

# Sweden

Research conducted in 01/10/2025

Sweden addresses dementia through a universal healthcare system and a forward-looking national strategy for 2025–2028. The strategy aims to enhance everything from prevention and diagnostics to individualised care, supported by robust national infrastructure like the Swedish Dementia Centre and the SveDem quality registry. While the path to receiving a specialist diagnosis can be long, Sweden is actively pioneering the very solutions to this challenge. World-leading innovations, such as the development of highly accurate blood tests for early detection, are poised to transform the diagnostic landscape, aiming to bridge current gaps and connect people to the nation's high-quality, person-centred care sooner than ever before.

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## Highlights

Health system **Universal, Mixed funding, Mixed provision**

ADI member association(s): **Demensförbundet**

National dementia plan: **Every Day Counts: National Dementia Strategy 2025-2028 (Varje dag räknas: Nationell demensstrategi 2025-2028): Outlines goals to raise awareness and reduce stigma, strengthen standardized diagnostics and early detection, promote research on prevention and treatment (including preclinical phases), and enhance collaboration across healthcare providers, municipalities, and carer support.**

Dementia plan funding: **Funded plan**

Dementia prevalence rate: **1787**

Dementia incidence rate: **323**

Population: **10668921**

Median age: **40**

Health expenditure (% of GDP): **11**

## Diagnosis

Sweden's 2017 national dementia guidelines start with a GP-led Basic dementia investigation including interviews, MMSE and other cognitive tests, physical and neurological exams, and CT imaging, with specialist evaluation (MRI, neuropsychological testing, SPECT, CSF biomarkers, FDG-PET) if needed. Care is structured, multiprofessional, and person-centered with regular follow-up. Median time to diagnosis was 56 days (2014), but specialist waits may reach 21 months (2024). Genetic testing and CSF biomarkers are reserved for specialist cases. Under högkostnadsskydd, annual fees are capped at about SEK 1,300-1,400.

### Diagnosis pathway

According to Sweden's 2017 national dementia guidelines, diagnosis begins with a Basic dementia investigation led by a GP. The process involves patient and caregiver interviews, cognitive assessment (including MMSE-SR), physical and neurological exams, and CT imaging to exclude other structural causes and support differential diagnosis. If findings are unclear or complex factors arise, a specialist evaluation is recommended. This may include MRI, neuropsychological testing, SPECT, CSF biomarker analysis, and FDG-PET. The guidelines also regular structured follow-up and multiprofessional, person-centered care.

Primary care (PC) plays a central role in the early detection and diagnostic process for dementia. The pathway typically begins when cognitive symptoms are observed, often by family members or carers, prompting a primary care visit. PC physicians conduct an initial evaluation including medical history, cognitive testing (e.g., Mini-Mental State Examination (MMSE)), laboratory screening to rule out other causes, and basic imaging if needed. Primary care handles approximately 37% of dementia diagnoses independently, while 63% involve specialist consultation.

People with atypical symptoms or unclear cases are referred to specialist memory clinics or hospital-based geriatric/neurology departments. Here, they undergo more extensive assessments. Swedish clinicians emphasize a combination of structured cognitive assessments and professional judgement ("gut feeling") as part of the diagnostic reasoning.

The diagnostic process follows the World Health Organization (WHO) International Classification of Diseases (ICD)-based classification and Socialstyrelsen (Swedish National Board of Health and Welfare) guidelines.

Swedish national guidelines for dementia diagnosis were made in 2017. The document states that the primary dementia diagnosis (referred to as Basic dementia investigation) should start with a general practitioner (GP) who should:

- Interview the patient and their relatives/carers.
- Administer cognitive testing (e.g., MMSE-SR and complementary tests) to assess memory and other cognitive domains.
- Conduct physical and neurological examination, and brief mental health assessment to identify potentially reversible causes or comorbidities.
- Obtain structural brain imaging with computed tomography (CT) to support differential diagnosis and exclude other structural causes.

The guidelines highlight that care should be delivered via a multiprofessional, team-based approach spanning healthcare and social services, anchored in person-centred care principles.

## References

- <https://www.sciencedirect.com/science/article/pii/S2274580725000767>
- <https://www.sciencedirect.com/science/article/abs/pii/S1552526015001855>
- <https://www.tandfonline.com/doi/full/10.1080/07317115.2019.1701168>
- [https://demenscentrum.se/globalassets/publicerat\\_pdf/2017-12-2\\_var\\_d\\_och\\_omsorg\\_vid\\_demenssjukdom.pdf](https://demenscentrum.se/globalassets/publicerat_pdf/2017-12-2_var_d_och_omsorg_vid_demenssjukdom.pdf)

## Wait times

*Status: Long wait time*

Research from 2014 found that the median time from first assessment to confirmed diagnosis in Sweden was 56 days. Yet a 2024 estimate indicates patients may wait about 21 months for an AD specialist appointment, which highlights a gap between a relatively fast diagnostic process and long specialist access times.

A 2014 study found that the median duration between an initial assessment and confirmed diagnosis was 56 days in Sweden. However, a 2024 estimate of Sweden's capacity found that initial average waiting times for an Alzheimer's disease specialist appointment would be around 21 months. The Swedish National Board of Health and Welfare's national evaluation (2025/2026) shows that waiting times in Sweden remain long.

Only around 45% of individuals who seek care in primary care receive a dementia diagnosis within the healthcare guarantee of 90 days.

In specialist care, the proportion is even lower, at approximately 30% who receive a diagnosis within 90 days. This means that the majority of people have to wait longer than what is stipulated by the healthcare guarantee. The National Board of Health and Welfare shows that fewer than half receive their diagnosis within 90 days despite the healthcare guarantee. Waiting times vary considerably between regions, meaning that some people may receive a faster assessment while others have to wait significantly longer.

Waiting times for specialist visits are long, about 21 months in 2023, projected to reach 55 months by 2042 under current capacity constraints.

## References

- [https://journals.sagepub.com/doi/10.3233/JAD-150144?url\\_ver=Z39.88-2003&rfr\\_id=ori:rid:crossref.org&rfr\\_dat=cr\\_pub%20%20pubmed](https://journals.sagepub.com/doi/10.3233/JAD-150144?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%20pubmed)
- <https://pubmed.ncbi.nlm.nih.gov/38230728/#:~:text=Results%3A%20Initial%20average%20waiting%20times,the%2020%2Dyear%20model%20>
- <https://www.sciencedirect.com/science/article/pii/S2274580724001195>

## Diagnosis cost

*Status: Mostly or fully covered*

Out-of-pocket fees for medical services have a national high-cost protection in place (högkostnadsskydd). Once a person's total fees reach the annual cap (commonly around SEK 1,400–1,300+, depending on year/region), further

eligible visits are free for the remainder of the 12-month period.

## References

- <https://www.1177.se/en/Vasterbotten/other-languages/other-languages/regler-och-rattigheter---andra-sprak/patientavgifter-eng/>

## Cognitive tests

*Status: Available*

The Swedish National Board of Health and Welfare the recommendation for basic cognitive testing in dementia diagnostic procedure in primary health care is the combination of Mini Mental Status Examination (MMSE) and Clock Drawing Test (CDT).

## References

- <https://liu.diva-portal.org/smash/get/diva2:1353042/FULLTEXT01.pdf>
- <https://www.1177.se/Sormland/sjukdomar--besvar/hjarna-och-nerver/larande-forstaelse-och-minne/demenssjukdomar/>

## Imaging tests

*Status: Commonly used*

During the basic dementia work-up, a CT brain scan is recommended to aid differential diagnosis and exclude structural causes, with MRI used in more advanced or specialist evaluations. When results are inconclusive or involve atypical presentations or early onset, clinicians may add FDG-PET, perfusion SPECT, dopaminergic transporter SPECT, alongside CSF biomarker analysis including A $\beta$ 42, total tau, and phosphorylated tau.

## Genetic tests

Sweden's national guideline framework places genetic testing within specialist, extended investigations for selected cases (young-onset, strong family history, atypical syndromes), after the basal work-up (history, cognitive testing, labs, and structural imaging) and often alongside biomarker testing (CSF A $\beta$ /tau; PET when indicated).

## Biomarker tests

*Status: Commonly used*

According to Sweden's national guidelines, biomarker testing is part of the extended, specialist investigation and is used when the basic work-up is insufficient to establish a clear diagnosis or when complicating factors exist (e.g., atypical presentation, younger onset).

## Treatment & care

Sweden's dementia system includes SveDem, a national quality registry to improve diagnostics, treatment, and care, and the Swedish Dementia Centre, which promotes evidence-based knowledge and links research to practice. Memory clinics provide interdisciplinary assessments for complex cases. Dementia care costs are estimated at 90-100 billion SEK annually (2023), with about 85% covered by municipalities, and expenses rising significantly with disease severity. Under the Social Services Act, municipalities must support informal caregivers through respite care, counseling, training, and financial assistance when needed.

### Specialized facilities and services

Sweden's specialised dementia services include SveDem, a national quality registry aimed at improving diagnostics, treatment, and care, and the Swedish Dementia Centre, which disseminates evidence-based knowledge and connects research to practice. Memory clinics provide extended interdisciplinary assessments, especially for younger-onset, atypical, or diagnostically unclear cases.

**SveDem** The Swedish registry for cognitive/dementia disorders – a national quality registry on dementia disorders. The aim of the registry is to improve the quality of diagnostics, treatment and care of people living with dementia.

**Swedish Dementia Centre** – the national centre for excellence in the field of dementia. The centre disseminates knowledge about dementia. One of our principal tasks is to strengthen the links between research and practice and to communicate evidence-based knowledge in a practical setting to health and social care partners.

**Memory clinics** – Swedish memory clinics conduct extended diagnostic assessments with interdisciplinary teams, typically geriatricians, nurses, occupational therapists, and social workers, with neuropsychologists and speech-language pathologists involved as needed. Referrals usually come from primary care when cases are younger-onset, atypical, or diagnostically unclear.

### Approved medication

Generic Name
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Donepezil;Official National Product Information;

[https://www.hma.eu/fileadmin/dateien/Human\\_Medicines/CMD\\_h\\_/Pharmacovigilance\\_Legislation/RMPs/HaRP\\_ARs/Donepezil\\_2019\\_06\\_](https://www.hma.eu/fileadmin/dateien/Human_Medicines/CMD_h_/Pharmacovigilance_Legislation/RMPs/HaRP_ARs/Donepezil_2019_06_)

Rivastigmine;Official National Product Information; <https://www.ema.europa.eu/en/medicines/human/EPAR/exelon>

Galantamine; Official National Product Information; <https://ec.europa.eu/health/documents/community-register/html/ho17801.htm>

Memantine; Official National Product Information; <https://www.ema.europa.eu/en/medicines/human/EPAR/ebixa>

Lecanemab; Official National Product Information; <https://www.ema.europa.eu/en/medicines/human/EPAR/leqembi>

Donanemab; Official National Product Information; <https://www.ema.europa.eu/en/medicines/human/EPAR/kisunla>

\*Namzaric = combination of Donepezil and Memantine

\*\* MHRA: Medicines and Healthcare products Regulatory Agency - UK medicines regulator;

SPC: Summary of Product Characteristics - detailed product information

## Treatment cost

Dementia in Sweden generates substantial societal costs, estimated at 90-100 billion SEK per year (2023), with most expenses (~85%) covered by municipalities rather than medical services. Informal care adds significant hidden costs for families. Costs increase sharply with disease progression, from about 100,000 SEK annually in MCI to nearly 800,000 SEK in severe Alzheimer's disease, especially among those living alone.

People living with dementia incur higher formal care costs for all years studied compared to people without dementia. The excess costs vary from €3400 3 years before diagnosis to €49,700 6 years after diagnosis. The costs are mainly driven by institutional care, and solitary living is a strong predictor of high excess costs.

In 2023, an estimated 130,000–150,000 Swedes were living with dementia, with around 64,000–65,000 in specialized care homes. By 2050, this figure is expected to increase to 230,000–270,000. The total annual social cost in 2023 was SEK 90–100 billion, with about 85% borne by municipalities, largely due to long-term care needs.

A study found that annual care costs for Alzheimer's disease rise steeply with severity, from about SEK 100,000 in mild cognitive impairment to nearly SEK 800,000 in severe stages, driven mainly by social care such as home help and institutionalization. The study underscores that early diagnosis and intervention could help reduce these escalating costs and ease the burden on municipalities.

## References

- <https://link.springer.com/article/10.1007/s10198-024-01707-w>
- <https://news.ki.se/ki-report-on-costs-of-dementia-diseases-to-the-ministry-of-health-and-social-affairs>
- <https://www.sciencedirect.com/science/article/pii/S2666776222001399>

## Caregiver support

Sweden's municipalities are required by the Social Services Act to support informal caregivers, offering services such as respite care, counseling, psychosocial support, and training. Financial assistance may include the Housing Supplement for Pensioners and municipal financial support (ekonomiskt bistånd) in cases of economic difficulty.

Under the Swedish Social Services Act, the country's 290 municipalities are mandated to provide support for informal carers. These services are the primary point of contact for carers seeking assistance. The types of support offered can vary between municipalities but generally include respite care, counselling and psychosocial support and education and training.

Some forms of financial aid exist, for example Housing Supplement for Pensioners (bostadstillägg för pensionärer) can indirectly support the care situation. It is available to pensioners with low incomes to help cover their housing costs. Financial Support from the Municipality (ekonomiskt bistånd) is available to carers or the person they care for if they have financial difficulties that are not covered by other social insurance schemes.

## References

<https://pmc.ncbi.nlm.nih.gov/articles/PMC11177475/#:~:text=According%20to%20the%20Ministry%20of,and%20older%20persons%20%5B22%>

- <https://www.pensionsmyndigheten.se/other-languages/english-engelska/english-engelska/housing-supplement-an-aid-to-pay-for-your-accommodation>
- <https://www.socialstyrelsen.se/kunskapsstod-och-regler/omraden/ekonomiskt-bistand/>

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## Policy

Sweden's National Dementia Strategy 2025-2028 ("Every Day Counts") aims to improve individualized, coordinated, and evidence-based care, expanding beyond nursing services to include prevention, diagnostics, dental care, and tailored medical support. It emphasizes a dignified life with dementia, clear time-bound goals, stronger knowledge management, and support for the Swedish Dementia Centre and national quality registers. No additional dementia strategies are planned beyond the January 2025 update. Policy gaps include legal challenges related to declining decision-making capacity, regional inequalities in access to information and welfare technologies, and cultural misconceptions that may obscure systemic barriers to care.

### National dementia plan

Sweden's updated National Dementia Strategy 2025-2028, titled "Every Day Counts," seeks to enhance individualized, coordinated, and evidence-based care for people with dementia and their relatives. It expands focus to include preventive measures, diagnostics, dental care, and tailored medical services. The strategy emphasizes a dignified life with dementia, clear time-bound goals, and strengthened knowledge management, including support for the Swedish Dementia Centre.

The Swedish government's updated strategy, titled "Every Day Counts: National Dementia Strategy 2025-2028," aims to significantly improve the care, support, and daily life for people living with dementia and their relatives. It takes a comprehensive approach by expanding its focus beyond traditional nursing care to include preventative measures, diagnostics, dental care, and health and medical care tailored to individual needs. The strategy is built on the premise that it should be possible to lead a dignified and meaningful life with a dementia diagnosis.

The strategy outlines four primary goals: ensuring health and social care is individualized, coordinated, and evidence-based, while also guaranteeing that relatives have access to adequate support and knowledge. To achieve this, the government is investing in enhanced knowledge management, including funding for the Swedish Dementia Centre and national quality registers. This updated framework sets clear, time-bound goals to facilitate better follow-up and implementation, striving to create a more equitable and supportive system for everyone affected by dementia in Sweden.

### Upcoming plans

There are no upcoming strategies related to dementia in Sweden. The current, updated strategy was announced in January of 2025.

### Policy gaps

#### Legal barriers

Swedish legislation is strongly based on autonomy and capacity to consent, but a regulatory gap arises when

individuals with dementia lose decision-making ability. This gap between self-determination and practical support needs can make it difficult to organize suitable care over time. There are also geographical differences in access to information and welfare technologies, which leads to inequalities across municipalities.

A legal vacuum exists concerning decision-making for individuals living with dementia who have diminished capacity. Swedish law is strongly rooted in individual autonomy and the capacity to consent to services. This creates a challenging situation for people living with dementia and their families when the ability to make informed decisions declines. The current legislation leaves a gap between the principle of self-determination and the practical need for support in daily life and decision-making. This can lead to difficulties in arranging appropriate care and support as the disease progresses.

There is a disparity in the availability of information and access to welfare technologies for people living with dementia across different municipalities and counties in Sweden. While these technologies can significantly improve the quality of life and safety for individuals living with dementia, the lack of consistent information and provision creates geographical inequalities. This inconsistency can hinder the ability of individuals and their families to make informed decisions about utilizing these potentially beneficial tools.

## References

- <https://www.tandfonline.com/doi/full/10.1080/09649069.2019.1627087#d1e566>
- <https://www.tandfonline.com/doi/full/10.1080/17483107.2024.2392856#d1e522>

## Cultural barriers

A cultural gap exists in dementia care perceptions, with a misconception that culture is the main barrier for some immigrant groups, such as Middle Eastern communities in Sweden. In reality, access to formal care is often shaped more by practical and systemic barriers than cultural beliefs.

A significant cultural gap exists in how the healthcare system perceives the influence of culture on dementia care decisions for immigrant communities. There is a common misconception that culturally specific beliefs about dementia are the primary reason some groups, such as Middle Eastern immigrants in Sweden, do not seek formal care. In reality, the decision to access support services is often not dictated by these cultural understandings. This leads to a disconnect where outreach efforts may incorrectly focus on changing cultural perceptions of the illness, rather than addressing the more significant, practical, or systemic barriers that actually prevent families from engaging with the formal care system, ultimately hindering effective and equitable support.

## Research

Swedish researchers developed a phospho-tau217 blood test to detect Alzheimer's risk, potentially reducing diagnostic costs by 60-81%. Sweden also leads prevention efforts through the FINGERS network and the EU-funded AD-RIDDLE project, which tests real-world diagnostic and prevention tools.

### Selected academic institutions

[Karolinska Institute \(Karolinska Institutet\)](#) [Umeå University \(Umeå Universitet\)](#) [Lund University \(Lunds Universitet\)](#) [University of Gothenburg \(Göteborgs universitet\)](#) [Uppsala University \(Uppsala Universitet\)](#)

### Clinical trials and registries

Clinical trials database

SveDem – The Swedish Dementia Registry: National quality registry established in 2007; tracks diagnoses, treatments, and care quality for dementia across Sweden's memory clinics.

BioFINDER/BioFINDER-2: Swedish clinical research infrastructure with cohorts spanning subjective cognitive impairment, mild cognitive impairment, and dementia; used for biomarker validation and staging research in Alzheimer's disease.

The BPSD register is a national quality register that aims to ensure the quality and develop care for people living with cognitive illness or dementia. The goal is to reduce behavioural and psychological symptoms of dementia (BPSD) through multiprofessional care measures and thereby increase the quality of life for the person living with cognitive disease or dementia.

Clinical trials database SveDem - The Swedish Dementia Registry: National quality registry established in 2007; tracks diagnoses, treatments, and care quality for dementia across Sweden's memory clinics.

BioFINDER/BioFINDER-2: Swedish clinical research infrastructure with cohorts spanning subjective cognitive impairment, mild cognitive impairment, and dementia; used for biomarker validation and staging research in Alzheimer's disease. The BPSD register is a national quality register that aims to ensure the quality and develop care for people living with cognitive illness or dementia. The goal is to reduce behavioural and psychological symptoms of dementia (BPSD) through multiprofessional care measures and thereby increase the quality of life for the person living with cognitive disease or dementia.

### References

- <https://kliniskastudier.se/statistik-om-kliniska-studier>
- <https://www.ucr.uu.se/svedem/in-english>
- <https://biofinder.se/two/>

### Selected innovative methods

A collaborative study by Swedish and international researchers introduced a phospho-tau217 blood biomarker test that can identify Alzheimer's risk in symptomatic individuals, potentially cutting diagnostic expenses by 60-81% and supporting scalable early detection. Sweden also plays a central role in prevention research through the FINGER Brain Health Institute, which coordinates the worldwide FINGERS network and implements lifestyle interventions (diet, exercise, cognitive training, and vascular monitoring) across numerous municipalities, including new trials such as MET-FINGER. Furthermore, the EU-funded AD-RIDDLE project, led by Karolinska Institutet, is validating a real-world diagnostic and prevention toolbox in six European countries.

Blood tests for early diagnosis: Researchers at the University of Gothenburg and Lund University, in collaboration with researchers from the Hospital del Mar Research Institute and the Barcelonaβeta Brain Research Center (BBRC), have developed a blood test that has the ability to determine the risk of Alzheimer's disease in people living with cognitive impairment symptoms through the detection in blood of a biomarker called phospho-tau217. The study shows that this new diagnostic tool can significantly reduce the costs associated with diagnosing Alzheimer's disease, with savings ranging from 60% to 81% compared to current diagnostic tests. This economic impact, combined with its large-scale applicability, could help improve access to early diagnosis and enhance the clinical management of the disease.

The FINGERS Brain Health Institute (FBHI) is a Swedish centre advancing brain health and dementia prevention. Building on the landmark FINGER study, which proved that lifestyle changes can slow cognitive decline, FBHI promotes healthy diet, exercise, cognitive training, social engagement, and vascular care. It coordinates the World-Wide FINGERS (WW-FINGERS) network, linking research in 70+ countries, to harmonise methods, share data, and turn scientific findings into actionable strategies for global dementia prevention and healthy aging.

AD-RIDDLE ("Alzheimer's Disease - Reproducible, Integrative, Digital Diagnostic Solutions and Learning Platform") is a European Union (EU)-funded consortium that brings together 27 public and private organisations to improve early detection, diagnosis, and treatment of Alzheimer's disease across Europe. Sweden plays a key role through its strong health registries and research infrastructure. The project also includes the World-Wide FINGERS (WW-FINGERS) network, linking lifestyle-based prevention research with advanced data and digital solutions.

## References

- <https://www.barcelonabeta.org/en/news/news/blood-test-early-detection-alzheimers-disease>
- <https://www.sciencedirect.com/science/article/pii/S2666245025000091>
- <https://ad-riddle.org/about/>

## Support

The Swedish Dementia Centre promotes a dementia-friendly society through training initiatives and produces the Dementia Podcast (Dementiapodden) to increase awareness and support.

*Organizations are listed for informational purposes based on publicly available sources. Inclusion does not necessarily indicate affiliation with or endorsement by Alzheimer's Disease International (ADI).*

### **Selected national associations, patient family associations, NGOs:**

[Demensförbundet](#) [The Swedish Dementia Centre \(Svenskt Demenscentrum\)](#) [The Swedish Family Caregivers Association \(Anhörigas Riksförbund\)](#)

### **Selected initiatives**

Through its dementia-friendly society initiative, the Swedish Dementia Centre supports simple training for public and private organizations to improve awareness and support for people living with dementia.

#### **Dementia-friendly society**

an initiative by The Swedish Dementia Centre (Svenskt Demenscentrum). It encourages businesses, organizations, and public services to undergo simple training to better understand and support people living with dementia.

### **References**

- <https://www.demenscentrum.se/Arbeta-med-demens/Demensvanligt-samhalle/>

### **Dedicated media outlets**

The Dementia Podcast (Dementiapodden) – produced by The Swedish Dementia Centre (Svenskt Demenscentrum).

### **References**

- <https://demenscentrum.se/publicerat/poddradio>