The Alzheimer's Blood Test

Doclogues

Four blood tests for Alzheimer's disease are now cleared by the US FDA, the most recent on 24 August 2026. The test is available in India. This sheet explains what it measures, who it is for, and — just as importantly — who it is not for.

1 WHAT THE TEST MEASURES

p-tau217

A form of tau protein. Levels rise in the blood when tau tangles are forming in the brain — often two decades before any symptoms appear.

Beta-amyloid 1-42

An amyloid fragment. Blood levels fall as amyloid gets deposited as plaque inside the brain.

The ratio of the two

More accurate than either marker measured alone. This ratio is what your report is actually based on.

2 WHO IT IS FOR — AND WHO IT IS NOT

APPROPRIATE FOR

- ✓ Adults **55 and above** with memory or thinking symptoms that a doctor has assessed and documented
- ✓ People already being evaluated for dementia, where the cause is uncertain
- ✓ Telling Alzheimer's apart from other dementias — frontotemporal, Lewy body, vascular
- ✓ People for whom a lumbar puncture or an amyloid PET scan is unsuitable, unaffordable or unavailable
- ✓ Deciding eligibility for the new anti-amyloid drugs

NOT APPROPRIATE FOR

- × **Anyone with no symptoms.** The test has not been validated for screening healthy people, and no regulatory clearance covers it
- × Ordinary age-related forgetfulness — misplaced keys, a name on the tip of your tongue
- × Worry alone, without a clinical assessment first
- × Deciding whether you will develop dementia in future. It cannot tell you that
- × Replacing a proper clinical workup. It comes **after** the assessment, never instead of it

THE ONE THING TO UNDERSTAND

A positive result means amyloid is present in the brain. In a person *with* symptoms, that supports Alzheimer's disease as the cause. In a person *without* symptoms, it does not mean dementia is coming — and the result cannot be un-known.

3 HOW TO READ THE RESULT

RESULT	WHAT IT MEANS	WHAT USUALLY HAPPENS NEXT
Low / negative	Alzheimer's pathology is unlikely. Something else is probably causing the symptoms.	Look for the reversible causes listed overleaf — and keep looking. A negative result is useful information, not a dead end.
Intermediate	The result falls in a grey zone and answers nothing either way. This happens in roughly 1 in 8 people tested.	Confirmatory testing with an amyloid PET scan or spinal fluid, or clinical follow-up over time.
High / positive	Amyloid pathology is likely present. Combined with symptoms, this supports a diagnosis of Alzheimer's disease.	Neurologist review, staging, discussion of treatment options including anti-amyloid therapy if eligible, and care planning.

4 HOW GOOD IS IT?

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89–91%	85%	83%	1 in 8	~7%
Accuracy in specialist memory clinics	Accuracy in primary care	Accuracy in people aged 80 and above	Results land in the grey zone	Of the cost of an amyloid PET scan

5 RULE THESE OUT FIRST

Memory symptoms are not always Alzheimer's, and several common causes are treatable. A good workup checks for these **before** anyone orders a biomarker test.

Vitamin B12 deficiency

Common in India, especially in vegetarian diets. Corrected with supplementation.

Thyroid dysfunction

An underactive thyroid can closely mimic cognitive decline.

Depression

Often presents in older adults as poor memory and concentration rather than low mood.

Obstructive sleep apnoea

Fragmented sleep impairs memory. Frequently missed, and treatable.

Medication effects

Sedatives, anticholinergics and several common drugs blunt cognition. Bring the full list.

Vascular disease

Uncontrolled blood pressure and diabetes damage small vessels in the brain over years.

6 HOW TO GET IT IN INDIA

COST	Approximately **₹13,500** at major national diagnostic chains. Compare with an amyloid PET scan, which can cost up to ₹2 lakh. Not currently covered by most insurance — expect to pay out of pocket.
BEFORE YOU BOOK	**See a neurologist first.** The result is only interpretable alongside a clinical history, cognitive testing and often an MRI. Booking it on your own, without that context, will usually give you an answer you cannot act on.
THE SAMPLE	3 ml of blood in an EDTA tube. No fasting needed. Home collection is offered by several chains. Carry your clinical summary and a full medication list.
TURNAROUND	Samples are batched — usually run twice a week — so book in advance. Reports are typically issued the same evening the sample is processed.
WHAT CAN SKEW IT	Impaired kidney function, other neurological conditions such as Parkinson's disease or past head injury, advanced age, and some medications. Declare everything.

7 FIVE QUESTIONS TO ASK BEFORE YOU PAY

1. Have my symptoms actually been assessed, or am I ordering this test on my own?
2. Will the result change what we do next? If not, why are we testing?
3. Have the reversible causes above been ruled out first?
4. What happens if the result comes back in the grey zone — and who pays for the confirmatory test?
5. If it is positive, am I actually a candidate for treatment, and is that treatment available and affordable where I live?

I am a neurosurgeon, not a neurologist or a memory-clinic specialist. I do not prescribe these medicines and I have no financial relationship with any diagnostic laboratory or pharmaceutical company. This sheet is general information, not medical advice, and it is not a substitute for consulting a doctor about your own situation.

SOURCES: US FDA clearances — Fujirebio Lumipulse pTau217/Aβ42 plasma ratio (May 2025), Roche Elecsys pTau181 (Oct 2025), C2N Diagnostics (21 Aug 2026), Roche Elecsys pTau217 (24 Aug 2026). • Palmqvist S et al, Alzheimer's Association Clinical Practice Guideline on blood-based biomarkers in the diagnostic workup of suspected Alzheimer's disease within specialised care settings, Alzheimer's & Dementia 2025. • Palmqvist S et al, Plasma phospho-tau217 for Alzheimer's disease diagnosis in primary and secondary care using a fully automated platform, Nature Medicine 2025. • Indian pricing and protocol details from published diagnostic-laboratory listings, August 2026. Cut-off values are derived largely from European and East Asian cohorts; Indian validation data remains limited.

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