Poland

Research conducted in

Poland stands out for its integration of academic research and clinical practice in Alzheimer's care, with multiple universities and institutes actively conducting cutting-edge studies and hosting international clinical trials. A National Programme of Actions against Dementia 2025–2030 has been drafted and is undergoing ministerial consultation, though not yet adopted. Poland distinguishes itself through strong links between clinical practice and academic research, hosting major centres such as the University Hospital in Kraków, the Nencki Institute, and the IIMCB in Warsaw. Despite organisational gaps and regional disparities in diagnosis and access to imaging or biomarkers, the country benefits from an active network of NGOs, caregiver-support programmes, and public awareness initiatives that increasingly frame dementia as a national health-policy priority.

Highlights

Health system **Universal, Social Health insurance, Mixed provision**
ADI member association(s): **Polish Alzheimer's Association**
National dementia plan: **A draft has been discussed with ministry officials and parliamentary health committees but no adoption**
Dementia plan funding: **No plan**
Dementia prevalence rate: **1311**
Dementia incidence rate: **231**
Population: **38140910**
Median age: **43**
Health expenditure (% of GDP): **7**

Diagnosis

Dementia diagnosis in Poland typically begins in primary or specialist neurological care and follows European clinical guidelines. Assessment relies primarily on clinical evaluation and cognitive testing, most commonly the MMSE and MoCA, supported by structural imaging such as CT or MRI to exclude other causes. While core diagnostic services are covered through the National Health Fund when accessed via referral pathways, waiting times for neurological consultation and imaging can vary and may be prolonged in the public system. Advanced diagnostics, including genetic testing and biomarker analysis, are available but are not part of routine clinical practice and are often accessed privately or in research settings.

Diagnosis pathway

The diagnostic journey typically begins with a thorough medical history examination by the general practitioner, neurological examination, and cognitive testing (e.g., Mini-Mental State Examination (MMSE) or similar tools), as outlined by neurologists in Poland. These are used to assess memory, orientation, language, and other cognitive domains. Polish clinicians follow European and international dementia diagnostic recommendations. These include structured cognitive testing, selective use of neuroimaging and differential diagnostics, and careful exclusion of non-AD causes.

References

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- https://www.neurologia.com.pl/index.php/issues/2021-vol-21-no-2/diagnosis-and-management-in-dementia-recommendations

Wait times

Status: Short wait time

In Poland, the average waiting time for urgent neurology referrals is approximately 25 days, while for non-urgent (stable) cases, there are about 262,000–278,000 individuals currently on waiting lists, though specific waiting times are not reported. The average wait for outpatient neurology appointments increased from 27 to 30 days year-on-year, an 11% rise.

References

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Diagnosis cost

Status: Mostly or fully covered

Under Poland's National Health Fund (NFZ), the core dementia diagnostic process is fully covered when accessed through the public referral pathway. This includes specialist consultations (neurology or psychiatry),

neuropsychological testing (e.g., MMSE, MoCA), brain MRI or CT, basic laboratory tests, and EEG when clinically indicated. Patients may still incur costs related to transport or prescription co-payments.

Under Poland's public healthcare system, the National Health Fund (Narodowy Fundusz Zdrowia, NFZ) fully covers the core dementia diagnostic pathway, provided patients follow the official referral system and remain within the public care network. This typically includes:

- Consultations with a neurologist or psychiatrist
- Neuropsychological assessments (e.g. MMSE, MoCA)
- Brain imaging (MRI or CT)
- Basic laboratory tests (including thyroid function, vitamin B12, blood count, and metabolic panel)
- Electroencephalography (EEG) where clinically indicated

For patients, these services are generally provided at no direct cost (0 PLN), aside from minor expenses such as travel or standard prescription co-payments.
By contrast, advanced diagnostic tools, such as biomarker testing and genetic analysis, are not routinely covered within the public system. This includes cerebrospinal fluid (CSF) biomarkers, PET imaging, and genetic tests (e.g. APOE genotyping or broader sequencing panels). Access to these services is therefore typically limited to private providers or research settings. As a result, patients who pursue these tests usually pay out of pocket, with costs ranging from several hundred złotych for basic genetic risk tests to over 10,000 złotych for comprehensive private diagnostic packages, particularly those that include PET imaging.

References

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- https://www.nfz.gov.pl/dla-pacjenta/medical-treatment-abroad/benefits-provided-in-cross-border-care/
- https://welcome.uw.edu.pl/healthcare-in-poland
- https://us-uk.bookimed.com/clinics/country=poland/procedure=pet-ct
- https://bioskaner.eu/en/pet-ct-examination/

Cognitive tests

Status: Available
The MMSE is one of the most widely used screening tools for dementia globally and in Poland. The Polish adaptation is frequently employed due to its reliability, ease of use, and availability. The Rowland Universal Dementia Assessment Scale (RUDAS) is also adapted for the Polish language and is considered to have advantage over MMSE due to the latter's limited sensitivity, particularly in assessing executive functions. The adapted Montreal Cognitive Assessment (MoCA) (including MoCA 7.2 version) is one of the most available tests in Poland and it has been shown to outperform MMSE in identifying mild cognitive deficits.

References

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- https://pubmed.ncbi.nlm.nih.gov/32808669

Imaging tests

Status: Commonly used

MRI and CT scans are widely used in routine clinical practice in Poland to support the diagnosis of Alzheimer's disease (AD) and other dementias. However, access to diagnostic imaging for conditions like Alzheimer's disease and related dementias is challenged by significant delays, especially in the public healthcare system. Waiting times for MRI, CT, and PET-CT scans vary considerably depending on the region and the urgency of the referral.

For MRI scans, patients can expect an average national wait time of around 80 days for the scan itself, followed by an additional 27 days for the radiology report. More recent data (January 2025) shows some improvement, with the national average MRI wait time reduced to approximately 58 days.

PET imaging, including amyloid PET (detecting amyloid-β plaques) and tau PET (visualizing tau tangles), is even more constrained in clinical use. While PET/CT infrastructure exists in Poland and is expanding, access is strongly shaped by National Health Fund (Narodowy Fundusz Zdrowia, NFZ) reimbursement policies, which limit the number and indications of publicly funded scans. Importantly, PET imaging is primarily reimbursed for oncological indications, and only covered when strict criteria are met; otherwise, patients must pay out of pocket.

References

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- https://www.sciencedirect.com/science/article/abs/pii/S0028384314603273
- https://affidea.pl/uslugi/diagnostyka-obrazowa/pet-ct/
- https://pmc.ncbi.nlm.nih.gov/articles/PMC10088604/

Genetic tests

Genetic testing for Alzheimer's disease is not part of routine care for most patients. However, two main types of tests are available in private clinics: APOE genotyping and next-generation sequencing (NGS) panels for early-onset or familial Alzheimer's disease.

Both APOE genotyping and broad NGS panels are technically available in Poland, their use is limited and mostly concentrated in high-risk, early-onset, or research contexts. For the average patient with late-onset Alzheimer's, genetic testing is usually self-funded if pursued at all.

References

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- https://genelab.pl/produkt/dna-alzheimer/
- https://diag.pl/sklep/badania/apoe-genotypowanie-ocena-predyspozycji-do-wystapienia-ch-alzheimera-rozwoju-miazdzycy-met-pcr/
- https://www.pbkm.pl/en/offer/genetic-testing

Biomarker tests

Status: Rarely used

CSF and PET biomarker tools, specifically cerebrospinal fluid (CSF) biomarkers and positron emission tomography (PET) imaging, are underutilised across healthcare systems, including Poland, largely due to cost, infrastructure requirements, and limited availability. CSF biomarker testing involves the analysis of amyloid beta 1-42 (Aβ42), total tau (t-tau), and phosphorylated tau (p-tau) in cerebrospinal fluid obtained via lumbar puncture. Although this method is recognised as one of the most diagnostically valuable tools for confirming Alzheimer's pathology, its use in Poland is largely confined to specialist neurology clinics and research settings. In routine practice, diagnosis still relies primarily on cognitive testing and structural imaging, with CSF testing used selectively, partly because it is invasive and not systematically embedded in standard diagnostic pathways.

References

- https://mgr.farm/aktualnosci/trwaja-badania-nad-nowym-testem-na-alzheimera

Treatment & care

In Poland, specialised dementia care is available mainly in selected hospitals and rehabilitation centres, while dedicated Alzheimer's clinics remain limited. Standard Alzheimer's medications (donepezil, rivastigmine, galantamine, memantine) are available, and newer therapies may be accessed only in specialised centres. Families often bear part of the care costs: private care facilities typically cost around 2,500-8,000 PLN per month, while residents in state homes contribute up to 70% of their income. Financial support exists through caregiver allowances and social services, and some local programmes provide subsidised home-care visits, day-care centres, and caregiver guidance.

Specialized facilities and services

Fully dedicated Alzheimer's clinics remain limited in Poland, but several centres provide specialised dementia care. These include the University Hospital in Kraków (multidisciplinary neurology services), John Paul II Western Hospital in Grodzisk Mazowiecki (Alzheimer's diagnostic work-up), and the Constance Care Rehabilitation Centre (neurological and neuropsychological rehabilitation).

While fully dedicated Alzheimer's clinics are still rare, several regional centres and hospital departments offer advanced diagnostic and care services tailored to dementia.

University Hospital in Kraków (Szpital Uniwersytecki w Krakowie) is a leading tertiary and academic centre with a specialised neurology department and multidisciplinary teams (neurologists, psychiatrists, neuropsychologists). It offers comprehensive dementia diagnostics, including cognitive testing and advanced imaging (MRI/CT), and plays a key role in complex cases and research-linked care.

John Paul II Western Hospital, Grodzisk Mazowiecki is a modern regional hospital near Warsaw providing standard dementia diagnostic work-ups, including neurological consultations, imaging, and cognitive assessments. It functions as an accessible referral centre within the public system.

Constance Care Rehabilitation Centre (Konstancin Care) is a private, multidisciplinary facility focused on neurorehabilitation and cognitive therapy, particularly for patients in moderate to advanced stages. It provides longer-term support through physiotherapy, neuropsychology, and functional rehabilitation, typically on a private-pay basis.

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_

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

Galantamine;Official National Product Information; https://ec.europa.eu/health/documents/community-register/html/ho17801.htm
Memantine;Official National Product Information; https://www.ema.europa.eu/en/medicines/human/EPAR/ebixa

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

*Namzaric = combination of Donepezil and Memantine

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

SPC: Summary of Product Characteristics - detailed product information

Treatment cost

The total annual societal cost of dementia in Poland is estimated at over 11 billion PLN, roughly split between direct care expenses (medications, hygiene products, services) and indirect costs from caregiver productivity loss. Families typically spend between 1,000-2,500 PLN per quarter on out-of-pocket expenses. Like in rest of EU, ATTs are not covered.

Private care facilities cost approximately 2,500-8,000 PLN per month, depending on standard and room type. In state-run homes, residents contribute up to 70% of their income, with remaining costs covered by family or local authorities. Financial support measures include caregiver allowances and selected tax deductions for care-related expenses.

The total annual cost, including direct medical and non-medical expenses, as well as indirect costs like lost productivity, is estimated at over 11 billion PLN. Of this, around 5.4 billion PLN is spent on care, medications, and hygiene products. While another 5.7 billion PLN reflects economic losses from caregivers reducing or stopping work.

Family direct costs range from 1,000 PLN to over 2,500 PLN per three months to cover medications, hygiene supplies, and private medical visits. In many cases, this represents a third of a typical pension. ATTs are not covered.

Monthly fees in private care facilities range from 2,500 PLN (for shared rooms) up to 8,000 PLN or more (for single rooms in high-standard facilities).

In state-run homes, residents pay up to 70% of their income, while the remainder is covered by family or local authorities. Average costs are typically 2,500–3,000 PLN/month.

Families may access several aid programs including care allowance for informal caregivers is around 2,988 PLN/month and allowance for non-working caregivers as well as tax reliefs: Health equipment, home adaptations, and care services may qualify as deductions.

References

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- https://www.mzdrowie.pl/medycyna/koszty-choroby-alzheimera-w-polsce-siegaja-111-mld-zl-rocznie
- https://www.kierunekfarmacja.pl/artykul%2C90659%2Ckoszty-zwiazane-z-choroba-alzheimera-wynosza-w-polsce-przeszlo-11-mld-zl-rocznie-wiekszosc-z-nich-jest-przerzucona-na-opiekunow-i-rodziny-pacjentow.html
- https://blog.opk.care/en/is-a-pension-enough-to-cover-the-costs-of-senior-care/
- https://www.rp.pl/prawo-w-polsce/art41301401-kto-placi-za-pobyt-w-dps-duze-zmiany-w-kluczowym-kryterium-w-2025-roku
- https://thed.pl/zdrowie/zdrowie-psychiczne/gdzie-szukac-pomocy-dla-chorych-na-alzheimera-i-ich-rodzin/

Caregiver support

Caregivers in Poland have access to informational resources, including guides published by the National Health Fund and the Polish Alzheimer's Society. Financial support includes a care allowance (approx. 2,988 PLN/month for

eligible full-time caregivers), a smaller nursing allowance (approx. 215 PLN/month), and selected tax deductions for care-related expenses.

Local social services may provide subsidised home-care visits, while day-care centres and senior clubs offer respite and social activities for people in early to mid-stage dementia. Psychological support is available through national and regional dementia helplines.

In Poland, caregivers of people with Alzheimer's disease have access to a combination of informational, financial, and legal support. A key educational resource is the guide "Poradnik dla opiekunów osób chorych na Alzheimera," published jointly by the NZF and the Polish Alzheimer's Society, which provides practical guidance on disease progression, daily care routines, legal issues, and psychological support. In parallel, the government offers several forms of financial assistance: the świadczenie pielęgnacyjne (care allowance), currently around 2,988 PLN per month, is available to individuals who leave employment to provide full-time care; the zasiłek pielęgnacyjny, approximately 215.84 PLN per month, offers more general support; and the specjalny zasiłek opiekuńczy is targeted at certain informal caregivers outside formal employment. Additional support is available through rehabilitation tax relief, which allows deductions for expenses related to care services, assistive devices, and medical equipment, helping to offset the broader financial burden of long-term dementia care.

Moreover, local social services can arrange for home visits by care workers handling tasks like medication reminders, shopping, and light household chores, often with partial or full financial subsidy depending on income.

Day Care Centers ("Dom Dzienny Pobytu") and Senior Clubs are often volunteer-run or social-service-linked places provide engaging activities, like singing, reading aloud, group games, or walks, for people in early to mid-stages of AD. Caregivers benefit from a few respite hours. In general, multiple Alzheimer's or dementia-focused hotlines exist across Poland, offering free emotional support, counselling, and guidance to caregivers.

References

- https://pacjent.gov.pl/aktualnosc/poradnik-dla-opiekunow-osob-chorych-na-alzheimera
- https://thed.pl/zdrowie/zdrowie-psychiczne/gdzie-szukac-pomocy-dla-chorych-na-alzheimera-i-ich-rodzin/
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- https://zdrowie.wprost.pl/strefa-pacjenta/10502551/opieka-nad-osoba-starsza-z-otepieniem-alzheimerem-demencja-porady.html
- https://findahelpline.com/countries/pl/topics/dementia-alzheimers

Policy

Poland does not yet have a formal national dementia strategy, although the Ministry of Health has drafted the National Program of Actions against Dementia (2025-2030). Evidence highlights several system gaps: dementia remains underdiagnosed, with one study finding 72% of cases previously undetected, and treatment coverage is limited, with only about one-third of diagnosed patients receiving cognitive enhancers. Care is largely family-based, with around 92% of people with dementia cared for at home, while many caregivers report limited financial, informational, and respite support.

National dementia plan

Poland currently does not yet have a standing national dementia strategy, but is taking concrete steps to establish one, the first of its kind, aimed to be implemented between 2025 and 2030.

Upcoming plans

Poland's Ministry of Health has drafted the National Program of Actions against Dementia (2025-2030), currently in final consultations and expected to be adopted in 2025. The program aims to strengthen and systematise dementia support, introduce coordinated systemic solutions, improve inter-ministerial collaboration, and enhance quality of life for people with dementia and their caregivers.

The Ministry of Health has drafted the "Krajowy Program Działań wobec Chorób Otępiennych na lata 2025–2030" (National Program of Actions against Dementia for 2025–2030). This plan is in the stage of final inter-ministerial consultations and is expected to be officially adopted—most likely in 2025.

The program's key objectives include:

– Systematizing and expanding existing support for people with dementia and their caregivers
– Developing new, systemic solutions within available funding frameworks
– Enhancing inter-ministerial collaboration and engagement with civil society
– Improving the quality of life for patients and support for caregivers.

References

- https://pzn.org.pl/krajowy-program-dzialan-wobec-chorob-otepiennych/
- https://newsmed.pl/profilaktyka/12053512/demencja-w-polsce-ministerstwo-wreszcie-zaczyna-dzialac
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Policy gaps

Legal barriers

– Lack of a fully implemented national policy

– Underdiagnosis and Late Diagnosis
In a Polish geriatric ward study, 72% of dementia cases were not previously detected, highlighting a real gap in early diagnosis and systematic cognitive assessment in primary care.

– Fragmented and Hospital-Centric Care
A geriatric study revealed high undertreatment of diagnosed cases—only one-third of patients received cognitive enhancers. This points to fragmented care and discontinuity even after diagnosis.

– Limited Support for Informal Caregivers
A study found that 92% of elderly dementia patients in Poland are cared for at home, and 44% of caregivers have no external support.

– Policy Gaps Around Caregiver Respite and Support
EuroFAMCARE data highlight a "support gap" for Polish family caregivers—particularly in informational, organisational, and financial support, as well as respite care.

References

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- https://pmc.ncbi.nlm.nih.gov/articles/PMC10852757
- https://czasopisma.umlub.pl/pjph/article/view/1687

Cultural barriers

Deep-rooted cultural norms and social perceptions continue to shape how dementia is understood, diagnosed, and addressed across the country. One major obstacle is the strong tradition of family-based elder care. In Polish society, caring for older relatives is widely viewed as a moral duty and central to family identity. As Alzheimer Europe reports, this expectation often discourages families from seeking formal assistance or institutional support, with many relying instead on unpaid female caregivers at home. Stigma and misconceptions about dementia further complicate progress. The Polish Alzheimer's Association notes that Alzheimer's disease is still frequently perceived as a natural part of aging rather than a medical condition in need of early intervention.

Research

Alzheimer's research in Poland is carried out mainly at universities and scientific institutes in major cities such as Warsaw, Poznań, and Wrocław. The country also participates in international clinical trials testing new Alzheimer's treatments. Some studies focus on improving support for caregivers, including programs combining education and financial assistance.

Selected academic institutions

Nencki Institute of Experimental Biology (Polish Academy of Sciences), Warsaw The centre in neurobiology and biochemistry, the Nencki Institute houses the Neurobiology Center and departments focused on neurophysiology, molecular and cellular neurobiology. Research includes neurodegeneration, neuronal plasticity, and disease signalling pathways—all highly relevant to Alzheimer's pathology. Laboratory of Neurodegeneration – International Institute of Molecular and Cell Biology (IIMCB), Warsaw This lab focuses on molecular degeneration processes in neurodegenerative diseases, including AD, using cell and animal models to uncover pathological mechanisms. Department of Neurodegenerative Disorders – Polish-Japanese Academy of Information Technology / Medical Research Centre (PAS), Warsaw The department integrates clinical and molecular research in AD, MCI, FTD, LBD, and vascular dementia. It includes an Alzheimer's disease division in the Neurology Clinic and a neurogenetics laboratory, making it one of Poland's most extensive neurodegeneration research hubs. Wrocław University of Science and Technology & Nencki Institute Collaboration A recent project funded with nearly PLN 5 million involves designing antibody-drug conjugates targeting amyloid and tau, in partnership with the Nencki Institute. This puts Wrocław University on the front lines of therapeutic innovation for AD. Adam Mickiewicz University & Poznań University of Technology (Poznań) Together, they are developing an innovative early-detection method for Alzheimer's called the Alzheimer Prediction Project, reflecting active pursuit of diagnostic breakthroughs.

Clinical trials and registries

In Poland, clinical trials are regulated and authorised by the Office for Registration of Medicinal Products, Medical Devices and Biocidal Products (URPL) in cooperation with the Bioethics Committees, while approved studies are recorded at the European level in the EU Clinical Trials Information System (CTIS).

References

- https://archiwum.urpl.gov.pl/en/office/information-about-office
- https://www.ema.europa.eu/en/human-regulatory-overview/research-development/clinical-trials-human-medicines/clinical-trials-information-system

Selected innovative methods

Psychoeducational and financial intervention study: A recent study in Poland showed that caregivers who received

both training in coping strategies and a modest stipend experienced significantly lower levels of depression and burden than those without support.

References

- https://pubmed.ncbi.nlm.nih.gov/31392287/
- https://pmc.ncbi.nlm.nih.gov/articles/PMC6677549

Support

Support for people with Alzheimer's disease and their families in Poland is provided mainly through foundations, patient organisations, and public awareness initiatives. These groups offer caregiver education, memory screening, specialist consultations, helplines, and advocacy, while also promoting public awareness and reducing stigma. National and regional organisations coordinate support services, information resources, and community initiatives for patients and caregivers.

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:

Polskie Stowarzyszenie Pomocy Osobom z Chorobą Alzheimera ("Polish Alzheimer Society") Alzheimer Polska

Selected initiatives

"Razem przed siebie" ("Forward with Dementia") – Public awareness campaign (2021-2022) in Lower Silesia, part of the international COGNISANCE project, aimed at reducing stigma and increasing understanding of dementia.

Global ADI Conference (2024) – Poland hosted the 36th Alzheimer's Disease International Conference in Kraków, bringing together researchers, clinicians, caregivers, and people living with dementia.

"Razem przed siebie" ("Forward with Dementia") Awareness Campaign

"Razem przed siebie" ("Forward with Dementia") Awareness Campaign was part of the international COGNISANCE project, co-designed by people with dementia, carers, healthcare professionals, and researchers.

It ran from September 2021 to April 2022, largely in Wrocław and Lower Silesia, with the goal of raising public awareness and reducing stigma around dementia.

Global Conference of Alzheimer's Disease International in Kraków

Poland, through the Polish Alzheimer Society, hosted the 36th Global Conference of Alzheimer's Disease International in Kraków (April 2024), bringing together experts, caregivers, researchers, and people living with dementia.

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- https://pmc.ncbi.nlm.nih.gov/articles/PMC11371569
- https://www.alzint.org/what-we-do/adi-conference/previous-international-conferences/adi-conference-2024

Dedicated media outlets

In Poland, Alzheimer's disease is covered through a combination of specialised health portals, organisational platforms, and broader media outlets. The medical website Medforum.pl features a dedicated "Choroba Alzheimera" section with regularly updated articles on research developments, risk factors, prevention strategies, and caregiving guidance, making it a key source of accessible, expert-informed content. At the organisational level, Alzheimer Polska, a national federation of Alzheimer's associations, maintains an active news section publishing updates on advocacy efforts, legal developments, public awareness campaigns, and support resources for both caregivers and professionals. Similarly, the Polskie Stowarzyszenie Pomocy Osobom z Chorobą Alzheimera shares information on conferences, policy initiatives, and awareness activities, contributing to the visibility of dementia-related issues.

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