

Austria

Research conducted in 01/11/2025

Austria operates a universal healthcare system with health expenditure at 10.88% of gross domestic product (GDP) and faces a substantial dementia rate (prevalence 1,602.01 per 100k; incidence 281.563 per 100k; death rate 67.623 per 100k). The country's national dementia plan, "Living Well with Dementia," prioritizes early detection, timely diagnosis, coordinated medical-nursing-social care, carer support, and dementia-friendly environments, with Alzheimer Austria serving as the Alzheimer's Disease International (ADI) member association and primary support hub. In practice, people typically enter the diagnosis pathway via general practitioners for initial screening before referral to specialists for comprehensive work-ups, including laboratory tests, and selectively cerebrofluid spinal (CSF) biomarkers and advanced imaging. While waiting time and cost data are limited, the Austrian Dementia Report framework underscores integrated care planning, carer counselling and respite, and alignment with long-term care financing, as the system prepares for evolving diagnostics and disease-modifying therapies within coordinated pathways.

Highlights

Health system **Universal, Mixed Funding (Mixed Provision)**

ADI member association(s): **Alzheimer Austria (Alzheimer Austria - Selbsthilfe Demenz)**

National dementia plan: **Living Well with Dementia**

Dementia plan funding: **Funded plan**

Dementia prevalence rate: **1,602.01**

Dementia incidence rate: **281.56**

Population: **9113574**

Median age: **44**

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

Diagnosis

In Austria, dementia care usually starts with primary care assessments of cognition, function, and comorbidities. Complex cases are referred to specialists for comprehensive diagnostics, supported by the national strategy emphasizing early detection, coordinated care, assistive technologies, rehabilitation, social support, and caregiver guidance. Cognitive screening typically uses MMSE or MoCA, supplemented by Clock Drawing and verbal fluency, with specialist centres offering tailored neuropsychological batteries. Imaging includes CT, MRI, FDG-PET, SPECT, and selective amyloid/tau PET, while CSF biomarkers are routine in memory clinics. Genetic testing is targeted to early-onset or familial cases. Dementia costs were €2.7 billion in 2019, with informal care dominating household burden (~€9,600 per person), and costs rising sharply with disease progression, underscoring both clinical and societal impacts.

Diagnosis pathway

In Austria, dementia care typically begins with primary care assessments of cognition, function, and comorbidities. Complex cases are referred to specialists for full diagnostics, while the national strategy emphasizes early detection, coordinated care, assistive technologies, rehabilitation, social support, and caregiver guidance.

Individually commonly seek care from general practitioners (GPs) or primary care providers, where an initial clinical history is obtained, alongside assessments of functional status and cognitive abilities, with careful consideration given to associated risks and comorbid conditions. The national strategy prioritizes strengthening early detection and timely diagnosis, including the supportive use of assistive technologies and prevention measures.

Suspected or complex cases are referred to specialist services (neurology, geriatrics, psychiatry, memory clinics) for a full diagnostic work-up, including extended neuropsychological testing, laboratory investigations to exclude reversible causes, and structural neuroimaging, such as computed tomography (CT) and magnetic resonance imaging (MRI); coordinated pathways across medical, nursing, and social care are a strategic focus.

Following diagnosis, care planning encompasses medical management, rehabilitation, social supports, carer counselling and respite, and dementia-friendly living arrangements; the strategy promotes better coordination across settings and stakeholders, with monitoring and quality assurance.

References

- <https://www.sozialministerium.gv.at/en/Topics/Care/Dementia.html>
- https://www.alzheimer-europe.org/policy/national-dementia-strategies/austria?language_content_entity=en
- <https://ageing-policies.unece.org/browse-policy/3136>

Wait times

Status: Medium wait time

In Austria, self-reported unmet needs are very low, yet waiting times vary, particularly for hospital treatments, specialist care, and radiology. Growing demand and declining SHI-contracted physicians push some patients toward out-of-pocket care, despite Austria having the highest MRI availability per capita. Access to Alzheimer's diagnostic

work-ups for anti-amyloid therapies is highly variable, with first-visit waits ranging from immediate to six months and a sharp increase in short-term diagnostic demand observed since 2023.

Austria has low self-reported unmet needs overall (0.6% in 2023), but waiting times vary significantly, especially for hospital treatments and ambulatory specialist care. Radiology (e.g., imaging) is highlighted as an area where waits and opening times affect many people. It also notes equity concerns as the number of SHI-contracted physicians declines while non-contracted physicians grow, pushing some people toward out-of-pocket care to avoid waits. Austria has (2022) the highest number of MRI scans relative to the size of the population.

A study on Alzheimer's disease and access to diagnostic work-ups for eligibility for anti-amyloid antibody therapies reports highly variable waiting times for a first visit, ranging from immediate access up to 6 months, with some centers noting a sharp increase in demand for short-term diagnostic work-ups since 2023.

References

- <https://eurohealthobservatory.who.int/publications/i/austria-health-system-summary-2024>
- https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_resource_statistics_-_technical_resources_and_medical_technology
- <https://link.springer.com/article/10.1007/s00508-025-02608-5>

Diagnosis cost

Status: Mostly covered

Austria's universal public health system provides nearly cost-free Alzheimer's diagnostics through GPs, specialists, and hospital evaluations, particularly with a referral. While standard procedures and medications are covered with minimal fees, patients may incur higher costs for private doctors or specialised advanced testing.

Austria's universal public health insurance system covers most costs associated with diagnosing Alzheimer's disease. GP visits and specialist consultations within the public system are generally free at the point of care, especially when a referral is provided. Standard diagnostic procedures are covered when medically indicated and prescribed within the public system. Hospital-based diagnostic evaluations are also funded by insurance, with little to no direct cost to patients. Out-of-pocket costs are minimal. There are typically no copayments for GP or specialist visits in the public system, though patients who choose private doctors may pay upfront and receive only partial reimbursement. Advanced diagnostics, such as certain biomarker or genetic tests, may not be fully covered and can require case-by-case approval or private payment. Prescription medications involve a small fixed fee per item.

References

- <https://pflege.gv.at/en/where-can-you-get-a-diagnosis>
- <https://www.sozialministerium.gv.at/en/Topics/Social-Affairs/Social-Insurance/Health-Insurance.html>
- <https://www.sozialministerium.gv.at/en/Topics/Care/Dementia.html>
- <https://www.oesterreich.gv.at/de/themen/gesundheit/patientenrechte/Seite.3700100>
- <https://www.gesundheitskasse.at/cdscontent/?contentid=10007.879096>

Cognitive tests

Status: Available

Austrian clinicians typically screen with MMSE or MoCA, supplemented by Clock Drawing and verbal fluency, then use tailored neuropsychological batteries at specialist centres, with test choice varying by centre or Land.

References

- https://www.alzheimer-europe.org/sites/default/files/2021-09/Austrian%20Dementia%20Strategy%202015%20-%20English%20version_9.pdf

Imaging tests

Status: Commonly used

Imaging follows primary-care screening and specialist referral within coordinated care pathways in Austria. CT and MRI are standard, FDG-PET and SPECT support complex cases, and amyloid or tau PET is reserved for select specialized centres.

References

- <https://ageing-policies.unece.org/browse-policy/3136>

Genetic tests

Routine genetic testing is not standard in Austria. Targeted testing for APP, PSEN1, and PSEN2 is offered in early-onset or familial cases, often alongside genetic counselling. Broader panels are used in research or specialized programs.

References

- http://www.alterspsychiatrie.at/bilder/publikationen/expertpapiere/2024_Konsensus-Statement%20Demenzkrankungen.pdf
- <https://www.aerzteblatt.de/archiv/genetische-faktoren-bei-alzheimer-demenz-f0957e39-b4fe-48a8-b672-5ee9140b97a3>

Biomarker tests

Status: Commonly used

In Austria, cerebrospinal fluid biomarkers are routinely used in memory clinics and tertiary centres to support Alzheimer's diagnosis. Molecular imaging, including amyloid and tau PET, and emerging blood-based biomarkers are applied selectively, depending on diagnostic complexity, local laboratory validation, and regional protocols, reflecting coordinated specialist pathways rather than uniform national mandates.

References

- https://jasmin.goeg.at/id/eprint/4699/1/Demenzbericht%202025_bf.pdf

Treatment & care

Austria's dementia care combines specialized facilities, including MedUni Vienna and Innsbruck University Hospital, with coordinated diagnostics and research. Costs span health, long-term, and informal care, with public funding and Pflegegeld offsetting expenses. Caregivers benefit from the national dementia portal, respite services, and support networks like Alzheimer Austria and Demenz Selbsthilfe Austria, providing counselling, guidance, and peer connections.

Specialized facilities and services

MedUni Vienna's Clinic for Memory Disorders provides multidisciplinary diagnostics and care, while Austrian hospital neurology/psychiatry departments assess readiness for amyloid-antibody therapies. Innsbruck University Hospital contributes clinical research and coordinated cognitive disorder care.

MedUni Vienna - Clinic for Memory Disorders and Dementia (Neurology)

Comprehensive diagnostic work-up for memory and cognitive disorders with multidisciplinary care in a university setting.

Austrian hospital neurology and psychiatry departments (readiness for new amyloid-antibody therapies)

Nationwide survey by the Austrian Alzheimer Society on capacities and resources for early Alzheimer's disease disease-modifying therapies in hospital departments.

Medical University of Innsbruck - University Hospital for Neurology

Neurology department engaged in clinical research and care pathways, relevant to cognitive disorders and trials; part of national expertise clusters.

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)

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

Austrian statutory insurance subsidises Alzheimer's disease medication via a fixed €7.55 prescription fee and a 2% income-based annual spending cap. Long-term care remains the primary financial burden, as tiered federal allowances only partially offset costs and residential patients must typically contribute 80% of their personal income.

Statutory health insurance covers most Alzheimer's disease medications in Austria, subject to a fixed prescription fee (€7.55 per item in 2026). This subsidy system ensures affordability while protecting chronic patients through a "safety net" cap, which limits total annual out-of-pocket prescription costs to 2% of the patient's net income. Long-term care is the primary financial burden, as the federal care allowance (Pflegegeld) is a tiered monthly contribution rather than a full-service guarantee. It offsets part of care costs by level of need; 2026 monthly amounts range from €206.20 up to €2,214.80, depending on care requirements in hours per month. Because these fixed amounts rarely cover the total cost of professional home care or nursing homes, patients in residential facilities must contribute 80% of their pension and allowance toward costs, with social assistance covering any remaining deficit.

References

- <https://pflege.gv.at/en/exemption-from-prescriptions-fees>
- <https://www.sozialversicherung.at/cdscontent/?contentid=10007.846050&portal=svportal>
- <https://www.sozialministerium.gv.at/Themen/Pflege/Pflegegeld.html>
- <https://www.sozialministerium.gv.at/en/Topics/Care/Care-and-Support.html>
- <https://www.oesterreich.gv.at/de/themen/pflege/2/Seite.360542>

Caregiver support

Austria provides comprehensive support for dementia caregivers, including the national dementia portal, Pflegegeld allowances, temporary substitute care, and networks like Demenz Selbsthilfe Austria and Alzheimer Austria, offering counselling, peer support, information, and guidance on legal, financial, and care resources.

Austria offers a strong mix of support for carer partners of people living with dementia. A national dementia portal with guidance and advisory services, monthly long-term care allowance (Pflegegeld) across seven levels, and dedicated subsidies for temporary substitute care.

The federal scheme supports temporary replacement care at home or in short-term residential care to provide respite for family carers, linked to the person's care level and dementia diagnosis.

The Demenz Selbsthilfe Austria (umbrella for self-help groups) connects dementia self-help groups and organizations in Vienna, Styria, and Tyrol providing routes to local support, information, and peer networks. It is a member of Alzheimer Europe and Alzheimer's Disease International (ADI).

Alzheimer Austria (self-help services and counseling) offers personal counseling, information on disease management and legal as well as financial topics, and group activities for carers and people living with dementia.

National directory of dementia self-help groups

This is a government portal listing regional self-help groups, with information, talks, courses, and guidance on financial and legal supports.

References

- <https://pflege.gv.at/en/financial-support-for-people-with-dementia-and-relatives>
- <https://www.demenzselbsthilfeaustria.at/>
- <https://www.alzheimer-selbsthilfe.at/>
- <https://pflege.gv.at/de/demenz-selbsthilfegruppen%E3%80%9024-3%E3%80%91>

Policy

Austria's national dementia strategy prioritizes autonomy, early detection, and integrated coordination across medical, nursing, and social care, while supporting caregivers, fostering dementia-friendly communities, and strengthening research and public awareness. Regional variation in service delivery, case management, and respite access highlights the need to scale interdisciplinary care, implement assistive technologies, and improve monitoring and data to ensure equitable, high-quality dementia support nationwide.

National dementia plan

Austria's dementia strategy emphasizes autonomy, early detection, and coordinated care across medical, nursing, and social services, while promoting public awareness, caregiver support, dementia-friendly environments, and data-driven research to improve participation, independence, and quality of life.

Austria's strategy prioritizes participation, autonomy and self-determination for people living with dementia and their carers, ensuring they are involved in decisions about care and daily life. It seeks to raise public and professional awareness to reduce stigma and improve understanding of dementia across society and services.

Early detection, timely diagnosis, prevention, and the use of assistive technologies are strengthened to support better outcomes and independence. The strategy improves and coordinates medical, nursing, and social care across settings to ensure seamless, high-quality support throughout the disease course.

Carer partners are supported through education, counselling, and respite services to reduce burden and sustain home care where possible.

Dementia-friendly living environments and communities are promoted to enable participation, safety, and inclusion in everyday life⁶. Data, research, and monitoring are enhanced, with intersectoral cooperation to guide implementation and continuous improvement of the strategy.

References

- https://www.alzheimer-europe.org/sites/default/files/2021-09/Austrian%20Dementia%20Startegy%202015%20-%20English%20version_9.pdf
- <https://www.sozialministerium.gv.at/en/Topics/Care/Dementia.html>
- https://www.alzheimer-europe.org/sites/default/files/2021-09/Austrian%20Dementia%20Startegy%202015%20-%20English%20version_9.pdf
- <https://ageing-policies.unecce.org/browse-policy/3136>
- <https://www.sozialministerium.gv.at/en/Topics/Care/Dementia.html>
- https://www.alzheimer-europe.org/sites/default/files/2021-09/Austrian%20Dementia%20Startegy%202015%20-%20English%20version_9.pdf

Upcoming plans

The Austrian Federal Ministry of Social Affairs, Health, Care, and Consumer Protection (BMSGPK) is advancing its

2025–2030 dementia strategy under “Leben mit Demenz,” focusing on early diagnosis, expanded memory clinics, community-based care, workforce training, digital tools, and awareness campaigns with partners like MAS Alzheimerhilfe.

The Austrian Federal Ministry of Social Affairs, Health, Care, and Consumer Protection (BMSGPK) has been refining its dementia strategy under the framework “Leben mit Demenz” to align with European Union (EU) and World Health Organization (WHO) guidelines. The new phase (2025–2030) prioritizes early and accurate diagnosis and biomarker integration through broader memory clinic networks, community-based care models to allow people living with dementia to live at home longer, expansion of training programs for health and social workers on cognitive decline care, digital health initiatives applying tele-neurology and cognitive-assessment tools, and national awareness campaigns with Alzheimer Austria (MAS Alzheimerhilfe, Caritas, etc.).

References

- <https://broschuerenservice.sozialministerium.at/Home/Download?publicationId=325>
- <https://www.sozialministerium.at/Themen/Gesundheit/Nicht-uebertragbare-Krankheiten/Demenz.html>

Policy gaps

Legal barriers

Austria's dementia strategy, “Gut leben mit Demenz 2015–2030,” sets out a comprehensive vision for care, but its implementation remains uneven due to structural and institutional factors. The country's federal system places responsibility on regional authorities, resulting in disparities in early diagnosis, access to memory clinics, and coordinated care pathways. Fragmentation between health, social, and long-term care systems further complicates service delivery, often leaving families to navigate gaps without integrated support. Although caregiver support is a central policy priority, availability varies significantly across regions, with some areas offering structured programs while others rely on limited or ad hoc services. Overall, challenges in coordination, consistent funding, and data monitoring continue to limit the uniform delivery of dementia care nationwide.

Austria's national dementia plan, “Gut leben mit Demenz 2015–2030,” lays out a thoughtful vision for how people living with dementia should be diagnosed, cared for, and supported. Yet, the day-to-day reality on the ground still depends heavily on where one lives. The persistence of regional differences reflects two distinct types of challenges: legal and institutional barriers, and cultural and social barriers. Together, they shape how consistently the strategy reaches people across the country.

At the legal and institutional level, Austria's federal structure remains a defining factor. While the Ministry of Social Affairs, Health, Care, and Consumer Protection provides overall direction, much of the responsibility for implementation rests with the Länder and municipalities. Because there is no single national dementia law or uniform set of binding regulations, programs often rely on voluntary cooperation between health and social care authorities. This decentralization can encourage innovation but also results in marked disparities in access to early diagnosis, memory clinics, and coordinated care pathways.

Primary care case-finding, systematic cognitive assessment, and timely specialist access are not uniformly embedded nationwide; the strategy calls for strengthening early detection, but practice remains heterogeneous.

In practice, the boundaries between medical, nursing, and social services are still managed through separate legal and funding systems. Health care is primarily financed through regional health insurance funds, while long-term and social care fall under provincial and municipal budgets. These parallel systems rarely share data or jointly plan services, leaving families to bridge the gaps themselves. Without a clear legal framework for case management or integrated care, transitions, such as moving from hospital to home care, often lack continuity.

Within Austria's "Gut leben mit Demenz" (Living Well with Dementia) strategy, support for informal caregivers is recognized as a central pillar of national dementia policy. The Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BMSGPK) emphasizes that families provide the majority of dementia care at home, often with minimal institutional assistance. As such, the strategy explicitly prioritizes education, counselling, and respite services to sustain carers over the long term (BMSGPK, Dementia Strategy - Living Well with Dementia, 2019). In practice, however, access to these supports remains uneven across Austria's federal states (Länder). While some provinces, such as Upper Austria and Styria, have developed specialized dementia networks and structured respite programs through NGOs like MAS Alzheimerhilfe and Caritas, other regions still offer limited or ad-hoc supports.

Analyses from Gesundheit Österreich GmbH (GÖG), Austria's national public health institute, confirm that access to caregiver support varies significantly across federal states. This is further substantiated by audits from the Austrian Court of Audit (Rechnungshof), which have noted the failure to transition carer support projects into sustainable, permanent services. Qualitative studies from the University of Vienna's Department of Sociology provide context, describing the immense load on families who feel abandoned by a fragmented formal care system.

The national strategy calls for better data and monitoring; The GÖG's 2025 report highlights the need to strengthen indicators and evaluation of outcomes (e.g., timely diagnosis, quality of life, carer load) and to scale evidence-based innovative approaches.

References

- https://jasmin.goeg.at/id/eprint/4699/1/Demenzbericht%202025_bf.pdf
- <https://www.sozialministerium.gv.at/en/Topics/Care/Dementia.html>
- https://jasmin.goeg.at/id/eprint/4699/1/Demenzbericht%202025_bf.pdf
- <https://www.sozialministerium.gv.at/en/Topics/Care/Dementia.html>
- <https://www.sozialministerium.at/Themen/Gesundheit/Nicht-uebertragbare-Krankheiten/Demenz.html>
- <https://goeg.at/demenz-und-versorgung>
- <https://soziologie.univie.ac.at/forschung/forschungsschwerpunkte/alter-gesundheit-und-lebenslauf/>
- https://jasmin.goeg.at/id/eprint/4699/1/Demenzbericht%202025_bf.pdf

Cultural barriers

In Austria, stigma and cultural perceptions of dementia as normal ageing continue to delay diagnosis and care-seeking, as families often avoid assessment due to fear of social labeling and loss of independence.

In Austria, as in many European societies, the cultural perception of dementia continues to shape how individuals and families respond to early symptoms. Despite increased national awareness efforts, stigma remains a significant barrier to early diagnosis and engagement with care. The Austrian Dementia Strategy ("Gut leben mit Demenz 2015–2030") acknowledges that many people still regard memory loss and confusion as part of normal ageing rather than signs of disease. This perception often leads families to delay seeking professional assessment, fearing social labelling or the potential loss of independence that can accompany a formal diagnosis.

Research

Austria is leveraging innovative approaches in dementia care through its university memory centres and hospital departments. Comprehensive diagnostics—including MRI, neuropsychological testing, CSF biomarkers, and selective amyloid PET—enable cost-effective, personalized pathways. Early access to anti-amyloid therapies like lecanemab is paired with safety monitoring and real-world registry participation. The Austrian Dementia Quality Registry (öDQR) provides nationwide data collection, quality assurance, and coordination, supporting improved diagnostics, treatment access, and outcome monitoring across medical, nursing, and social care settings. This integrated model reflects Austria's commitment to advancing precision care, evidence-based interventions, and continuous improvement in dementia services.

Selected academic institutions

[MedUni Vienna — Department of Neurology, Memory Clinic](#) [Medical University of Innsbruck — University Hospital for Neurology](#)

Clinical trials and registries

The registry is under discussion within the *Leben mit Demenz 2025–2030* strategy for establishing a national dementia registry to monitor treatment access and health outcomes in coordination with EU data spaces.

References

- <https://www.sozialministerium.gv.at/en/Topics/Care/Dementia.html>
- <https://euclinicaltrials.eu/search-for-clinical-trials/?lang=en>

Selected innovative methods

Austria's university memory centres and hospital departments employ advanced diagnostics, including MRI, CSF biomarkers, and selective amyloid PET, optimizing cost-effective, tailored pathways. Early access to anti-amyloid therapies, like lecanemab, integrates safety monitoring and real-world registries. The Austrian Dementia Quality Registry (öDQR) supports nationwide data collection, quality improvement, and coordinated care, enhancing diagnostics, treatment, and outcome monitoring across the country.

Across Austria, university memory centres and hospital departments have become central hubs for advancing dementia diagnosis, treatment access, and the development of national data infrastructure. These centres, often linked to medical universities in Vienna, Graz, Innsbruck, and Linz, are now integrating state-of-the-art clinical and biomarker methods that mirror international best practice.

Within these memory clinics, people typically undergo a comprehensive diagnostic work-up. This includes detailed neuropsychological testing, structural MRI scans, and analysis of CSF for core Alzheimer's disease biomarkers such as amyloid- β and tau. In more complex or ambiguous cases, clinicians may add amyloid PET imaging to clarify

diagnosis and staging. This selective use reflects contemporary European and international approaches, in which CSF and amyloid PET serve as complementary tools, each offering different insights into the disease process and occasionally producing discordant results that help refine individualized care plans.

Austrian clinicians are also increasingly guided by cost-effectiveness considerations when selecting diagnostic tests. Mirroring European research, practice in many centres recognizes that CSF biomarker analysis offers a more affordable confirmatory option than amyloid PET imaging, while still providing robust diagnostic accuracy. This pragmatic approach allows specialists to optimize diagnostic pathways reserving PET scans for the most diagnostically uncertain cases—thereby improving both the efficiency and equity of access within the healthcare system.

Austrian hospital neurology and psychiatry departments are actively preparing for the arrival of disease-modifying treatments for early Alzheimer's disease. Several university-affiliated centres have mapped out their diagnostic and safety-monitoring capacities, covering MRI and PET imaging facilities, standardized ARIA-management protocols, and the infrastructure needed for close patient follow-up. This readiness work supports the controlled introduction of anti-amyloid monoclonal antibodies, which require careful selection of eligible people, APOE genotyping, and continued imaging to monitor side effects.

Austria is among the first European countries to participate in the rollout of lecanemab, the newly authorized anti-amyloid therapy for early Alzheimer's disease. As part of the EU launch, sponsors and clinical partners are encouraging hospitals and specialist centres to engage in practice-based registries and controlled access programs. These initiatives are designed to ensure that treatment is administered under closely monitored conditions while simultaneously generating real-world evidence on safety, efficacy, and patient outcomes.

Austria is currently developing the Austrian Dementia Quality Registry (öDQR), an ambitious national initiative designed to systematize data collection and drive continuous quality improvement across dementia care. The registry will bring together information from hospitals, memory clinics, and community services to provide a coherent picture of diagnostics, treatment patterns, and people outcomes nationwide.

References

- <https://alzres.biomedcentral.com/articles/10.1186/s13195-019-0561-5%E3%80%9020-4%E3%80%91>
<https://pubmed.ncbi.nlm.nih.gov/35710952/%E3%80%9020-0%E3%80%91>
- <https://link.springer.com/article/10.1007/s00508-025-02608-5%E3%80%902-5%E3%80%91>
- <https://www.bioarctic.com/en/leqembi-lecanemab-launched-in-the-eu-today/ %E3%80%9038-0%E3%80%91>
- <https://www.sozialministerium.gv.at/en/Topics/Care/Dementia.html%E3%80%9012-5%E3%80%91>

Support

Austria supports dementia awareness and engagement through initiatives like the Österreichische Alzheimer Gesellschaft's annual congress and Young Investigator Award, and Alzheimer Austria's peer counselling and practical guidance. While no dedicated media exist, NGO platforms and mainstream outlets provide information, updates, and coverage of policy and research developments.

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:

[Alzheimer Austria \(Alzheimer Selbsthilfe Österreich\)](#) [Demenz Selbsthilfe Austria](#) [MAS Alzheimerhilfe \(Morbus Alzheimer Syndrom Alzheimerhilfe\)](#)

Selected initiatives

The Österreichische Alzheimer Gesellschaft hosts an annual congress with dedicated dementia sessions and a Young Investigator Award, while Alzheimer Austria provides peer support, counselling, and practical guidance for patients and caregivers.

ÖAG Annual Congress

Österreichische Alzheimer Gesellschaft (ÖAG) Annual Congress and Young Investigator Award holds an annual scientific meeting (e.g., 37th in 2025, with a dedicated session for people living with dementia and carers), and the Young Investigator Award to foster early-career research.¹

Alzheimer Austria Initiatives

Alzheimer Austria offers peer-to-peer counselling, information for people living with dementia and relatives, and practical support offerings.

References

- <https://alzheimer-gesellschaft.at/>
- <https://www.alzheimer-selbsthilfe.at>

Dedicated media outlets

Austria does not have independent, stand-alone media outlets dedicated solely to Alzheimer's disease or other dementias; instead, the most "dedicated" channels are non-governmental organisation (NGO)-owned platforms such as Alzheimer Austria, Demenz Selbsthilfe Austria, and MAS Alzheimerhilfe, which publish resources, updates,

and program news for people living with dementia and carer partners. Broader dementia coverage typically appears in health and science sections of major Austrian media often pegged to national policy developments such as the Austrian Dementia Strategy and its conferences and reports.

References

- https://www.alzheimer-europe.org/about-us/who-we-are/members/alzheimer-austria?language_content_entity=en