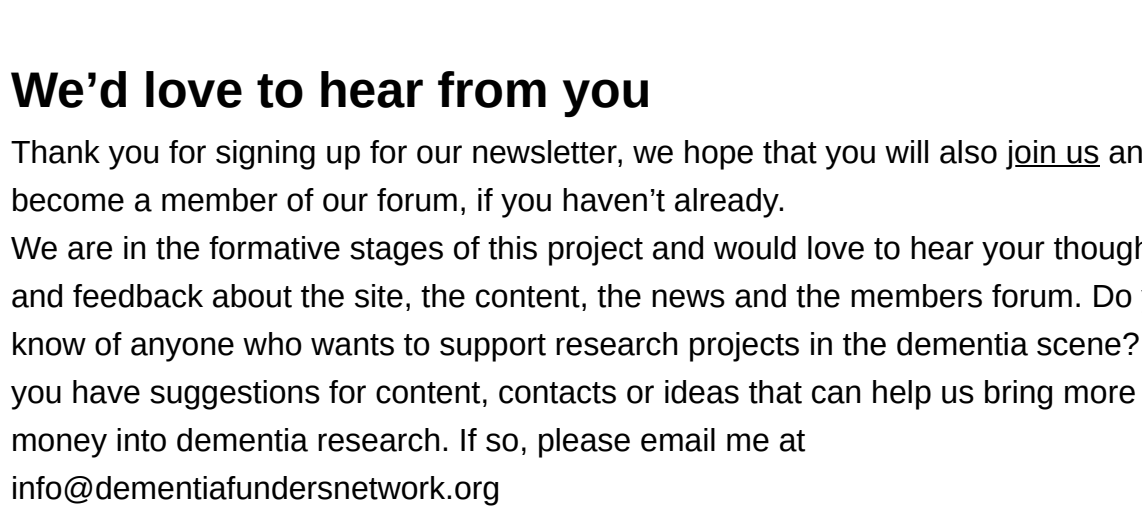


### Lecanemab treatment is being studied using blood biomarkers

A July study of 153 people with early Alzheimer's receiving **lecanemab** found that blood p-tau217 levels fell substantially, particularly during the first 3–6 months. People with a greater reduction in p-tau217 also tended to have more favourable cognitive trajectories. ([Alzheimer's Association](#))

This is interesting because a blood test could potentially become useful not just for **diagnosis**, but for monitoring **how an Alzheimer's drug is affecting the underlying biology and guide individualized therapeutic strategies**.

That's still an area of research rather than established routine practice.



### Combination therapy

The Alzheimer's Association announced the **PROTECT-Cog** study in July, a \$100-million international prevention study. It will examine whether a structured lifestyle programme, potentially combined with a metabolism-targeting drug such as a GLP-1 agonist, can reduce cognitive decline and dementia risk in older adults at increased risk. Participants will be followed for three years. ([AAIC 2022](#))

PROTECT-Cog represents the next phase in advancing research focused on risk reduction/prevention strategies for Alzheimer's and other diseases that cause dementia.

This is particularly interesting because it treats dementia risk as potentially involving several interacting factors:

- cardiovascular health
- metabolism
- physical activity
- diet
- social and cognitive activity
- inflammation
- Alzheimer's-specific pathology

It is important to stress that **GLP-1 drugs are not currently established Alzheimer's treatments**. This is precisely what the trial is designed to investigate.



### Lifestyle intervention research produced encouraging results

One of the less technologically dramatic—but potentially very important—findings came from the **LatAm FINGERS** study.

More than 1,000 older adults across 11 Latin American countries participated. The structured lifestyle programme incorporated coaching and support and produced greater improvement in memory, thinking and reasoning than a self-guided programme. ([The Lancet](#))

The broader significance is that dementia prevention isn't necessarily about finding a single "magic bullet."

Researchers are increasingly investigating combinations of:

**exercise + diet + cardiovascular risk management + cognitive/social activity + metabolic health.**

Findings extend the evidence base for lifestyle interventions to populations historically under-represented in dementia research, supporting their feasibility and scalability as strategies to reduce cognitive decline risk and the rapidly growing burden of dementia in low-income and middle-income countries.

## TOP 5 DEMENTIA DEVELOPMENTS

**Blood test for Alzheimer's**  
Moving rapidly toward routine clinical use

**p-tau217**  
Promising for diagnosis, risk prediction and treatment monitoring

**Tau-targeting drugs**  
Early clinical evidence these have potential; effectiveness still needs larger trials

**Earlier detection**  
Increasing evidence that Alzheimer's biology begins many years before symptoms

**Combination treatment/prevention**  
Increasingly important research direction

### Summary

The really significant change isn't one particular drug or test. It's the emerging possibility of treating Alzheimer's more like other chronic diseases:

**identify biological risk → detect disease early → establish its stage → intervene → monitor the biological response → adjust treatment.**

We're **not there yet**, and these developments shouldn't be interpreted as meaning that dementia can now be reliably prevented or cured. But July and August 2026 produced substantial progress toward that model.

## FEEDBACK

### We'd love to hear from you

Thank you for signing up for our newsletter, we hope that you will also join us and become a member of our forum, if you haven't already.

We are in the formative stages of this project and would love to hear your thoughts and feedback about the site, the content, the news and the members forum. Do you know of anyone who wants to support research projects in the dementia scene? Do you have suggestions for content, contacts or ideas that can help us bring more money into dementia research. If so, please email me at [info@dementiafundersnetwork.org](mailto:info@dementiafundersnetwork.org).

## DEMENCIA FUNDERS NETWORK

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Dementia Funders Network

The Dementia Funders' Network is an independent group of individuals and organisations who support dementia research around the world.

The network will enable funders to work together to encourage their donations to have greatest impact and focus. Our overall mission is to ensure more money to be invested in dementia research, so that there is more and more effective research. [Find out more here.](#)

We hope to achieve that by providing a collaborative forum where members can share and discuss dementia projects that need financial help, find potential co-donors and keep up to date with the latest dementia research to inform considered decisions about financial investments. [Join us today](#) and help make a difference in dementia.

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