

Belgium

Research conducted in 01/11/2025

Belgium's approach to Alzheimer's disease is defined by its highly structured, decentralized system, with dementia plans implemented at the regional level in Flanders and Wallonia. These strategies support a dense and geographically distributed network of specialized memory clinics, community care, and integrated palliative services, ensuring broad access to diagnosis and support. Belgium is also an international leader in both community innovation, pioneering the Dementia-Friendly City model in Bruges, and in advanced scientific research into disease mechanisms and new therapies.

Highlights

Health system **Universal, Social Insurance (Mixed Provision)**

ADI member association(s): **Ligue Nationale Alzheimer Liga**

National dementia plan: **The Flanders' dementia plan (2021 - 2025); The Plan Alzheimer Wallon**

Dementia plan funding: **Funded plan**

Dementia prevalence rate: **1733**

Dementia incidence rate: **299**

Population: **11760922**

Median age: **42**

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

Diagnosis

Alzheimer's diagnosis in Belgium begins with GP consultations, often followed by specialist referrals due to limited primary care expertise. Cognitive screening relies on MMSE and MoCA, with cultural barriers for migrants and low awareness of neutral tools like RUDAS. MRI and CT are widely available, while advanced imaging and genetic testing are reserved for complex or familial cases. CSF biomarker analysis is centralized at BIODDEM. Consultations, neuropsychological assessments, and standard imaging are generally reimbursed, though PET scans are only partially covered, and blood-based biomarker tests are limited to research settings.

Diagnosis pathway

In the Flemish region, Alzheimer's diagnosis starts with a GP consultation, including medical history and family interviews. Due to time constraints and limited dementia expertise, GPs often refer patients to specialists for cognitive screening, imaging, and neuropsychological assessments.

The diagnostic pathway for Alzheimer's disease begins with a general practitioner (GP) consultation. This includes a detailed medical history and interviews with the person and their relatives, to determine whether referral to a specialist is needed. In the Flemish region, GPs report lack of time and specialized knowledge about dementia, and often refer patients to specialists within memory clinics, typically neurologists or geriatricians, even for basic cognitive screening. This dynamic reinforces a system where primary care acts more as an administrative conduit than a diagnostic hub. Initial tests (such as blood, urine, etc.) are conducted to exclude reversible causes such as vitamin deficiencies, hormonal issues, infections, depression, or medication side effects. Specialists then use cognitive screening tools, neurological imaging, and detailed neuropsychological assessments to evaluate memory, attention, and other cognitive functions, sometimes with input from care partners to assess awareness of deficits.

References

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- <https://alzheimer.be/la-maladie-dalzheimer/le-diagnostic/>

Wait times

Status: Medium wait time

GP appointments are usually available within a day, but specialist consultations can take over two weeks, with MRI waits in Brussels reaching three to six months.

People typically wait at least one day to see a GP, while, in a 2018 study, almost half of people waited more than two weeks for an appointment with a medical specialist, a figure that was highest in Wallonia (56%). The waiting time for an magnetic resonance imaging (MRI) scan is a major bottleneck in the diagnostic process. In Brussels, waiting lists for non-urgent scans stretch from three to six months.

References

- https://www.healthybelgium.be/metadata/hspa/2024/HSPA2024_Accessibility_Services_EN.pdf
- <https://www.thebulletin.be/brussels-cries-out-more-mri-machines>

Diagnosis cost

Status: Mostly covered

GP and specialist consultations in Belgium are generally reimbursed by health insurance, with co-payments reduced for Global Medical File holders or preferential schemes. Neuropsychological assessments and MRI/CT scans are covered if medically indicated, though PET scans are partially reimbursed, and Amyloid-PET is not. Genetic testing through accredited Centres for Human Genetics is reimbursed.

GP consultations are generally reimbursed by health insurance. People with a Global Medical File (GMD) benefit from a one-third reduction in co-payment. For instance, a standard consultation fee of €19 is reduced to €13, with the person paying €6.00. Without a GMD, the person pays €18, with a reimbursement of €1.50, resulting in a €16 out-of-pocket expense. Specialist consultations, such as those with neurologists or geriatricians, are also reimbursed by health insurance. People under the preferential reimbursement scheme (e.g., pensioners, low-income individuals) pay reduced co-payments for specialist consultations. Regular beneficiaries are expected to pay approximately €12 per visit, while those under the preferential scheme pay around €3.

Neuropsychological assessments are reimbursed under the Belgian reimbursement system for laboratory tests, which combines a fee-for-service per test and a flat rate, depending on the tests requested. Diagnostic procedures like MRI and CT scans are covered under the public system if medically indicated. People may incur additional fees, especially if the scan is taken outside office hours and is not medically urgent. For example, people have been charged supplements averaging €20 for CT scans. PET is expensive (around €1500) and reimbursed at around €300, under specific circumstances, unlike Amyloid-PET which is not reimbursed.

Genetic tests and counseling services in Belgium are reimbursed if conducted through one of the eight recognized Centres for Human Genetics (Centres for Human Genetics, CHGs).

References

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- <https://www.healthybelgium.be/en/medical-practice-variations/nervous-system/ns-global-functions/neuropsychological-evaluation>
- <https://www.brusselstimes.com/823689/affordable-care-additional-fees-for-mri-or-ct-hospital-scans-scrapped>
- <https://dam.vlerick.com/m/5c1deaa1d281631c/original/Early-Alzheimer-Disease-Round-Table-Project.pdf>
- https://www.inami.fgov.be/SiteCollectionDocuments/liste_laboratoire_remboursement_article_33.pdf

Cognitive tests

Status: Available

Belgium primarily uses the MMSE for cognitive assessment, with the MoCA available in Flemish and French.

Screening migrant populations is challenging, as standard tools often fail culturally, and awareness of neutral tools

like RUDAS is low. No national dementia screening program exists.

References

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- <https://pmc.ncbi.nlm.nih.gov/articles/PMC8816395/>
- <https://eprovide.mapi-trust.org/instruments/montreal-cognitive-assessment>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC8816395/>

Imaging tests

Status: Commonly used

MRI and CT are widely available for Alzheimer's diagnosis, with MRI in nearly all hospitals and CT in over 90%. Advanced imaging like FDG-PET or amyloid-PET is limited, used mainly for complex, atypical, or young-onset cases.

References

- <https://pmc.ncbi.nlm.nih.gov/articles/PMC6511357>
- <https://www.healthybelgium.be/en/medical-practice-variations/cross-system-services/pet-scan-en>
- <https://gbiomed.kuleuven.be/english/corefacilities/miracle/clinical-pet>
- <https://www.vub.be/en/news/brussels-universities-and-university-hospitals-join-forces-for-groundbreaking-alzheimers-research>

Genetic tests

Genetic testing for familial or early-onset Alzheimer's is available at Erasme ULB, using next-generation sequencing with results in three months.

Biomarker tests

Status: Commonly used

CSF analysis for core Alzheimer's biomarkers is centralized at BIODM, University of Antwerp, while blood-based biomarker tests, FDA-approved, remain limited to research, not routine clinical practice in Belgium.

References

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Treatment & care

Belgium provides comprehensive dementia care through widely accessible, INAMI-RIZIV-recognised memory clinics across all provinces, including university-based centres in Brussels contributing to European research. Home and day care services, directories, and residential homes support patients and caregivers, while palliative care is integrated across settings with regional federations coordinating services. Standard Alzheimer's medications are reimbursed, physiotherapy is well-covered, and occupational therapy has limited coverage, creating variable out-of-pocket costs. Individuals over 65 may access regional allowances and federal benefits, while practical support, including in-home service vouchers and subsidized respite, is available. Key organizations like Ligue Alzheimer and the Flanders Centre of Expertise provide helplines, training, and caregiver workshops.

Specialized facilities and services

Belgium offers widely accessible memory clinics across all provinces, often within general or university hospitals, recognized by INAMI-RIZIV and the European Alzheimer Disease Consortium for research, diagnosis, and treatment. Major cities like Brugge, Genk, Liège, and Libramont host specialized clinics, while Brussels features advanced university-based centres contributing to European dementia research.

A dense network of home and day care services supports people with dementia, offering personal care, nursing, household assistance, and respite for caregivers. Flanders provides an official online directory, while Wallonia relies on Ligue Alzheimer ASBL and AVIQ listings. Residential homes are concentrated in Brussels.

Palliative care is integrated across settings, with nursing homes legally required to provide it and specialized mobile hospital teams assisting staff. Regional federations coordinate services and promote best practices in advance care planning, end-of-life pathways, and dementia-specific palliative care research.

Specialized memory clinics for diagnosing Alzheimer's disease are accessible across Belgium, not just in major cities. They are geographically distributed throughout all provinces in both Flanders and Wallonia, with locations in cities like Brugge, Genk, Liège, and Libramont. These clinics, typically located within general and university hospitals, are officially recognized by the federal health authority (INAMI-RIZIV), ensuring a national standard of quality. Additionally, the Brussels-Capital region hosts several advanced university-based clinics that are also major centers for European research. These centres are recognized by the European Alzheimer Disease Consortium as European reference centres for scientific research, diagnosis, and treatment.

A dense network of community and day care services is available throughout the country to support individuals living with dementia living at home and to provide respite for carers. In Flanders, the regional government's Department of Care provides official, searchable online directories of all accredited home care services and day care centres, organized by province. A diverse array of accredited home care services is available to provide support within the person's own residence. This ranges from personal care and nursing provided by services for family care to practical assistance with household tasks and specialized home nursing. Unlike in Flanders, where a central government portal is the primary search tool, the most direct and practical information in Wallonia comes from the Ligue Alzheimer ASBL and the AVIQ agency. The Ligue Alzheimer offers detailed, downloadable listings of home care and day care services, conveniently organized by province, on its website. A large number of residential

homes also operate in Brussels.

Palliative care is integrated into all care settings, including at home, in hospitals, and in residential care facilities. All nursing homes are legally required to provide palliative care, and specialized mobile teams support staff in general hospitals. Generally, Belgium has a strong policy framework and is home to leading academic institutions like the End-of-Life Care Research Group. Their research agenda specifically targets critical issues such as palliative care in nursing homes, advance care planning for people living with dementia, and evaluating care pathways at the end of life.

For people living with dementia, families, and professionals seeking information, guidance, and coordination of palliative care services, the primary points of contact are the regional palliative care federations. These organizations work to promote the palliative care culture and coordinate the actions of various service providers within their respective regions.^{12,13,14}

Approved medication

Generic Name
<p>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</p>

Generic Name

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>

Generic Name

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>

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

In Belgium, standard Alzheimer's medications, including cholinesterase inhibitors (donepezil, galantamine, rivastigmine) and memantine, are reimbursed, with patients paying a small co-payment. Debate over continued reimbursement creates financial uncertainty for families, while newer disease-modifying therapies remain unreimbursed. Physiotherapy is well-covered, costing around €6 per 30-minute session, whereas occupational therapy has limited coverage and higher co-payments, often €41-47. Psychiatric consultations are covered under compulsory insurance, with a standard co-payment of approximately €12, highlighting variability in financial support for dementia-related care services.

The standard approved medications like cholinesterase inhibitors (donepezil, galantamine, rivastigmine) and the N-methyl-D-aspartate (NMDA) receptor antagonist memantine are reimbursed in Belgium. When reimbursed, these medicines are subject to the third-party payer system, meaning the person pays only a small co-payment at the pharmacy. However, the reimbursement of these symptomatic drugs has been a subject of intense debate in Belgium. The National Health Insurance Institute has previously considered halting their reimbursement as a cost-saving measure. This proposal was met with opposition from people living with dementia advocacy groups and

neurologists because, although the medications are not curative, they can meaningfully ease symptoms and delay loss of independence for some people, making continued reimbursement both medically beneficial and cost-effective. This ongoing debate creates a climate of financial uncertainty for families, as a policy change could instantly add a significant monthly medication cost to their budget. Newer, more advanced disease-modifying therapies are not yet routinely reimbursed.

Physiotherapy is a well-reimbursed service that includes a small, fixed co-payment. For example, the standard co-payment for a 30-minute session in 2025 is €6.5 Occupational therapy is poorly reimbursed in Belgium, especially in primary care settings. Access to reimbursement is often restricted, for instance, to people who have gone through a formal rehabilitation program.^{6,7} Co-payments are significantly higher than for physiotherapy. For example, the co-payment for a functional examination can be €47, and for a practice session to learn to use aids, it can be €41.55 Psychiatrists, as medical specialists, are covered by the compulsory insurance system, but there is a standard co-payment, which was around €12 in 2020.⁸

References

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- https://www.alzheimer-europe.org/news/belgium-considering-halting-reimbursement-dementia-drugs?language_content_entity=en
- <https://www.brusselstimes.com/73302/flemish-alzheimerliga-wants-to-maintain-reimbursement-of-alzheimers-disease-medication>
- <https://www.vlerick.com/en/insights/is-the-belgian-healthcare-system-prepared-for-early-stage-diagnosis-of-alzheimer-s-disease/>
- <https://www.cm.be/en/services-and-benefits/physiotherapists-rates>
- <https://nsuworks.nova.edu/cgi/viewcontent.cgi?article=2633&context=ijahsp>
- <https://www.cm.be/en/services-projects/occupational-therapists> <https://pubmed.ncbi.nlm.nih.gov/articles/PMC6966839/>

Caregiver support

Individuals over 65 in Belgium can access the Allowance for Assistance to the Elderly, known regionally as the Zorgbudget (Flanders), Allocation pour personnes âgées (Wallonia, AVIQ), or Allocation pour l'aide aux personnes âgées (Brussels, Iriscare). Eligibility is based on age, residency, and recognized dependency. Federal benefits include the Integration Allowance for disabled adults and Guaranteed Income for Elderly Persons. Practical support helps patients remain at home, including service vouchers for in-home assistance and subsidized caregiver respite like Baluchon Alzheimer. Key support organizations include the Ligue Nationale Alzheimer Liga and the Flanders Centre of Expertise on Dementia, offering helplines, training, and caregiver workshops.

The main benefit for individuals over 65 years of age is the Allowance for Assistance to the Elderly, which has different names and administering bodies depending on the region: the Zorgbudget voor ouderen met een zorgnood in Flanders, the Allocation pour personnes âgées in Wallonia (AVIQ), and the Allocation pour l'aide aux personnes âgées in Brussels (Iriscare). Eligibility for these income-tested allowances is based on age (65+), residency, and a recognized level of dependency. Additional federal benefits include the Integration Allowance (AI) for people living with disabilities aged between 21 and 65 years of age and the Guaranteed Income for Elderly People for those over 65 years of age with insufficient resources. For carers who reduce their work, palliative care leave offers a monthly benefit of up to €787 for employees and €1,092 for the self-employed.

Practical support schemes are available to help people remain at home and provide relief for carers. In-home assistance for daily tasks is made highly affordable through the service voucher system (Dienstencheques), where a €9 voucher, eligible for a 30% tax credit, covers one hour of help. For carer respite, Baluchon Alzheimer Belgique

offers a service where a professional carer moves into the home for several days, costing the family a subsidized rate of €65 per day. Other options include short-term stays in residential facilities and day care centres, which provide structured activities for the person living with dementia and a break for the care partner.

The Ligue Nationale Alzheimer Liga and its regional branches are the most important first points of contact for families. They provide free helplines, and organize support groups, dementia-friendly activities, and training. The Flanders Centre of Expertise on Dementia is another key resource, offering educational programs and workshops for carers to enhance their skills and provide emotional support.

References

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- <https://settlinginbelgium.be/en/social-security/other-social-allowances>
- <https://beobachtungsstelle-gesellschaftspolitik.de/f/04d661be68.pdf>
- <https://dienstencheques.vlaanderen.be/>
- <https://baluchon-alzheimer.be/les-services-proposees-aux-familles/cout-dun-baluchonnage/>
- <https://www.healthybelgium.be/en/health-system-performance-assessment/specific-domains/care-for-the-elderly>
- <https://alzheimer.be/nos-activites/>
- <https://www.alzheimerliga.be/ondersteuning/mantelzorger>
- <https://www.dementie.be/wp-content/uploads/2024/11/our-international-presentation-folder.pdf>

Policy

Belgium manages dementia through regional strategies: Flanders' 2021-2025 plan focuses on care, caregiver support, awareness, and specialized groups, while Wallonia's 2010 plan emphasizes societal understanding, quality of life, and research. Both aim to create inclusive, dementia-friendly communities. Upcoming strategies include a new Flemish plan (2026-2030) and Wallonia's five-year mental health plan. Legal barriers persist, as judges can revoke voting rights for individuals with impaired capacity, disproportionately affecting dementia patients, and restoring these rights is complex, costly, and rarely pursued.

National dementia plan

Belgium addresses dementia through regionally tailored strategies. Flanders' third dementia plan (2021-2025) focuses on seven objectives, including prevalence monitoring, risk reduction, stigma reduction, person-centered care, caregiver support, public information, and attention to specialized groups. Wallonia's Plan Alzheimer Wallon (2010) emphasizes societal awareness, quality of life, and advancing knowledge on disease progression. Both frameworks aim to create inclusive, dementia-friendly communities, improve care and support services, and provide guidance for families, while informing policy, promoting research, and addressing diverse patient needs, including young-onset cases and culturally varied populations. These regional strategies collectively form Belgium's structured approach to dementia care.

Belgium's approach to dementia and Alzheimer's disease is implemented through regional strategies in Flanders and Wallonia. The Flemish government has rolled out its third dementia strategy The Flanders' dementia plan (2021 - 2025) built on the vision of creating a dementia-friendly society and is structured around seven key strategic objectives:

1. Understanding the Prevalence: Continuously monitoring the number of people living with dementia to inform policy and service planning.
2. Prevention and Risk Reduction: Actively promoting brain health and initiatives to reduce the risk of developing dementia.
3. A Nuanced Perception: Fostering a more positive and realistic public perception of dementia, moving away from stigma and fear.
4. Person-Centered Care and Support: Ensuring that care and support services are tailored to the individual needs and preferences of people living with dementia and their families.
5. Support for Informal Caregivers: Recognizing and strengthening the crucial role of family members and other informal carers through dedicated support and resources.
6. Information and Awareness: Providing accessible and high-quality information about dementia to the general public and those directly affected.
7. Specialized Target Groups: Addressing the specific needs of particular groups, such as people living with young-onset dementia and individuals from diverse cultural backgrounds.

The French-speaking region of Wallonia adopted its Plan Alzheimer Wallon in 2010. While older than the current

Flemish plan, it laid the groundwork for a structured approach to dementia care. The plan is centered around three main axes:

1. Enhancing Societal Awareness and Understanding: Improving public knowledge of dementia and related diseases to foster a more inclusive society.
2. Improving Quality of Life: Enhancing the quality of life for individuals living with Alzheimer's disease and their families at every stage of the illness.
3. Advancing Knowledge and Influencing Factors: Deepening the understanding of the disease and the various factors that impact its progression.

References

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- <https://www.alzheimer-europe.org/sites/default/files/2021-10/Wallonia%20Alzheimer%20Plan%202010.pdf>

Upcoming plans

The Flemish Dementia Plan ends in 2025, with a 2026-2030 strategy anticipated. Wallonia is concurrently developing a new five-year mental health strategic plan.

The current Flemish Dementia Plan is set to conclude at the end of 2025. Given the established practice of the Flemish government, which has consistently launched successive multi-year plans, a new strategy for the 2026-2030 period is expected.

Additionally, The Walloon government is in the process of establishing a new five-year strategic plan for mental health.

References

- <https://www.alzheimer-europe.org/policy/national-dementia-strategies/belgium-flanders>
- <https://www.lespecialiste.be/fr/actualites/sante-mentale-la-wallonie-va-se-doter-d-un-plan-strategique-quinquennal.html>

Policy gaps

Legal barriers

In Belgium, judges can revoke voting rights for individuals with impaired capacity, disproportionately affecting dementia patients, and restoring these rights is legally complex, costly, and rarely pursued.

In Belgium, a judge has the authority to remove a person's right to vote when capacity is deemed impaired, a decision that can disproportionately affect those living with dementia. Once withdrawn, regaining voting rights is often difficult, requiring formal legal action that can be complex, costly, and rarely pursued. This mechanism, combined with the lack of specific safeguards to protect electoral participation for people living with cognitive

impairments, creates a significant barrier to the political inclusion of people living with Alzheimer's disease.

References

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Cultural barriers

In Belgium, dementia stigma remains a significant cultural barrier, shaping how openly the condition is discussed and often leading to delayed diagnosis and support-seeking. Early symptoms are frequently normalized as part of ageing, while many families prefer to manage care privately until needs escalate, resulting in later and more stressful engagement with formal services. The country's community-based structure and linguistic diversity further contribute to uneven awareness, access, and help-seeking pathways across regions, particularly in multilingual areas and among migrant populations, where cultural perceptions and system navigation challenges can lead to underdiagnosis. As a result, public awareness campaigns and community-level initiatives play a crucial role in fostering more inclusive, dementia-friendly environments and improving early engagement with care.

In Belgium, stigma still shapes how openly dementia is discussed, both in families and in the wider community. This can lead to people avoiding conversations about cognitive decline, postponing medical assessment, and feeling reluctant to share a diagnosis. In Flanders, the Expertise Centre Dementia explicitly frames stigma as a "taboo" to be broken through public sensitisation, reflecting that stigma remains a real barrier to openness and timely support-seeking.

A common cultural pattern is to interpret early memory or behaviour changes as normal ageing rather than a condition warranting assessment. This normalisation delays help-seeking and means families often enter the system later, when needs are higher and choices narrower. Belgium's community-based approach to dementia policy (organised at Community level rather than purely national) can reinforce uneven awareness and messaging, so what counts as "concerning" symptoms, and when to seek help, can differ across information ecosystems.

Many Belgian families prefer to manage dementia privately for as long as possible, often out of love and duty, but also because of discomfort discussing dementia outside the family. This can delay contact with community services until a crisis point (carergiving load, safety concerns), making transitions more abrupt and stressful. Belgium's national umbrella (Ligue Nationale Alzheimer Liga) exists precisely to coordinate and support the different regional Alzheimer's disease leagues—an indicator that family support needs and help-seeking pathways are navigated through community-based organizations rather than a single uniform entry point.

Belgium's language realities can become a cultural barrier even when services are available: people may hesitate to seek help if they cannot access information and care in their preferred language, or if they fear being misunderstood. This is particularly relevant in Brussels and border areas where families navigate multiple systems and languages. Research comparing dementia strategies across Europe highlights that Belgium's dementia approach is handled at Community level (Flemish vs French-speaking), reinforcing the importance of language communities in how services are organised and communicated.

For some older adults with a migration background in Belgium, dementia may be interpreted through different cultural frames, and families may be unsure where to seek help or may distrust formal services. This can contribute to under-diagnosis, late diagnosis, and under-use of available support. Belgium-specific qualitative research on

Moroccan migrants living with dementia describes care as a complex network spanning informal and professional support, with barriers linked to culture, communication, and navigating systems.

Finally, the extent to which people living with dementia feel safe and included depends heavily on local community norms and awareness, how neighbours react, whether public-facing staff understand dementia, and whether families feel supported rather than judged. In Flanders, the existence of a sustained, branded sensitisation campaign (“Vergeet dementie, onthou mens”) reflects the view that public attitudes and everyday interactions are a key battleground, because communities don’t automatically become dementia-friendly without deliberate cultural work.

Research

Belgium advances Alzheimer's research through VIB-KU Leuven's discoveries on microglia, APP-CTF, and MEG3-driven necroptosis, the Translate-AD digital data platform, and University of Liège studies on sleep, locomotor activity, and brain organoids for early diagnosis and therapy development.

Selected academic institutions

[VIB-KU Leuven Centre for Brain Research](#) [UCLouvain](#) [UGent](#) [ULiège](#) [UAntwerpen](#) [The Vrije Universiteit Brussel](#) [Université Libre de Bruxelles](#)

Clinical trials and registries

Federal Agency for Medicines and Health Products is the Belgian national authority responsible for regulating clinical trials. European Union (EU) Clinical Trials Information System is a centralized database for all clinical trials authorized in EU and Belgium: <https://euclinicaltrials.eu/>

References

- <https://euclinicaltrials.eu/>
- <https://www.famhp.be/en>

Selected innovative methods

Belgium is advancing Alzheimer's research through multiple initiatives. VIB-KU Leuven uncovered that microglia both promote and later protect against plaque toxicity, highlighting the need for stage-specific therapies. The centre also identified APP-CTF's early disruption of cellular waste systems and the MEG3-driven necroptosis pathway, offering new intervention targets. The Translate-AD project connects six Brussels universities and hospitals to analyse patient data securely, enabling biomarker discovery and improved diagnosis. Meanwhile, the University of Liège investigates sleep-related brain connectivity, locomotor activity changes, and human brain organoid models to study microglia's role in sporadic Alzheimer's, supporting early diagnosis and novel therapeutic strategies.

Researchers at VIB-KU Leuven Centre for Brain Research discovered that the brain's immune cells, microglia, play a dual role in Alzheimer's disease, harmfully promoting plaque formation in the early stages but becoming protective later by compacting the plaques to limit their toxicity. This finding clarifies conflicting reports and suggests that therapeutic strategies targeting microglia must be timed to the specific stage of the disease. Another study by the centre found that a fragment of the amyloid precursor protein, known as APP-CTF, causes significant disruption to cellular waste disposal systems before the formation of amyloid plaques. This identifies a critical early event in the disease and suggests that therapies should target the clearance of this toxic fragment for early intervention. Finally, along with the UK Dementia Research Institute VIB-KU Leuven was involved in a landmark study that identified the

precise way neurons die in Alzheimer's disease, a process of programmed cell death called necroptosis, which is triggered by a molecule named MEG3. This discovery opens up an entirely new therapeutic avenue, as drugs targeting necroptosis are already in development for other diseases and could potentially be repurposed.

The Translate-AD project unites six Brussels-based universities and hospitals to create an innovative digital ecosystem for Alzheimer's disease research. This platform allows for secure, federated analysis of patient data to identify new biomarkers and improve diagnosis, all without the sensitive data ever leaving the local hospital servers.

Researchers from the University of Liège (ULiège) are involved in investigating brain connectivity during sleep in the preclinical neuropathology of Alzheimer's disease; the links between the deregulation of locomotor activity and brain changes in Alzheimer's disease, which could lead to a tool for early diagnosis and monitoring of the disease; and a human brain organoid model to study the role of microglia in sporadic Alzheimer's disease.

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Support

Belgium promotes dementia-friendly communities through Alzheimer and Dementia Discussion Cafés, provincial initiatives like Liège's 2024 designation, innovative residential models such as De Wingerd, and patient advocacy groups providing information 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:

[The National Alzheimer League Liga](#) [Alzheimer League Flanders](#) [The Alzheimer League East Belgium](#) [The Ligue Alzheimer ASBL](#) [Belgian Brain Council](#) [The Expertise Centre Dementia Flanders](#) [The Flemish Working Group of People with Dementia](#)

Selected initiatives

Belgium fosters dementia-friendly communities through Alzheimer and Dementia Discussion Cafés, offering social support, peer interaction, and practical information. Bruges leads the Dementia-Friendly Bruges project, while Liège became Belgium's first dementia-friendly province in 2024. Innovative residential models, like De Wingerd near Leuven, provide small-scale, person-centered living for people with dementia, emphasizing normalized, home-like environments over traditional institutional care, enhancing quality of life, autonomy, and social engagement for residents.

Alzheimer's Cafes

Alzheimer Cafes are welcoming social gatherings for people living with memory loss and their care partners to connect in a supportive, stigma-free environment. Their primary goal is to combat social isolation by offering companionship, peer support, and shared activities that focus on the person rather than their medical condition.

Dementia Discussion Cafes

Dementia Discussion Cafes are the cornerstone of community-based social support in Flanders, offering informal gatherings with expert speakers and peer-to-peer discussion. An extensive network of these cafés covers the region, with a central calendar making it easy for families to find local events on diverse, practical topics. The Alzheimer-Café Ostbelgien is a monthly gathering held in Eupen for people living with dementia, their carers, and other interested parties. It provides a welcoming atmosphere for peer support and connection, operating under the motto Together, dementia is less lonely.

Dementia-Friendly Bruges

The city of Bruges is an internationally recognized pioneer of the Dementia-Friendly Bruges project. The project involves a collaborative learning network, training for public-facing staff, adapted cultural activities, and strengthening neighbourhood support systems. In a significant scaling of this concept, the Province of Liège became

the first Dementia-Friendly Province in Belgium in February 2024. This initiative extends the Ami Démence charter to a provincial level to achieve broader impact in awareness, information, and prevention.

De Wingerd Care Home

De Wingerd is a residential care home near Leuven that is internationally recognized for pioneering small-scaled, normalized living for people living with dementia. Its model features home-like units for small groups and a person-centered philosophy, creating a true alternative home rather than a traditional institution.

References

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- <https://smartbuildingscompass.com/bruges-shows-how-its-done-a-city-becomes-dementia-friendly/?lang=en>
- <https://www.alzheimer-europe.org/news/province-liege-becomes-first-dementia-friendly-province-belgium>
- <https://wingerd.info/english/>

Dedicated media outlets

The main conduits for specialized information on Alzheimer's disease in Belgium are the national and regional patient advocacy: The Ligue Nationale Alzheimer Liga, Ligue Alzheimer ASBL, and Alzheimer Liga Vlaanderen.

References

- <https://www.alzheimerliga.be/>