Australian Dementia Network (ADNeT) Registry
2025 – 2026 Update

A key Australia-wide real-world data initiative supporting improvements in clinical care and outcomes for people living with dementia or mild cognitive impairment

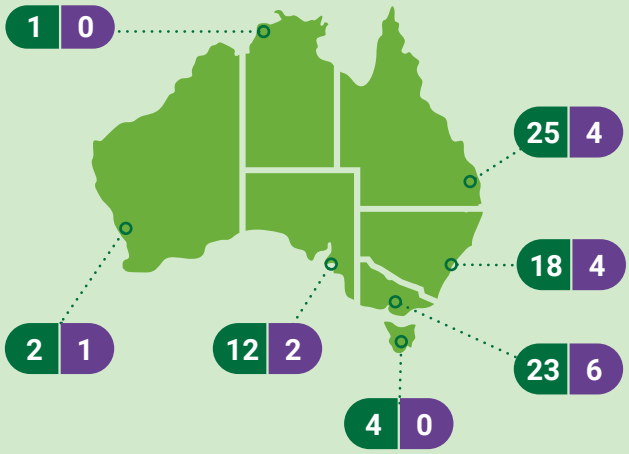
Core Registry Data

Information on individuals newly diagnosed with mild cognitive impairment (MCI) or dementia to drive continuous improvement in clinical care and patient outcomes (commenced in March 2020)

Anti-amyloid monoclonal antibodies (mAbs) data

Post-market safety and effectiveness information on individuals with TGA-approved anti-amyloid mAbs therapies (commenced in July 2025)

Contributing Sites



	Registry		mAbs
New participants	3,426		106
Total sites	85		17
Regional sites	34%		0%
Private sites	33%		88%

Diagnosis

Registry

38% MCI

62% Dementia

Dementia Subtypes

Alzheimer's dementia (AD) only	50%
Mixed Alzheimer's & vascular dementia	26%
Vascular dementia only	9%
Frontotemporal dementia	3%
Dementia with Lewy bodies	2%
Others	10%

mAbs

57% MCI due to AD

43% AD dementia

This infographic pertains to records submitted to the ADNeT Registry between 1 January 2025 and 30 April 2026. These include 3,426 participants in the registry module (2,128 living with dementia and 1,298 living with MCI), and 106 participants in the mAbs module (60 living with MCI due to AD and 46 living with AD dementia).

Throughout the infographic, figures in green represent registry data and figures in purple represent mAbs data.

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Australian Dementia Network

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Demographics

Median age

MCI	Dementia	mAbs
78 Years	79 Years	72 Years

Female sex

MCI	Dementia	mAbs
53%	54%	69%

Tertiary or higher education

MCI	Dementia	mAbs
27%	18%	63%

Cognitive Functioning[1]

	Registry		mAbs
	MCI	Dementia	
MMSE	26	22	24
MoCA	23	18	22
ACE-III	83	71	78

Neuropsychiatric Symptoms[2]

MCI	Dementia	mAbs
39%	49%	28%

Registry - Diagnostic Processes[3]

- Basic investigations — 83%
- Biomarker tests — 8%
- Median time from referral to diagnosis — 5 months

Following a dementia diagnosis[4]

- Referred to a post-diagnostic program — 62%
- Future decision-making appointments discussed — 55%
- Prescribed an AChEI — 66%

> *The six monthly reports from the registry have been very helpful in demonstrating quality assurance strategies regarding my clinical practice and meeting my College's CPD requirements.*
>
> – Scientia Professor Henry Brodaty, ADNeT Registry Steering Committee Co-Chair, UNSW, 2026 Senior Australian of the Year

mAbs - Clinical Profile

- APOE4 carrier[5] — 57%
- Antiplatelet — 14%
- Anticoagulant — < 3%

Acronyms: ACE-III = Addenbrooke's Cognitive Examination-III, AChEI = Acetylcholinesterase Inhibitors, MoCA = Montreal Cognitive Assessment, MMSE = Mini-Mental State Examination

1 These are the median scores of the MMSE, MoCA (both ranging from 0 to 30), and ACE-III (ranging from 0 to 100, optional for participants with MMSE score in the registry module). Higher scores on these assessments indicate higher levels of cognitive functioning.

2 Refer to symptoms of dementia and MCI that relate to changes in mood (e.g., anxiety, depression), perception of reality (e.g., delusions, hallucinations, disorganised thinking), out of character or extreme responses (e.g., expressing agitation, aggression, anger or distress), or sleep disturbances.

3 Basic investigations include core blood tests, cognitive assessment, functional assessment, and structural neuroimaging; Biomarker tests include brain imaging biomarkers using Positron Emission Tomography (PET), cerebrospinal fluid (CSF) biomarkers, and blood-based biomarkers.

4 Data presented in this section relate to participants in the registry module who were diagnosed with dementia (N = 2,128). Data for AChEI were further restricted to participants with mild to moderate dementia due to AD (based on an MMSE score of 10 or higher) (N = 1,244).

5 Refers to participants who are apolipoprotein E ε4 (APOE4) heterozygotes.

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