

# GE Healthcare

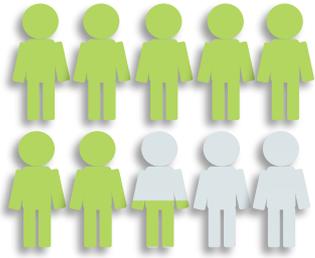
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THE VALUE OF KNOWING- NEUROLOGY

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# Global Scorecard

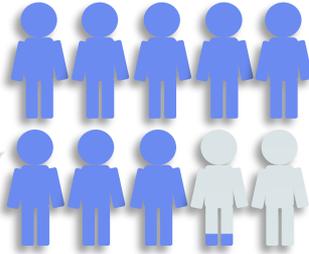


**74%**

of respondents would want to know what kind of neurological disorder they had even if there was no cure

of respondents would want to know what kind of incurable neurological disorder someone close to them had

**81%**



## Reasons for wanting to know if you had an incurable neurological disorder...

Start treatment that can help manage symptoms of the disease	<b>71%</b>
Opportunity to change lifestyle to potentially slow the impact the illness	<b>66%</b>
Ability to make informed decisions	<b>62%</b>
Time to sort personal affairs/finances	<b>49%</b>
More time to spend with family	<b>48%</b>
Time to fulfil personal ambitions	<b>36%</b>
Peace of mind	<b>36%</b>

**MEN**



Would want to know about own diagnosis

**70%**

**77%**

**WOMEN**



Would want to know loved ones' diagnosis

**76%**

**84%**

# Neurology

3%, not important

7%, don't know



of respondents feel it is 'fairly' or 'very' important to have access to accurate diagnosis for incurable neurological disorders

**83%**

would want access to early diagnosis

**84%**

women

**82%**

men

**94%**

feel that early diagnosis should be covered by health insurance

**94%**

women

**94%**

men

**50%**

women

**53%**

men

**51%** would be prepared to pay for diagnosis themselves

**Memory loss** was the most salient symptom of dementia while loss of initiative was the least associated

**70%**

**61%**

**59%**

**56%**

**55%**

**48%**

**48%**

**47%**

**35%**

Memory loss

Disorientation with respect to time...

Difficulty performing familiar tasks

Poor or decreased judgement

Problems with keeping track of things

Changes in personality

Changes in mood or behaviour

Problems with language

Loss of initiative

# Global: The value of knowing

If you felt that **you** had a neurological disease, such as Parkinson's or Alzheimer's disease, would you want to know what disorder you had even if there was no cure?

**YES**

74%

**NO**

12%

**Don't know**  
14%



**Brazil** had the highest proportion of people saying they would want to know their **own** diagnosis (91%), while **China** had the lowest (53%).



**Women** had a greater appetite for knowledge than **men** (77% vs. 70%), but there was no difference between under-40s and over-40s.

% of those who **wanted to know** their own diagnosis from different demographics:

Any diagnosis	No diagnosis	Relatives over 65	No relatives over 65	Religious	Non-religious	Hospitalised (last 12 months)	Non-hospitalised	Above median income	Below median income
<b>82%</b>	64%	<b>76%</b>	68%	<b>78%</b>	69%	<b>84%</b>	72%	<b>78%</b>	73%

In all markets, **more** people wanted to know their loved ones' diagnoses than their own, except **Korea**



**Over 40s** were **more** likely to want to know the diagnosis of loved ones than under 40s (82% vs. 78%)

Those with **relatives over 65** years of age were also **more** keen to know others' diagnoses (82% vs. 74%)

As with above, **women**, those who have been **hospitalised**, those with **any diagnosis**, those with **elderly relatives** and those of **above median income** were more likely to want to know

Self-identified **religious** respondents were **11%** more likely to want to know someone else's diagnosis (84% vs. 76%)

**Don't know**  
10%

**NO**

9%

If you felt that **someone close to you** had a neurological disease, such as Parkinson's or Alzheimer's disease, would you want to know what disorder you had even if there was no cure?

**YES**

81%

*There are many factors influencing appetite for knowledge. Over 40s were more likely to want to know others' diagnoses but not their own. Those who have direct experience of related diagnoses and have a greater appetite for knowledge and information relating to diagnosis*

# Summary of Approach



## Who?

- Survey participants were drawn from one of the largest global online consumer panels in the world. Each respondent was thoroughly pre-screened to ensure they meet the specific quality demands of the project. The performance of each respondent in the actively managed panel was closely monitored to ensure effectiveness and robustness.
- 1,000 adults per country took part in this nationally representative survey including:
  - 250 boost of women aged 40 – 70 years
  - 250 boost of adults with elderly relatives (65 and over)



## What?

- The survey took the form of a 15 minute quantitative interview, administered online.
- Each survey participant was invited to participate via a password-protected link and was asked for externally validated demographic information in order to proceed and in order to determine suitability.
- Various quality control procedures were in place in order to reach a unique, genuine and representative audience.



## Where?

- 10 markets to cover GE Healthcare's main regions:  
USA, Brazil, UK, Indonesia, Japan, India, China, Russia, Australia, South Korea



## When?

- Project Set-Up: April 2014
- Fieldwork: May/ June 2014
- Analysis and reporting: July 2014