Future-Proofing the Alzheimer's Disease Healthcare Journey

Emerging Best Practices Across Europe

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Shift HEALTH

Executive Summary

With the arrival of disease-modifying therapies (DMTs), blood-based biomarkers (BBMs) and digital solutions, health systems across Europe face a pivotal opportunity to transform Alzheimer's disease (AD) diagnosis and care. These innovations bring new hope but also highlight the urgent need for investment in healthcare systems to ensure that scientific progress translates into population-level benefit. Timely diagnosis, coordinated care, and equitable access are no longer aspirational goals; they are prerequisites for ensuring that patients and their supporters can benefit from emerging treatments. Yet, persistent gaps in the patient pathway, ranging from public awareness to diagnostic capacity and long-term care, threaten to undermine this progress.

Why This Report? Why Now?

To our knowledge, this report represents the first detailed attempt to identify, document, and disseminate effective, scalable solutions in AD awareness, diagnosis, and care across Europe. It aims to show how, independently of broader health system challenges, targeted interventions can address critical gaps in the experiences of people living with AD and those who support them. By bringing forward real-world examples from multiple countries, the report offers a practical blueprint that others can adapt or replicate, whether to inspire local innovation or inform national strategies.

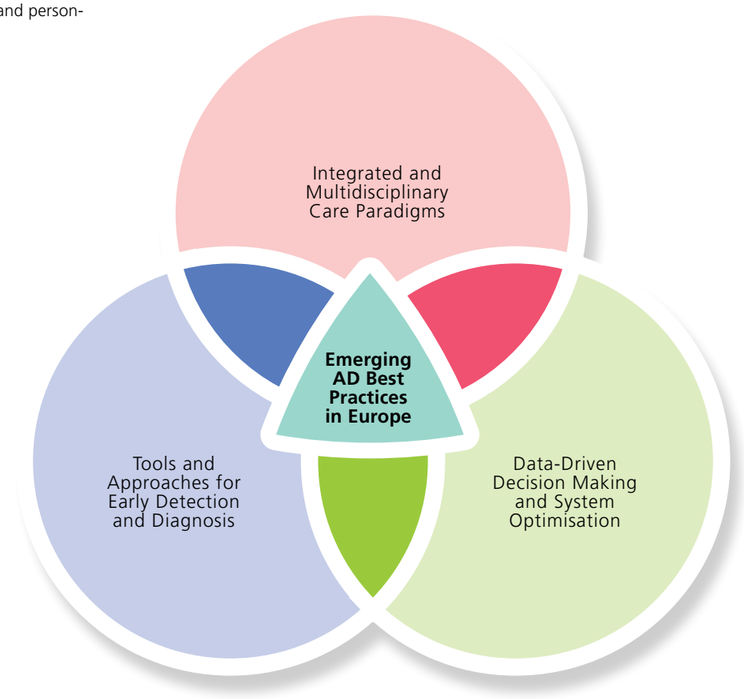
This is critically needed given the scale and urgency of the AD challenge. Millions are currently living with AD, and the numbers are projected to nearly double by 2050. European governments have increasingly acknowledged the need for coordinated action, with many adopting national strategies focusing on early diagnosis, integrated care, public education and support for those providing care. However, implementation remains uneven, as stigma, underutilisation of primary care and inadequate public awareness continue to hinder timely detection. These challenges are compounded by persistent disparities in access, workforce shortages, and funding constraints.

This report responds to that reality. It draws on insights from diverse stakeholders and highlights practical opportunities for progress. It is intended to inform policymakers, who are being called to invest in their countries' readiness, on where efforts should be placed to ensure that the journey of people living with AD and those who support them is as smooth, timely, and equitable as possible. Through examples from multiple European countries, it presents best practices that strengthen timely and accurate diagnosis, expand access to high-quality, sustainable care, and demonstrate what is both proven and achievable in practice for addressing this growing crisis.

What We Found?

This report captures a growing movement across Europe: one where local initiatives, often spearheaded by dedicated professionals and institutions, are pioneering scalable, person-centred solutions to address long-standing gaps in AD diagnosis and care. These efforts are not theoretical; they are happening now. We identify digital tools that are making early diagnosis more accessible, multidisciplinary care models that are improving quality of life, and data registries that are guiding more strategic policy and resource allocation. What sets this report apart is its emphasis on proven successes. It highlights real-world examples that demonstrate how, even in the face of health system constraints, meaningful progress is possible.

Figure 1. Emerging Best Practices in AD Care Across Europe. These span three themes that reflect a shift towards proactive, data-informed, and person-centred models of care.



The Time to Act Is Now

Despite the success of these promising initiatives, broader systemic challenges remain, including uneven access, limited healthcare workforce capacity, underfunded infrastructure and a lack of cohesive national strategies. Therefore, the time to act is now—before demographic pressures and system fragmentation further widen these gaps.

Drawing on insights from interviews with experts in the field as well as secondary research, we call on policymakers to:

The urgency of the Alzheimer's disease challenge is undeniable, but so too is our inherent capacity for meaningful change. With strategic, sustained investment in proven solutions and a commitment to scaling up best practices, we can and must build more efficient healthcare systems that are equipped to effectively manage and mitigate the devastating impact that Alzheimer's disease has on families and their loved ones.

Address Stigma and Empower Primary Care	Implement and fund actionable national dementia strategies and targeted policy measures that prioritise stigma reduction, raise public awareness, and empower primary care to play a leading role in enabling prevention, early detection, and faster diagnosis of AD.
Incentivise and Scale Accessible, Convenient, Cost-Effective Diagnostic Solutions	Invest in validated, scalable diagnostic tools and incentivise workforce training to expand early, accurate diagnosis of AD—particularly in primary care and underserved settings.
Advance Multidisciplinary Care Models	Strengthen and scale multidisciplinary care pathways that deliver integrated medical, cognitive, and psychosocial support for both individuals at risk of or living with AD as well as for those who support them.
Use Data to Drive Policy and Practice	Develop and fund integrated national data systems to inform evidence-based care models, monitor outcomes, and guide policy decisions related to AD.
Enable Trans-Sector Partnerships	Promote and facilitate partnerships across research institutions, healthcare providers, technology developers, and civil society to accelerate the translation of innovations into real-world AD care.

The Challenges and the Opportunities

The Growing Burden of Alzheimer's Disease (AD) in Europe

Alzheimer's disease represents a pressing and rapidly growing public health challenge across Europe. According to 2019 estimates, approximately 7.85 million people in the European Union (EU27) and 9.78 million in the broader European region* are living with dementia. The majority (60-70%) of these people are those living with AD. Driven largely by demographic ageing, these figures are projected to almost double by 2050, reaching 14.3 million in the EU and 18.8 million in the broader European region (1,2). The economic impact is equally staggering: in 2019, the total societal cost of dementia in Europe was estimated at €392 billion (3,4). In the absence of major advances in prevention and treatment, both societal and economic costs are projected to rise sharply.

A Paradigm Shift: New Tools and Thinking

Over the past decade, approaches to AD care and diagnosis have experienced a profound transformation. The traditional model—focused on late-stage symptom management—is giving way to a more proactive, person-centred and data-driven paradigm. Increasing emphasis is being placed on early and accurate diagnosis, enabled by tools such as cognitive testing and blood-based biomarkers (BBMs), which offer scalable and less invasive alternatives to positron emission tomography (PET) imaging and cerebrospinal fluid (CSF) testing, alongside preventive interventions targeting modifiable risk factors and longitudinal monitoring (5–7).

This transformation is supported by the development of national dementia registries and integrated health data infrastructure, facilitating real-time surveillance, care benchmarking, and strengthened research capacity (8). At the same time, care models are evolving towards greater personalisation and inclusivity—addressing not only clinical needs but also the psychological and social dimensions of AD (9). These models increasingly involve people living with AD, their supporters, and communities in shared decision-making and care planning. This evolution reflects broader public health goals: promoting prevention, improving quality of life, and ensuring equitable access to therapies and care, all underpinned by digital health innovation and a growing understanding of AD as a complex, progressive, and partly preventable condition.

* 10 non-EU countries represented in Alzheimer Europe

> There is still much to do proactively in this field, and there is no justification for inaction. We're witnessing a paradigm shift in dementia care, similar to how cancer care evolved decades ago, from a passive approach of 'We're sorry, let us know if it gets worse' to one where we can now offer scientifically backed tools that can nearly halve the risk for high-risk patients."
>
> **Simon Körösi, *Geras Solutions***

The potential impact of this paradigm shift could have profound implications for improving the quality of life of people with AD and their families, who often serve as unpaid informal carers, while mitigating the rising societal costs of the disease. For instance, a 2022 study found that early intervention in AD—whether through novel therapies or lifestyle changes—could save European societies up to €85 billion in lifetime care costs by delaying disease progression and improving disease management (10).

Policy Gaps and Priorities for AD Care in Europe

European governments have increasingly acknowledged the urgent need for coordinated action. Many have adopted national dementia strategies that prioritise early diagnosis, integrated care, public education, and support for those providing care.* European efforts, such as the EU Joint Action on Dementia and the work of Alzheimer Europe have further encouraged collaboration and policy alignment across member states (9,12).

Yet despite this momentum, the care pathway remains fragmented. The gaps are not abstract; they are experienced daily by patients and their supporters, who are navigating a system that is often unprepared to meet their needs. **Detection** is frequently delayed due to limited public awareness, stigma, and insufficient testing infrastructure. **Diagnosis** is hindered by a lack of trained professionals, long wait times, and inconsistent use of diagnostic tools. **Access to care** is uneven, particularly in rural or underserved areas, where services are sparse and coordination is weak.

These challenges are rooted in systemic issues: underinvestment in workforce development, outdated legal protections for people living with the disease, and the absence of cohesive national implementation plans. The 2023 *European Dementia Monitor* by Alzheimer Europe underscores these gaps, noting that while countries with comprehensive strategies tend to perform better, no country achieves excellence across all domains (13).

The need for policy action that directly addresses these root causes is clear. Sustainable change will require investment in workforce capacity, modernisation of care infrastructure, adoption of innovative diagnostic tools and digital solutions, and integration of data systems to support early and accurate diagnosis. It also calls for national strategies that are fully funded, consistently implemented, and accountable to the lived experiences of people living with AD and those who support them.

> In Sweden, most patients are still being seen in primary care as their first point of contact, where disease-specific training and tools are often lacking. Until there's broad biomarker access and clearer referral pathways to specialised care, many eligible patients will continue to be missed. Governments are only now beginning to respond, and not a moment too soon."
>
> **Michael Schöll, *REAL AD***

* In 2025, 45 WHO member states, including 21 in Europe, have implemented national dementia plans, while 19 are currently developing a national dementia plan or integrating dementia into a wider health plan. For further details, refer to the latest ADI From Plan to Impact report (11)

Emerging Best Practices Across Europe

Through a combination of desk research and stakeholder consultations, we set out to identify real-world case studies that reflect emerging best practices in the detection, diagnosis and care of AD across a representative cross-section of countries with varying health systems and economic contexts (see *Approach & Methods*).

While several exemplary cross-EU collaborative programmes exist, this study focuses primarily on national and local initiatives with strong potential for scalability or emulation across Europe. In total, we identified 26 such case studies, each described in the pages that follow. These initiatives vary in scope, scale, and stage of development, but can be broadly categorised into three intersecting thematic areas:

1. ***Tools and Approaches for Early Detection and Diagnosis:*** To address the increasing need for earlier diagnosis of AD, a diverse range of European actors—including memory clinics, academic centres, digital health innovators, and national research initiatives—are advancing novel tools and approaches to enhance awareness, early detection and timely diagnosis. These efforts have yielded measurable progress, such as reducing diagnostic time and costs, validating innovative assessment instruments, and identifying novel biomarkers for earlier intervention.
2. ***Integrated and Multidisciplinary Care Paradigms:*** Across Europe, an expanding number of stakeholders—including primary care providers and pharmacies trained in AD diagnosis and care, university hospitals, memory clinics, advocacy organisations, and community care networks—are adopting integrated care models to improve the quality, efficiency, and personalisation of AD diagnosis and care. These models emphasise validated diagnostic pathways, person-centred approaches, multidisciplinary collaboration, and cost-effective service delivery.
3. ***Data-Driven Decision Making and System Optimisation:*** Data integration is increasingly recognised as a foundational element for effective clinical practice and policymaking in AD care. Clinician-led registries, national data linkages and cross-border initiatives are transforming how systems monitor care quality, track epidemiological trends, identify service gaps, and inform strategic planning. For people living with AD and those who support them, this can translate into more timely diagnoses, better-targeted services, and a care journey that is responsive to their evolving needs, ultimately turning data into dignity, efficiency, and equity. These case studies—built on collaboration between memory clinics, primary care, public health institutions and people living with the disease—illustrate the practical value of transforming complex datasets into actionable insights for improving care delivery, guiding population-level strategies, and aligning policy responses across Europe.

The following sections present illustrative case studies aligned with each of these three thematic areas, highlighting concrete examples of best practices and real-world implementation from across Europe.*

* Please note that the themes are not mutually exclusive; nonetheless for presentation purposes, each case study is categorized under the thematic areas it most closely aligns with.

Figure 2. Case Studies Featured in This Report.
For the purposes of this study, we examined emerging best practices in eight countries: Poland, the Netherlands, France, Spain, Sweden, Germany, Czechia, and Slovenia (see Methods for additional details). Case studies from each country are grouped by the three themes, namely: tools and approaches for early detection and diagnosis; integrated and multidisciplinary care paradigms; and data-driven decision making and system optimisation.

Czech Republic
Czech Brain Aging Longitudinal Study
CIIRC: Cogni Trainee App
AlzheimerChain Foundation: Terrapino

France
The Aloïs Association: PASSCOG
The French National Alzheimer Database

Germany
neotiv GmbH: neotivCare App
DZNE: DELCODE Longitudinal Study
ki:elements: Mili App
digiDEM Bayern

Netherlands
Amsterdam UMC: ABIDE & ABOARD
Alzheimer Centrum Limburg
Radboud UMC: Alzheimer Center
NED Dementia Care and Support Registry

Poland
NeuroProtect Center

Slovenia
Memory Clinic at Ljubljana UMC

Spain
Fundació ACE: Alzheimer Center
Fundación CIEN: SCAP-AD & VARS
BBRC: ALFA Project
Clínic Barcelona Hospital: Alzheimer Unit
The Sant Pau Memory Unit
Registry of Dementias Girona (ReDeGi)

Sweden
Geras Solutions: Minnesmottagningen
Mindmore Digital App
BioFINDER Study
REAL AD Study
SveDem National Dementia Registry

Primary Theme

- Tools and Approaches for Early Detection and Diagnosis
- Integrated and Multidisciplinary Care Paradigms
- Data-Driven Decision Making and System Optimisation

Tools and Approaches for Early Detection and Diagnosis

Leveraging a modular digital platform to enhance AD detection through at-home cognitive testing

Mindmore® is a clinically validated digital platform from Sweden that converts conventional paper-based cognitive assessments into an intuitive digital format. Developed with input from clinicians and patients, its modular design allows flexible integration into care pathways with minimal disruption. By enabling more accessible and faster testing, it facilitates early detection and more efficient cognitive screening in primary care settings. Already adopted in over 100 clinics across Scandinavia and recommended in national care protocols, the platform has been validated in more than 40 academic studies and consistently outperforms traditional paper-based tools (14,15). Mindmore is currently aiming to roll out its scalable, evidence-based approach to routine, proactive cognitive testing across Europe.

It improves efficiency and reduces costs, saving health systems €150 per test while increasing patient throughput by 119%. At the 21 clinics within Stockholm's city borders alone, these improvements have translated into annual savings of at least €2 million.

> Our approach has always centred on supporting clinical staff, the ones providing care. We're not a black-box test; we've digitised existing tools to work within the healthcare system, offering more efficient, person-centred patient journeys that are both flexible and standardised."
>
> **Sara Wallén, *Mindmore***

Integrating home-based testing into clinical practice to advance early monitoring

neotivCare™ is a clinically validated mobile app developed by neotiv GmbH in collaboration with the German Centre for Neurodegenerative Diseases (DZNE). It features novel, purpose-built digital cognitive tests designed to detect different stages of cognitive decline. Users complete scientifically designed memory tasks independently at home, with results compiled into a physician-ready report to support diagnosis. The app addresses key limitations of conventional one-time, clinic-based tests by offering a scalable and accessible alternative.

In studies, over 90% of participants found the app easy to use and more than 76% preferred it over traditional tests. The assessments detected subtle cognitive decline within just 30 weeks—outcomes that exceeded expectations and demonstrate the real-world feasibility of remote cognitive assessment. Notably, 84% of physicians reported increased certainty in their diagnostic decisions (16–19). A multi-year study evaluating the app's broader impact on healthcare efficiency and diagnostic workflows is underway, with results expected in 2027 (20).

> Remote assessments offer two major advantages: they require less effort and can be done at home—enabling more frequent, longer-term, and more representative cognitive testing—and digital tools enable novel testing paradigms such as visual memory tasks and provide richer data than paper-and-pencil tests by capturing factors like reaction time and interaction patterns."
>
> **David Berron, *neotivCare***

Improving care at memory clinics by blending traditional consultations with digital tools

Geras Solutions™ operates Minnesmottagningen, Sweden's largest memory clinic by patient volume, pioneering a digital approach to cognitive assessment and diagnosis. Launched in response to limited national prioritisation of AD, the clinic allows patients and carers to complete validated cognitive tests and medical history forms remotely. Results are automatically interpreted and shared with healthcare professionals, enabling timely and informed decision-making. Its core tool—the Geras Solutions Cognitive Test, developed in collaboration with Karolinska Institutet—has demonstrated accuracy equal to or exceeding traditional paper-based tests and is designed for unsupervised use at home, challenging assumptions about older adults' digital literacy and offering a scalable and cost-effective blueprint for proactive AD care (21).

This digital model reduces clinician workload by 2–3 hours and saves €150 per patient. A recent pilot programme also showed that it can cut the diagnostic timeline from six months to under three weeks.

Blending public awareness and digital tools to improve AD detection and care in tertiary settings

The Ace Alzheimer Center Barcelona anchors its multidisciplinary care pathway in early detection and public awareness. Through its Open House Initiative, the centre offers free memory assessments to the public, allowing individuals with subtle cognitive deficits to bypass primary care and access specialised services directly (22). The centre also developed FACEmemory®, the first self-administered online memory test with voice recognition and automatic scoring, validated in peer-reviewed studies, the results are reviewed by a dedicated neuropsychology team (23). These tools are embedded into a holistic care pathway that combines clinical diagnosis, personalised care planning and psychosocial support to reduce supporter burden and long-term healthcare costs.

In 2023 alone, awareness campaigns reached over one million people. That same year, 176 individuals received free memory checks through the Open House Initiative, while over 5,000 people used FACEmemory, with cognitive impairment identified in more than 20% of users.

> A key benefit of digital assessments is their ability to reduce pressure on healthcare staff while allowing patients and families to complete much of the process from home, improving comfort and removing the challenging task of travelling to a clinic."
>
> **Simon Körösi, *Geras Solutions***

Reducing barriers to early detection through real-world speech assessment

Mili™ is a speech-based digital assessment platform developed by ki:elements GmbH in Germany to bring clinically validated speech biomarkers into real-world use. It offers three patient-friendly interfaces, including app- and phone-based options, designed to accommodate varying levels of digital literacy and allow flexible deployment in both clinical and community settings. Peer-reviewed studies have demonstrated Mili's sensitivity and specificity in detecting AD and distinguishing between its stages. Its disease-agnostic design enables a single biomarker to support multiple conditions, providing a scalable, low-burden alternative to conventional paper-based cognitive assessments (24–26).

The app has been shown to reduce time and cost, with 80% of users reporting comfort using it. Mili has also proven economically beneficial for AD-related clinical trials, lowering recruitment costs by up to 35% through efficient pre-screening.

Uniting risk assessment and prevention tools together under one digital roof

Terrapino™ is a mobile app developed by the AlzheimerChain Foundation in Czechia to support AD prevention through personalised, evidence-based tools. Available in Czech, English and Spanish, the app generates an individualised Alzheimer Risk Assessment (ARA) score using a broad set of sociodemographic and health-related factors. It also provides users with resources for cognitive training, physical wellness, and support for carers. With over 35,000 users, Terrapino shows strong potential as a scalable, data-driven platform for early risk detection and prevention across diverse populations (27,28).

Recent user data analyses have identified novel age-specific risk patterns, including the varying impact of social isolation across age groups and a strong association between difficulty interpreting emotional tone in speech and increased AD risk scores.

Continuous, home-based cognitive monitoring as a scalable model for early AD detection

Cogni Trainee™ is a mobile app co-developed by the CIIRC CTU and supported by the City of Prague, leveraging T-Mobile's infrastructure to support early detection of AD through long-term cognitive monitoring. Using audiovisual inputs, it evaluates memory, speech, attention, spatial orientation, and decision-making, capturing subtle changes often missed by conventional paper-based tests. Validated in peer-reviewed studies, its modular design demonstrates sensitivity and specificity comparable to clinical tests (29).

Requiring just 15 minutes of testing every three months, the app offers a faster approach to cognitive assessment than traditional paper-based tools and is currently being tested in medical facilities to evaluate its impact.

Table 1. The Future of Early Detection and Diagnosis in Europe.
In addition to the trailblazers described in the previous section, many leading European institutions have launched critically important longitudinal studies, most of which are nearing completion, that combine cutting-edge technologies such as blood biomarkers, genetic testing, advanced imaging and digital cognitive tests. Driven by public and philanthropic funding and strengthened by cross-sector collaboration, these homegrown national efforts are strengthening the case for, and accelerating the adoption of, innovative tools and technologies that support the integration of early diagnosis into clinical practice.

Initiative	Description	Benefits
Amsterdam UMC: **ABIDE (2014-2017) & ABOARD (2021-Ongoing)**	A three-year retrospective translational study to integrate AD biomarkers into routine practice, enrolling 700 participants with a mean age of 67 years (ABIDE), complemented by a five-year study to develop personalised strategies for diagnosis, prediction and prevention in 2,000 recruits (ABOARD).	• Delivered clinician-friendly tools to standardise biomarker selection and patient communication, improving early detection and preventive counselling (30) • Plans to enhance early detection using biomarkers and personalised risk profiles to guide lifestyle or pharmacological interventions before disease onset
Barcelonaßeta: **ALFA (2013-Ongoing)**	A prospective study following over 2,700 cognitively unimpaired adults aged 45-74 years, most of whom are descendants of people with AD, using imaging, biomarker testing, genetic testing and lifestyle assessment.	• Identified early pathophysiological changes in cognitively healthy adults and confirmed enriched genetic and biomarker risk factors (31) • Established a robust platform for modelling preclinical AD to guide future prevention-focused trials
Fundación CIEN: **SCAP-AD (2024-Ongoing) & VARS (2007-Ongoing)**	A prospective study enrolling 50,000 digital and 1,000 clinical adults aged 60 and above to identify high-risk populations and optimise biomarker-based detection (SCAP-AD), alongside ongoing biannual monitoring of 560 moderate-to-advanced AD patients in care homes (VARS).	• Set to enhance early AD diagnosis by integrating precision medicine tools and tracking disease progression • Validated digital tests and blood biomarkers that improve diagnostic confidence and support prognostic and care planning across all AD stages (32)
DZNE: **DELCODE (2014-Ongoing)**	A multicentre, longitudinal cohort of 1,000 participants aged 60 and above, examined annually, including cognitively healthy controls, individuals with subjective cognitive decline (SCD), mild cognitive impairment (MCI), mild AD and first-degree relatives of AD patients.	• Characterised AD biology during early cognitive changes and identified key genetic risk factors in at-risk individuals • Validated SCD as an early indicator for AD, supporting its inclusion in updated diagnostic frameworks (33)
ICRC + Moto Hospital: **CBAS (2011-Ongoing)**	A prospective multicentre study of over 2,000 adults aged 55 and above, with annual cognitive testing, imaging and biosample collection to identify modifiable risk factors for AD.	• Uncovered genetic, lifestyle, cognitive risk and protective factors for AD • Defined distinct risk profiles to enable earlier, tailored prediction, monitoring and personalised prevention and care (34)
University of Gothenburg: **REAL-AD (2024-Ongoing)**	A prospective study enrolling over 3,000 adults aged 50–80 to test a population-scale model that integrates the synergistic use of BBMs and at-home digital cognitive assessments within primary care pathways.	• Aims to demonstrate the feasibility of integrating BBMs and digital cognitive tools into routine care • Set to pave the way for scalable, cost-effective workflows for large-scale early AD diagnosis (35)
Lund + Skåne University: **BioFinder (2009-Ongoing)**	Now comprising six independent, non-overlapping studies, these support early, accurate diagnosis, with cohorts like BioFINDER-Primary Care and Memory Clinic, each with 1,200 participants, providing real-world validation to improve diagnosis and care.	• Showed that blood-based tests can match the diagnostic accuracy of traditional biomarkers • Supported the feasibility of using blood tests as a cost-effective first-line tool in AD assessments

Integrated and Multidisciplinary Care Paradigms

Shifting cognitive assessments from overcrowded hospitals to local clinics led by trained GPs

The Aloïs Association first drew policymakers' attention by publishing France's first comprehensive economic analysis of AD in 2015, which revealed a €28 billion annual burden and showed that only half of affected individuals receive a formal diagnosis (36). Building on this momentum, Aloïs launched PASSCOG in 2021. The programme integrates trained GPs, supported remotely by cognitive tele-expertise, into the diagnostic pathway—shifting assessments from overcrowded hospitals to accessible local clinics. PASSCOG demonstrates that GPs can effectively manage complex neurocognitive disorders from A to Z, increasing diagnostic rates and accelerating early diagnosis (37).

Among the first 1,060 participants, 28% of diagnostic pathways were initiated and led by GPs, reducing the average time from first consultation to confirmed diagnosis from nine months to just four. Nationwide rollout is planned for 2026.

> Because patients are generally diagnosed at an advanced stage, we created this pathway to enable early and rapid diagnosis. Our pathway complements hospital pathways, which could not cope with the demand alone. Indeed, we must look to the future: how can we reorganize our healthcare system to cope with the increasing number of patients, particularly at a time when new therapeutic strategies are emerging? It is essential to reorient public policies towards early screening and diagnosis, while providing adequate support to caregivers."
>
> **Bénédicte Défontaines, *PASSCOG***

Empowering GPs to lead AD diagnosis through collaboration and knowledge sharing

Radboud UMC in the Netherlands has demonstrated that embedding AD diagnosis within primary care through a multidisciplinary, integrated approach can significantly ease pressure on specialist services. Approximately 67% of patients were accurately diagnosed without ancillary investigations, avoiding costly imaging and neuropsychological tests, while maintaining timely specialist access for complex cases (38,39). To support this shift, the centre established DementiaNet, a regional network uniting GPs, community nurses and other care professionals to improve coordination, share expertise, empower patients and supporters. This community-based model shortens diagnostic pathways, reduces unnecessary referrals and redirects resources for local support (40).

After two years, participating networks saw collaboration and quality-of-care scores increase by over 40%.

Improving the quality of life through personalised care and community engagement

The Dutch Alzheimer Centrum Limburg integrates clinical care, research and public health to enhance the quality of life for people living with AD and those who support them (41,42). Moving beyond traditional diagnostics, the centre delivers personalised care plans and psychosocial support. It also maintains active community engagement by leading public health campaigns aimed at reducing stigma around AD. This dual focus on individual and population-level interventions underscores the value of integrated care models in addressing the complex and multifaceted challenges of AD.

The centre's multidisciplinary approach has been associated with a 10% improvement in health-related quality of life, along with the potential to reduce supporter burden.

Driving a paradigm shift in AD care through integrated teams and blood-based testing

The Alzheimer's and Other Cognitive Disorders Unit at Clínic Barcelona Hospital serves as a regional hub for AD diagnosis and care, managing over 900 new cases and 2,500 follow-ups annually. Its multidisciplinary team of clinicians, nurses, therapists, social workers and scientists delivers personalised care through specialised programmes, such as genetic counselling and early-onset AD support, alongside 4,500 annual cognitive therapy sessions. As the first hospital in Spain to adopt the p-tau217 blood test, the unit is pioneering a paradigm shift toward more holistic, less invasive, and cost-effective approaches to improving the quality of care (43).

With around 100 evaluations performed per month, the p-tau217 test enabled a confirmatory diagnosis in 78% of cases—either ruling in or ruling out AD—reducing reliance on invasive procedures, improving patient experience and optimising healthcare resources for early intervention.

Setting a European benchmark for cost-efficient AD care through centralised diagnostics

The Memory Clinic at the University Medical Centre Ljubljana is centrally located and, given Slovenia's relatively small size, is well-positioned to serve the entire country. As the national referral centre for AD, it delivers a full diagnostic work-up, including neurological exams, cognitive assessments, laboratory tests, and brain imaging, through a centralised and efficient care pathway. The clinic also plays a key role in public engagement by training GPs and hosting Open House Initiatives, further extending its reach by enabling pre-screening during routine visits using simple, accessible tools (44,45).

This centralised model supports diagnosis at an average cost of €330, among the lowest in Europe, with total annual costs per patient remaining efficient at €578.

Delivering complex AD care with a human touch through compact multidisciplinary teams

Barcelona's Sant Paul Memory Unit is a recognised European leader in AD care and research, managing over 2,000 patients annually. Its multidisciplinary team of clinicians, nurses, technicians and engineers integrates clinical care with laboratory research, enabling cutting-edge advancements in diagnostics and treatment.

The unit's compact size fosters fluid cross-disciplinary collaboration, avoiding the siloed workflows common in larger institutions. Based within a hospital setting, it maintains a strong clinical focus with a person-centred, scientifically rigorous approach to AD care.

Advancing AD care with multidisciplinary teams and modern diagnostics

The NeuroProtect Center in Poland offers a high-impact, scalable model for AD care, offering free consultation screenings to promote early detection of AD and related dementias. As a specialised memory clinic, it integrates state-of-the-art diagnostics—including neuroimaging, genetic testing and biomarker analysis—with multidisciplinary care from neurologists, geriatricians and psychologists. Patients benefit from personalised treatment, access to clinical trials and continuous monitoring, while carers benefit from targeted education and psychosocial support.

This coordinated approach enables timely interventions, reduces supporter burden and contributes to lower future healthcare costs.

Data-Driven Decision Making and System Optimisation

Across Europe, an increasing number of countries are investing in the development of data systems that bring together clinical, social-care and demographic records, creating comprehensive, longitudinal pictures of AD. Quality improvement registries such as SveDem, which track outcomes from diagnosis through treatment, create continuous feedback loops that allow clinicians and policymakers to benchmark services, flag unexpected outcomes and refine interventions in near-real time for maximum impact, while generating real-world evidence to guide policy and research. In parallel, large-scale epidemiological registries such as the French National Alzheimer Database provide population-level insights, capturing robust prevalence trends, identifying diagnostic and treatment bottlenecks and highlighting resource needs. Together, these complementary data systems enable clinicians and policymakers to monitor trends, pinpoint gaps and inform strategic planning to deliver equitable, sustainable and future-proof AD care across Europe. For individuals living with AD and those who support them, this translates into more timely diagnoses, better-targeted services, and a care journey that is more responsive to their evolving needs.

Table 2. Investing in the Transformative Power of Data. Europe's dementia registries, spanning quality-improvement and epidemiological registries demonstrate how integrated, clinician-led registries, national data linkages, and cross-border collaborative initiatives are essential for translating complex AD data into actionable insights (46).

	Initiative	Description	Benefits
Quality Improvement Registry	**Dutch Dementia Care and Support Registry (est. 2017)**	The registry links 16 existing national healthcare and census databases into a unified person-level record, providing longitudinal information on more than 190,000 patients (47,48).	• Enables stakeholders to benchmark care quality, identify gaps, and tailor local interventions • Links health and social care data to provide a comprehensive view of AD care and inform future planning • Offers key lessons on the feasibility of integrating diverse data sources (49)
	SveDem (est. 2007)	Established by clinicians, the national dementia registry tracks all new diagnoses and treatments from all memory clinics in Sweden, covering over 120,000 cases and expanding into primary care and nursing homes.	• Improves AD diagnosis and care through continuous feedback and annual reporting • Validates real-world treatment effectiveness and reveals care disparities • Informs policy and supports numerous academic studies (50)
	digiDEM Bayern (est. 2019)	The registry follows over 1,500 dementia patients and supporters across Bavaria and collects long-term data on clinical outcomes, quality of life, supporter burden and service use via a digital platform.	• Informs the Dementia Strategy with real-world data to identify gaps and improve care • Supports regional planning with potential to influence national policy • Serves as a platform for research on social support and new therapies (51,52)
Epidemiological Registry	**French National Alzheimer Database (est. 2008)**	Established with support from the Ministry of Health, this national registry collects standardised data on diagnoses, cognitive scores, and treatments from 357 memory clinics, covering more than 550,000 patients.	• Data are routinely mined to quantify national diagnostic patterns and benchmark against national guidelines • Provides comprehensive data for epidemiological and pharmaco-economic research (53,54)
	ReDeGi (est. 2007)	The registry records all new diagnosis across Girona, covering a population of 800,000, it captures standardised clinical and socioeconomic data.	• Provides reliable incidence and prevalence data, identifying sources of diagnostic delays to guide local health planning • Plans to expand with a shift towards a stronger focus on quality of care in the future (55)

Conclusion: What We Learned and What Needs to Happen

Moving from Innovation to Implementation

Alzheimer's disease presents one of the most urgent health and societal challenges facing Europe today. The real-world examples presented in this report demonstrate that timely, equitable, and cost-effective approaches to diagnosis and care are not only possible—they are already being implemented. Across countries, health systems, and care settings, stakeholders are pioneering innovative tools and technologies, data systems, care pathways, and collaborative models that offer scalable, evidence-based solutions to meet the AD challenge across Europe.

From digital diagnostic tools and mobile testing apps to national registries and integrated care networks, the emerging evidence is clear: when systems align behind prevention, personalisation, and equity, the outcomes are measurable—earlier diagnoses, faster access to care, improved patient journeys, and cost savings.

These examples illustrate practical approaches to closing longstanding gaps: broadening access, strengthening workforce capacity and securing sustainable funding. Yet many of these gaps persist, compounded by a lack of cohesive national strategies in many regions. The time to act is now—before demographic pressures and system fragmentation further widen these gaps.

> To ease the growing strain on Europe's healthcare systems, early-stage detection and pre-screening should be prioritised. This means moving away from overregulation and creating conditions that enable the adoption of innovative digital tools."
>
> **Jakub Hort, *Terrapino & CBAS***

Recommendations Towards a Policy Paradigm Shift

Drawing on insights from interviews with experts in the field as well as key findings presented above, we call on policymakers to:

Address Stigma and Empower Primary Care

Establish, fund and properly implement actionable national dementia strategies that prioritise prevention, early detection and timely diagnosis, as well as the removal of discriminatory policies and practices affecting people living with AD. Such plans should strengthen the role of primary care in supporting early detection and timely diagnosis and consider new diagnostic tools such as BBMs and digital tools for cognitive testing (see below). As evidenced in this report and others, taking immediate action on these pillars and increasing the role of primary care in AD detection and diagnosis can significantly reduce time to diagnosis, enhance access to care and improve outcomes (56).

Complement this with national awareness campaigns that aim to reduce stigma and encourage earlier help-seeking. Open House Initiatives at Ace Alzheimer Center Barcelona and the Memory Clinic at University Medical Centre Ljubljana, as well as digital tools like Terrapino have shown that education-focused outreach can significantly improve public understanding, foster engagement, and encourage earlier help-seeking.

Advance Multidisciplinary Care Models

Strengthen holistic care pathways that seamlessly integrate medical, cognitive, and psychosocial expertise. Multidisciplinary teams at institutions like Clínic Barcelona and Alzheimer Centrum Limburg

exemplify high quality, person-centred models of care, offering individualised support that improves diagnostic accuracy and long-term well-being. Crucially, these pathways must also integrate robust support for carers, recognising their indispensable role and ensuring they have the resources needed to sustain their own wellbeing while enabling people with Alzheimer's to live well.

Incentivise and Scale Accessible, Convenient, Cost-Effective Diagnostic Solutions

Invest in validated, remote cognitive assessment tools that are feasible in both clinical and home-based settings. Platforms and tools like Mindmore, neotivCare, and Geras Solutions have demonstrated their ability to reduce testing time, increase throughput, and expand reach without overburdening clinical resources. Equally transformative will be the integration of BBMs in clinical practice. When effectively integrated, BBMs can offer highly accurate, cost-effective and readily scalable diagnostic options, as evidenced by early adopting health institutions like Clínic Barcelona Hospital. To ensure these tools are widely and sustainably adopted, clear incentives and reimbursement pathways must be established to help scale these solutions.

Simultaneously, strengthen workforce capacity by equipping general practitioners and frontline clinicians with training and effective testing tools to reduce diagnostic timelines and expand access, especially in underserved areas. Programmes like PASSCOG and DementiaNet have demonstrated that empowering GPs can reduce diagnostic timelines and facilitate earlier engagements with patients.

Use Data to Drive Policy and Practice

Support the development of high-quality, integrated data systems such as SveDem and France's National Alzheimer Database, which connect clinical, social, and population-level data. National registries—when appropriately funded and governed—can enable real-world monitoring, support evidence-informed care models, and guide policymaking.

Enable Trans-Sector Partnerships

Policymakers should actively foster and facilitate strategic collaborations among research institutions, healthcare providers, technology developers, and civil society. These partnerships and collaborations, particularly when underpinned by proactive government support, are crucial for driving innovation and effective implementation by aligning research with real-world needs. Initiatives such as Fundación CIEN, REAL-AD, and Cogni Trainee demonstrate the value of trans-sector partnerships, as do Mindmore's clinician-centred design approach and the translational research programmes at the Alzheimer Center of Amsterdam UMC. Collectively, these efforts illustrate the benefits of aligning research with real-world needs.

Closing: Policy at the Crossroads

Europe stands at the crossroads in our fight against AD. We have the knowledge, tools, and examples to shift from fragmented responses to coordinated, forward-looking strategies. Decisive action today will enable policymakers to build systems that not only address the needs of people living with AD today but also safeguard future generations from the most devastating impacts of the disease.

> We're at a very interesting moment: new treatments are emerging, and more are sure to follow. But this progress requires a transformation in how we treat patients. Policymakers must step in to regulate and support these changes, and we all have a role in spreading the message of optimism."
>
> **Pascual Sánchez-Juan, *Fundación CIEN***

Approach & Methodology

This study selected a representative cross-section of countries with different health systems and economic contexts: Czechia, France, Germany, the Netherlands, Poland, Slovenia, Spain, Sweden.

We developed high-level criteria to help select/prioritise exemplary case studies in each country, including:

- Active implementation in healthcare practice or policy, or being in advanced stages of pilot implementation—excluding early-stage, theoretical research, or high-level national dementia strategies that primarily outline future plans/priorities.
- Availability of publicly accessible data to characterise the policy, programme or initiative for case study development, with preference for peer-reviewed sources and measurable indicators of impact, ideally including healthcare efficiency, cost-effectiveness, reduction of health disparities, and patient satisfaction or experience.
- Clear focus on (or direct application to) early-stage Alzheimer's disease, as opposed to advanced Alzheimer's disease, or to dementia and other neurodegenerative diseases more broadly.
- National or local initiatives were prioritised over cross-EU collaborative programmes that typically test initiatives across multiple countries concurrently.

We then conducted non-exhaustive secondary research leveraging keyword-driven internet searches (e.g. improved diagnosis, care, patient outcomes) and reviewed national dementia strategies, NGO and government reports for additional perspectives. We identified common themes and potential case studies to supplement and explore further through interviews with national stakeholders (see next section for a list of stakeholders consulted). A total of 44 case studies were initially identified based on an initial screen. Of these, 26 were prioritised for deeper dives and inclusion in this report based on the criteria above. We hope that future studies build on this foundational work and broaden the research to all countries across Europe.

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About Shift Health:

Shift Health is a leading strategy and advisory consultancy for the health research and innovation ecosystem. Working with governments, academia, industry, not-for-profits, healthcare providers and patient partners across the globe, Shift Health brings more than a quarter century of experience building connections and helping clients create the future of healthcare. Shift Health is distinguished by its people. Scientists by training, Shift Health's team embodies a science mindset, translating rigorous evidence into sharp insights and customized solutions that inform decision-making and drive action. For more information, please visit www.shifthealth.com

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The European Federation of Pharmaceutical Industries and Associations (EFPIA) represents the biopharmaceutical industry operating in Europe. Through its direct membership of 37 national associations, 40 leading pharmaceutical companies and a growing number of small and medium-sized enterprises, EFPIA's mission is to create a collaborative environment that enables our members to innovate, discover, develop and deliver new therapies and vaccines for people across Europe, as well as contribute to the European economy. For more information, please visit www.efpia.eu

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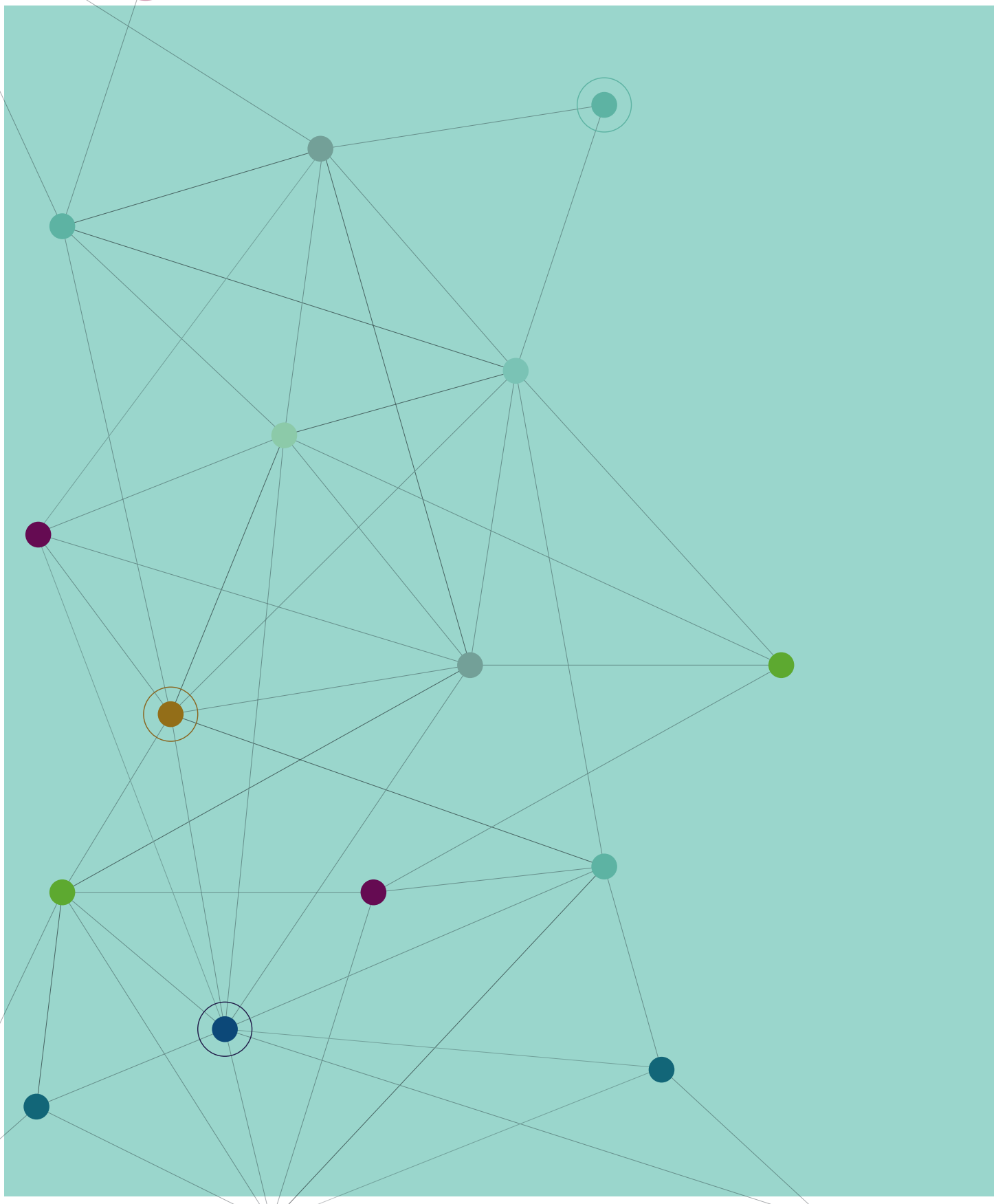

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