

Spain

Research conducted in 01/10/2025

Spain presents a significant contrast, it is a world-class research hub, with its specialised centres pioneering the clinical integration of advanced blood biomarkers for diagnosis and developing novel therapies. This scientific innovation, however, coexists with a social care system governed by a Dependency Law designed for physical disability, which often fails to recognise early-stage cognitive decline, placing the primary burden of support on a vast national network of family associations.

Highlights

Health system **Universal, Government-Funded (Mixed Provision)**

ADI member association(s): **Confederación Española de Alzheimer y otras demencias (CEAFA)**

National dementia plan: **National Plan on Alzheimer's and Other Dementias 2019 - 2023**

Dementia plan funding: **Funded plan**

Dementia prevalence rate: **1567**

Dementia incidence rate: **272**

Population: **47883594**

Median age: **46**

Health expenditure (% of GDP): **10**

Diagnosis

In Spain, Alzheimer's diagnosis follows national clinical guidelines and is largely delivered within the public healthcare system. Assessment typically begins in primary care and progresses to specialist or Memory Unit evaluation, using validated cognitive tests, laboratory work, and neuroimaging, with advanced biomarkers applied selectively. While diagnostic services are fully covered when medically indicated, significant wait times persist for specialist visits and tests. Regional measures, such as preferential healthcare cards, may reduce delays. Overall access is comprehensive but uneven across regions.

Diagnosis pathway

Alzheimer's diagnosis in Spain is guided by national clinical practice guidelines and typically begins in primary care with a general practitioner. The GP takes a detailed clinical history involving both the patient and an informant, rules out reversible causes, and may use brief cognitive screening tools. If Alzheimer's is suspected, the patient is referred to a neurologist, geriatrician, or a specialised Memory Unit. Specialists establish the diagnosis through comprehensive clinical and neurological evaluation, detailed neuropsychological testing, blood work, structural neuroimaging, and, when appropriate, advanced biomarker tests.

The diagnostic pathway for Alzheimer's disease in Spain is guided by the Clinical Practice Guideline on Comprehensive Care for People with Alzheimer's Disease and Other Dementias. The general practitioner (GP) is the first point of medical contact for the majority of people. According to clinical guidelines, the GP's role is multifaceted. They are responsible for conducting an initial clinical history, which must include interviews with both the person and a reliable informant to gain a picture of the changes in cognition and function. A key task is to rule out other, potentially reversible causes of the symptoms, such as medication side effects, vitamin deficiencies, or depression. The GP may also employ brief cognitive screening tools, like the Mini-Cog, to obtain an objective measure of cognitive impairment. Some people may go directly to a neurologist.

If the initial assessment in primary care raises a suspicion of Alzheimer's disease, the GP is responsible for referring the patient for a specialist evaluation. The referral is typically directed to a neurologist or a geriatrician, or in areas where they exist, to a dedicated Memory Unit. The definitive diagnosis is made at the specialist level through a comprehensive evaluation. This involves detailed clinical interviews, a full neurological exam, and in-depth neuropsychological testing to assess various cognitive domains. Complementary tests are ordered, including standard blood work and structural neuroimaging like an magnetic resonance imaging (MRI) or computed tomography (CT) scan to identify brain atrophy and exclude other conditions such as tumors or strokes. For greater certainty, specialists may use advanced biomarkers from cerebrospinal fluid (CSF) analysis or Amyloid positron emission tomography (PET) scans.

However, despite these established guidelines, the reality of the healthcare system often presents practical challenges. Not all general practitioners in the country have the adequate time, specialised diagnostic tools, or specific training required to conduct these initial assessments completely and accurately.

References

*This section has been amended according to direct feedback from ADI's member.

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Wait times

Status: Long wait time

A 2024 study shows an average wait of 8 to 9 days for a GP appointment in Spain. Reports from the Ministry of Health and independent organizations place the national average waiting time to see a specialist at the neurology department at between 3.5 to 5.5 months. Following the specialist consultation, people face a further waiting period for essential diagnostic tests. The average waiting time for a first diagnostic test in Madrid is 72 days, with one analysis showing that more than half of the patients on the waiting list for a diagnostic procedure in Madrid have been waiting for over 90 days.

References

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- <https://www.comunidad.madrid/servicios/salud/lista-espera-pruebas-diagnosticas-terapeuticas>

Diagnosis cost

Status: Mostly or fully covered

In the public healthcare system, all medically indicated diagnostic services for dementia are covered, including GP visits, specialist consultations, as well as MRI, CT, PET, CSF, and genetic testing if approved by a neurologist or memory unit

References

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- <https://pubmed.ncbi.nlm.nih.gov/29549204/>

Cognitive tests

Status: Available

In Spain, clinicians and researchers have access to a variety of cognitive tests for Alzheimer's disease screening and assessment that are validated for the Spanish-speaking population. Brief screening tools such as the Mini-Mental State Examination (MMSE), Montreal Cognitive Assessment (MoCA) and Phototest are commonly used, while more detailed assessments include the Addenbrooke's Cognitive Examination III (ACE-III) and the Memory Alteration Test (M@T).

Moreover, innovation in digital and self-administered formats is expanding: for example the FACEmemory® test developed by the Ace Alzheimer centre Barcelona allows individuals to complete a memory screening online from home. The centre also provides cognitive screenings for free to anyone over 50 years old, without requiring a

specialist referral.

References

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- <https://www.acebarcelona.org/facememory/>

Imaging tests

Status: Used in specific cases

Structural imaging with CT and MRI are widely available in the public health system and are a standard part of the diagnostic workup. The primary use of these scans is for differential diagnosis, enabling clinicians to rule out other causes of dementia, such as tumors or vascular damage.

The Spanish Society of Nuclear Medicine and Molecular Imaging (SEMNM) confirmed in 2025 that amyloid-PET is widely available in Spain for clinical practice. This marks a significant transition from a research tool to a clinical diagnostic one. Investment in this area is ongoing, exemplified by the installation of the first public-assistance PET and MRI scanner at the Hospital de Bellvitge in 2023.

References

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- https://semnm.es/wp-content/uploads/2025/09/POSICIONAMIENTO-SEMNM-TRATAMIENTOS-ENFERMEDAD-ALZHEIMER_Definitivo-16072025.docx-4.pdf
- <https://bellvitgehospital.cat/es/actualidad/noticia/el-primer-petrm-asistencial-publico-de-espana-ubicado-en-el-hospital-de>

Genetic tests

Access to genetic testing to diagnose Alzheimer's disease in Spain's public system is regulated by "clinical utility". There is a clear distinction between tests for genetic risk and tests for deterministic genes. Testing for deterministic genes is typically recommended only in families with a strong, multi-generational history of early-onset Alzheimer's disease.

While private laboratories in Spain offer gene panels directly to physicians, coverage within the public system is more complex and highly regulated. This includes several genetic study panels: Panel 1 for Alzheimer's disease, which screens the PSEN1, PSEN2, ApoE, and APP genes; Panel 2 for frontotemporal dementia, screening the MAPT, PGRN, FUS, VCP, and TARDBP genes; Panel 3, also for frontotemporal dementia, which quantifies the intron 1 expansion of the C9orf72 gene; and Panel 4 for vascular dementia, which screens the NOTCH3 and TREX1 genes. The Common Services Portfolio outlines the general criteria for covering genetic tests: they must have demonstrated "clinical utility" for diagnosis, prognosis, or treatment selection. The portfolio covers diagnostic and

presymptomatic analyses, and mandates that genetic counseling accompany any test performed within the public health system. In 2023, an agreement was approved to create a specific, unified Catalog of Genetic Tests to ensure equitable access across the country. This new catalog includes Neurological and neuromuscular diseases and Neurodevelopmental disorders, including cognitive deficit as priority areas. However, official documents detailing this new catalog do not explicitly list apolipoprotein E (APOE) genotyping or Alzheimer's disease-specific genes as being included in the initial-priority rollout.

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Biomarker tests

Status: Used in specific cases

Although CSF and blood-based biomarkers exist in Spain and are part of research and specialised clinic work-up, implementation into the public health system across all settings with an homogenous coverage along the regions is still in progress. The Spanish Society of Neurology's consensus statement concludes that while blood biomarkers for Alzheimer's disease are a promising tool for early diagnosis, they should currently be used only in specialised units within a clinical context and supported by ongoing research, not yet in general practice or population screening.

References

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Treatment & care

Spain provides a comprehensive Alzheimer's care network, including specialised memory clinics, research centres, day centres, home help, and residential care, with family associations coordinated by CEAFA playing a central role. Palliative care is mainly home-based, though access remains limited, highlighting the need for early planning. Treatment costs for medications are covered by the National Health System, while long-term care involves means-tested copayments under the Dependency Law. Caregiver support combines financial aid, services, employment rights, and NGO programs offering training, psychological support, and respite care.

Specialized facilities and services

Spain offers a wide network of Alzheimer's care services, concentrated in major cities and complemented by general hospitals in less urban areas. Services include specialised memory clinics, research centres, day centres, home help, and residential care, with family associations coordinated by CEAFA playing a key role. Palliative care is mainly delivered through home-based multidisciplinary teams, but access for patients with dementia remains limited. Early palliative planning is recommended because the disease trajectory is unpredictable and the patient's decision-making capacity may be lost.

Spain hosts several specialised facilities for Alzheimer's disease diagnosis, treatment, and research, primarily located in major cities like Madrid and Barcelona. Key centres include the ACE Alzheimer centre Barcelona, Fundación CIEN and the Reina Sofía Alzheimer centre in Madrid, the Memory Unit at Hospital Clínic de Barcelona, and research hubs like the Barcelonaβeta Brain Research centre and CIBERNED. In 2018, Spain had 116 specialised outpatient consultations focused exclusively on cognitive impairment and dementia, and 29 integrated multidisciplinary outpatient assessment teams identified nationwide. In less urban regions, memory services are typically provided through general hospitals.

Day centres and home help services are widely available across the country, provided by a mix of public (municipal), private, and non-profit associations. The national confederation CEAFA coordinates 320 local family associations that are crucial frontline service providers. specialised residential care is also widespread, particularly from private chains offering non-pharmacological therapies like sensory stimulation rooms and music therapy.

The Spanish model for palliative care is not primarily facility-based but consists of multidisciplinary palliative care teams (doctors, nurses, psychologists) who conduct their work in the patient's home. While this model exists, its application to people living with Alzheimer's disease is an emerging challenge. A 2024 report from the Foundation Pasqual Maragall confirms that "real access to palliative care teams" and "improvement of referral processes" are major unresolved challenges, and that people living with dementia receive palliative care less frequently than oncology. A key difficulty is the unpredictable course of the disease, which is why the Spanish Society for Palliative Care recommends that planning must be done early, before the person loses the capacity to express their will.

Approved medication

Generic Name

Donepezil; Official National Product Information;
https://www.hma.eu/fileadmin/dateien/Human_Medicines/CMD_h_/Pharmacovigilance_Legislation/RMPs/HaRP_ARs/Donepezil_2019_06_06.pdf

Rivastigmine; Official National Product Information; [https://www.ema.europa.eu/en/medicines/human/EPAR/exelon](https://www.ema.europa.eu/en/medicines/human/EPAR/exelon/exelon.htm)

Generic Name

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>

Generic Name

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

Generic Name

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

Spain's National Health System covers Alzheimer's medications with a capped monthly copayment for pensioners. However, therapies and long-term care fall under the social care system (Dependency Law), requiring means-tested copayments that vary by region, eligibility, and dependency level.

The National Health System (SNS) covers medicine, but patients must pay a small, capped monthly copayment. For most pensioners, this is a predictable amount, typically between €8.23 and €18.52 per month. However, therapy (like cognitive stimulation) and long-term care (such as day centres or residences) are not covered by the health system. They are handled by the separate social care system (Dependency Law), which requires a larger, means-tested copayment based on the patient's own pension. Dependency Law is Each region administers its own programs, which may differ in terms of eligibility criteria, benefit amounts, and application procedures. For instance, in the Community of Madrid, individuals can receive up to €747.25 per month depending on their degree of dependency (Grade I, II, or III) and the specific assistance program they qualify for.

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Caregiver support

Caregiver support combines financial aid, services, employment rights, and NGO programs. State benefits, such as PECEF, PEVS, and PEAP, cover family care, private services, and personal assistants, complemented by Home Help, Day/Night Centres, and Telecare. Caregivers access Social Security coverage via Convenio Especial, unpaid leave, and tax relief. NGOs like CEAFA and Fundación Alzheimer provide training, psychological support, peer networks, and respite care.

Indirect support for carers is primarily structured around the Dependency Law. State financial assistance includes benefits like PECEF for family care (max €180 – €455.40/month depending on grade), PEVS to cover private accredited services (max €313.50 – €833.96/month), and PEAP for personal assistants (max €313.50 – €747.25/month). Available services include Home Help (SAD) with hours linked to dependency grade (e.g., Grade III: 46-94 hours/month), Day/Night Centres, Residential Care, and Telecare.

Specific carer support includes the state-funded Convenio Especial, allowing non-professional caregivers (linked to PECEF) to maintain Social Security contributions for future pensions. Employment law grants rights to unpaid leave (excedencia, up to 2 years with job reservation for the first year), reduced working hours, and requesting work schedule adaptations. Tax relief is available through state IRPF allowances (€1,150+ for ascendants >65/disabled living with taxpayer) and deductions (€1,200 for ascendants with disability $\geq 33\%$), plus regional deductions (e.g., Madrid offers €515.50 deduction for care of ascendants).

However, it is important to acknowledge that these support mechanisms are not at the disposal of everyone who needs them. Strict eligibility criteria, severe bureaucratic delays in processing Dependency Law applications, and significant regional disparities often leave many vulnerable individuals and their caregivers waiting months or even years without adequate assistance.

Non-governmental organizations (NGOs) like CEAFA (through local AFAs), Fundación Alzheimer España (FAE), and Fundación Pasqual Maragall provide specialised training (e.g., IMSERSO's CRE Alzheimer also offers free online courses), psychological support (individual/group therapy), peer networks, and respite care programs (also offered regionally).

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- <https://crealzheimerserso.es/web/cre-alzheimer>

Policy

Efforts to improve dementia care in Spain, including the 2019-2023 National Plan and a multi-sector brain strategy, aim to support families, protect rights, and promote research. Still, early-stage Alzheimer's patients are often overlooked, leaving families to shoulder most of the care. Widespread fear, institutional gaps, and limited public information continue to shape perceptions, highlighting the need for the new national strategy now in development.

National dementia plan

Spain's 2019-2023 National Plan on Alzheimer's aims to reduce stigma, centre care on patients, uphold rights and dignity, and promote research. Complementing this, a multi-sector brain strategy advances neuroscience investment, integrated care, and early detection for dementia.

The latest national strategy in Spain was the National Plan on Alzheimer's and Other Dementias 2019-2023. The strategy is built around four primary goals. The first is to raise societal awareness and transform the public perception of dementia to reduce stigma. The second focuses on placing the person at the centre of social and health care, emphasising prevention, early diagnosis, and access to appropriate treatments. The third goal is to uphold the rights, ethics, and dignity of individuals living with dementia and their care partners, ensuring they receive proper support and services. The final objective is to promote research, innovation, and knowledge to advance the understanding and treatment of the disease.

Spain has also recently launched a comprehensive, multi-sector strategy to address all brain conditions, both neurological and psychiatric. Its key goals relevant to Alzheimer's disease include promoting investment in neuroscience research, developing integrated care models, and improving early detection strategies, all of which are critical for tackling dementia.

However, while these national strategies exist, their practical implementation has been significantly limited. The rollout of these plans lacks uniform funding and execution, meaning that the initiatives and resources do not cover all regions in Spain equally, resulting in significant regional disparities in care.

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Upcoming plans

A new national strategy is currently in development.

References

<https://www.alzint.org/u/From-Plan-to-Impact-VIII.pdf>

Policy gaps

Legal barriers

The Dependency Law's assessment scale focuses on physical disabilities, overlooking cognitive decline. Early-stage Alzheimer's patients often remain "invisible," despite needing full caregiver support. This shifts the financial, social, and emotional burden (70% of costs) onto families, predominantly women, and reinforces stigma-by-proxy.

The assessment scale in the Dependency Law was designed primarily to measure physical and sensory disabilities, focusing on tasks like mobility, hygiene, and dressing. It is poor at capturing the reality of cognitive decline, which is defined by a loss of executive function and judgment, especially in the early and moderate stages. As CEAFA and the Pasqual Maragall Foundation have argued, this makes the person with early-stage Alzheimer's disease "institutionally invisible". These people are not "dependent enough" for the system to see them, yet they are entirely dependent on a carer for safety, financial management, and daily planning. The system fails to recognise Alzheimer's disease as a specific condition requiring specialised support. This institutional failure is the primary driver of stigma-by-proxy. By refusing to "see" the patient, the state de facto transfers the entire, crushing burden of care—financial, social, and emotional—onto the family. Within the family, 76% of carers are women, and this unit often becomes socially isolated. The family is also forced to absorb the majority of the costs, which amounts to 70% of the total load.

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Cultural barriers

In Spain, Alzheimer's fear, second only to cancer, is fueled by personal experience, institutional pessimism, and knowledge gaps. Most believe the health system is unprepared, with limited public information on the disease.

Cultural barriers in Spain are rooted in a combination of high personal fear, justified institutional pessimism, and significant knowledge gaps. A 2025 study on social perception found that Alzheimer's disease is the second most-feared health condition for Spaniards, after cancer. This fear is informed by experience, as 67% of the population knows someone close living with Alzheimer's disease. This societal anxiety is directly linked to institutional failure; more than two-thirds of Spaniards believe the public health system is not prepared to treat people living with Alzheimer's disease. This pessimism is exacerbated by a lack of public information, with only 18% of people reporting receiving any information about Alzheimer's disease in the prior six months.

Research

Spain advances Alzheimer's research through trial-ready cohorts (Alfa, DABNI), predictive algorithms (Vallecas), early diagnosis via p-tau217 blood tests, the ABvac40 vaccine, AI imaging models, and digital biomarkers (Altoida), accelerating detection, treatment, and understanding of the disease.

Selected academic institutions

[Barcelonaβeta Brain Research centre \(BBRC\)](#) [ACE Alzheimer centre](#) [centre for Research and Advanced Therapies - CITA](#) [Hospital del Mar Medical Research Institute \(IMIM\)](#) [Alzheimer's centre of the Reina Sofía Foundation](#)
[Hospital Clínic Barcelona](#)

Clinical trials and registries

Spanish Clinical Research Network (SCREN) is a national, non-profit collaborative network structure, funded by the Carlos III Health Institute (ISCIII) and co-financed by the European Structural Development Funds (ERDF). It is currently made up of clinical research units distributed throughout the country whose objective is to promote and meet the needs of independent clinical research.

The Spanish Registry of Clinical Studies (REec) is a public database, free of charge and open to all users, whose objective is to serve as a primary source of information on clinical studies with medicines:

<https://reec.aemps.es/reec/public/web.html>

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References

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Selected innovative methods

Spain is advancing Alzheimer's research through a range of innovative studies and technologies. The Alfa Study builds a "trial-ready" cohort for prevention trials, while DABNI integrates care and biomarker research for adults with Down syndrome. The Vallecas Project develops algorithms predicting dementia risk. Hospital Clínic Barcelona uses the p-tau217 blood test for early, non-invasive diagnosis. Other initiatives include the ABvac40 immunotherapy vaccine, AI explainability models for imaging, and the Altoida digital biomarker study, all accelerating early detection, personalised treatment, and research innovation.

The Alfa Study is a large, long-term study of cognitively healthy individuals, most of whom are descendants of people living with Alzheimer's disease. It functions as a "trial-ready" cohort to provide verified participants for global prevention clinical trials, accelerating the development of new treatments.

The DABNI study is an innovative, population-based research initiative that integrates clinical care and biomarker research to advance understanding and early detection of Alzheimer's disease in adults with Down syndrome. By embedding research directly into a free, public health program, DABNI has pioneered a holistic model that simultaneously improves people living with dementia care, expands early diagnosis, and redefines Down syndrome as a genetically determined form of Alzheimer's disease.

The Vallecas Project, a recently completed 10-year longitudinal study, followed over 1,200 healthy older adults with deep phenotyping and advanced multimodal MRI scans. Its primary goal is to use this massive dataset to develop a computational algorithm that can accurately predict an individual's near-term risk of developing dementia.

Hospital Clínic Barcelona has become the first centre in Spain to formally integrate the highly accurate p-tau217 blood test into its routine diagnostic process for cognitive impairment. This innovation has been shown to correctly diagnose 78% of people with a simple blood test, avoiding the need for more invasive and expensive lumbar punctures.

BBRC researchers are part of an international collaboration that is validating this novel blood biomarker, which specifically measures tau tangles that are closely correlated with cognitive symptoms. This discovery is a critical step toward the biological staging of Alzheimer's disease (like in oncology), rather than just its detection.

The ABvac40 Phase 2 study focuses on a Spanish-developed active immunotherapy vaccine that trains the people's own immune system to fight a toxic amyloid peptide. The highly promising Phase 2 results showed a signal of cognitive benefit and, most importantly, zero cases of the dangerous brain-swelling side effect (ARIA-E) that plagues current antibody treatments.

To overcome the "black box" problem of AI diagnostics, Spanish research groups are developing XAI models that visually highlight which brain regions an AI used to make its diagnosis. This approach builds clinical trust and transparency, making AI a viable tool for real-world use in analyzing MRI and PET scans.

Altoida Digital Biomarker Study used a smartphone-based application to capture digital biomarkers of neurocognitive performance from participants in Barcelona and other sites.

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- <https://pmc.ncbi.nlm.nih.gov/articles/PMC12504058/>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC11899653/>
- <https://pubmed.ncbi.nlm.nih.gov/32832589/>

Support

Support for Alzheimer's caregivers in Spain includes initiatives like Caregivers Gatherings, monthly meetings where families share experiences, receive professional guidance, and build peer networks. Foundations such as Pasqual Maragall, CEAFA, and ALZFAE serve as the main sources of information, as no dedicated Alzheimer's media outlets exist in the country.

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:

[Spanish Confederation of Alzheimer \(CEAFA\)](#) [Ace Alzheimer centre Barcelona](#) [AFADEMA](#) [Association of Relatives of Alzheimer's Sufferers of Alcobendas and San Sebastián de los Reyes](#) [Valencia Alzheimer's Family Association \(FAV\)](#)

Selected initiatives

Caregivers Gatherings are monthly afternoon meetings with coffee, where family members share experiences, support each other, and receive professional guidance.

The Caregivers Gatherings

The Caregivers Gatherings are monthly meetings for family members, specifically designed to create a trusting environment for sharing experiences and concerns. They are held in the afternoon around coffee and pastries, allowing carers to support each other and receive advice from professionals in a relaxed setting.

References

- <https://alzfae.org/la-tertulia-de-los-cuidadores-todos-podemos-ser-cuidadores/>

Dedicated media outlets

There are no standalone, dedicated media outlets exclusively for Alzheimer's disease in Spain. Organizations and foundations like the Pasqual Maragall, CEAFA and ALZFAE are the main hub for information about Alzheimer's disease.