

Lithuania

Research conducted in 01/12/2025

Lithuania combines a universal compulsory health insurance system (NHIF) with a small but credible set of academic and clinical anchors, most notably the Vilnius University Hospital Santaros Klinikos (VUHKS) Memory Clinic, which functions as the national reference point for specialist diagnosis, research, and participation in international dementia trials. Dementia Lithuania plays a central role in the non-governmental sphere, sustaining public awareness campaigns, carer education, and structured policy advocacy that has been instrumental in bringing dementia onto the national health agenda. Several structural constraints continue to shape outcomes. The absence of a formal national dementia strategy limits standardisation of diagnostic pathways, service entitlements, and accountability across regions. Support for informal care partners, who shoulder much of the care burden, remains limited and fragmented, with few dementia-specific benefits beyond general long-term care provisions. Against this backdrop, ongoing Ministry of Health working-group activity and Lithuania's participation in European Union joint actions such as JADE Health represent a credible policy window: if translated into binding guidelines, financing mechanisms, and workforce standards, these processes could enable earlier and more equitable diagnosis, scale home and community-based supports, and strengthen the integration between health and social care systems for people living with dementia.

Highlights

Health system **Universal healthcare with mixed funding and mixed provisions.**

ADI member association(s): **Dementia Lithuania**

National dementia plan: **No national strategy.**

Dementia plan funding: **No plan**

Dementia prevalence rate: **1649**

Dementia incidence rate: **285**

Population: **2816756**

Median age: **42**

Health expenditure (% of GDP): **7**

Diagnosis

Lithuania's dementia care operates under CHI and begins with a GP-led pathway, with referrals to neurology, psychiatry, or geriatrics. Advanced diagnostics are concentrated in university hospitals, especially VUHSK and its Memory Clinic, with additional capacity in Kaunas. Detection relies on targeted primary care screening, including the LT-GPCOG, with abnormal results leading to specialist evaluation. Access to CT, MRI, and PET is limited by capacity, contributing to regional waiting times, despite EU efforts to improve workflows. Routine genetic and biomarker testing is not nationally mandated. Public diagnostics are generally free, though some families use private services to reduce delays.

Diagnosis pathway

Lithuania's dementia pathway operates within CHI and starts with a GP, who conducts initial evaluation and refers patients to specialist care when needed. Most advanced diagnostics are available at university centres, particularly VUHSK, the national reference institution with a dedicated dementia centre and Memory Clinic. Although additional services exist in Kaunas and other regions, advanced care remains urban-centred. Due to system limitations, some families use private consultations and imaging before returning to public care, while NGOs such as Dementia Lithuania support navigation.

Under Lithuania's Compulsory Health Insurance (CHI), the dementia diagnostic pathway is formally general practitioner (GP)-led. Individuals or family members typically raise concerns with a family physician (šeimos gydytojas), who performs an initial assessment and, if cognitive symptoms persist, issues referrals to secondary or tertiary care (neurology, psychiatry, or geriatrics).

Specialist diagnostic work-ups are concentrated in university hospitals, with Vilnius University Hospital Santaros Klinikos (VUHSK) functioning as the national reference centre. Since 2006, VUHSK has operated Lithuania's first dedicated Center for Alzheimer's Disease and Other Dementias, including a structured Memory Clinic used both for routine clinical diagnostics and for research-linked assessments. Additional capacity exists at Kaunas Clinics and other regional hospitals, but advanced diagnostics remain urban-centred.

In practice, an informal parallel pathway has developed due to system constraints. Families with resources frequently combine private neurology consultations and privately funded imaging (computed tomography (CT) or magnetic resonance imaging (MRI)) with later re-entry into the CHI-covered public system for confirmation, treatment, and follow-up. Non-governmental organisations (NGOs), most notably Dementia Lithuania, play a crucial bridging role by improving symptom recognition, guiding families through referral bureaucracy, and encouraging earlier engagement with medical services. This NGO-supported navigation partially compensates for the absence of a national dementia plan, but coverage and impact remain uneven.

References

- <https://ligoniukasa.lrv.lt/en/sector-activities/about-compulsory-health-insurance/compulsory-health-insurance-chi>
- <https://www.santa.lt/center-of-neurology-about-center>

<https://www.kaunoklinikos.lt/contacts/clinical-departments-/neurology/>

- <https://demencijalietuvoje.org/en/>

Wait times

Status: Long wait time

Lithuania faces structural delays in dementia diagnosis due to extended waits for neurology, psychiatry, and geriatrics services, particularly in regional areas. Limited per-capita access to CT, MRI, and PET scanners, below OECD averages, prolongs confirmation after referral. Although EU-funded cooperation projects aim to improve capacity and workflows, diagnostic timelines vary significantly, with urban tertiary centers moving faster than smaller towns.

Waiting times constitute one of the main structural bottlenecks in Lithuania's public diagnostic pathway. Public sector queues for neurology, psychiatry, and geriatric consultations are often lengthy, particularly outside Vilnius and Kaunas. Lithuania's per-capita availability and utilization of CT, MRI, and positron emission tomography (PET) scanners remains below Organisation for Economic Co-operation and Development (OECD) averages, which slows confirmatory diagnostics once a specialist referral has been issued. As a result, diagnostic timelines vary sharply by geography: urban tertiary centres move significantly faster than smaller towns, where people may face months-long waits.

To address this, Lithuania has increasingly relied on European Union-funded cross-border and regional cooperation projects, including Interreg EU programs, aimed at expanding imaging capacity, harmonising workflows, and improving referral efficiency. While these initiatives show promise, their effects are incremental rather than transformative, and do not yet constitute a systemic fast-track for suspected dementia cases.

References

- https://www.oecd.org/en/publications/health-at-a-glance-2025_8f9e3f98-en/full-report/diagnostic-technologies_9039027d.html
- https://www.oecd.org/content/dam/oecd/en/publications/reports/2025/12/country-health-profile-2025-country-notes_7e72146d/lithuania_48218446/25bc0724-en.pdf
- https://ec.europa.eu/regional_policy/projects/projects-database/lithuanian-medcad-project-delivers-better-healthcare-with-computer-aided-diagnosis-tool_en
- <https://interreg.eu/programmes/>

Diagnosis cost

Status: Mostly or fully covered

Under Lithuania's universal NHIF-funded system, diagnostic care within the public pathway is generally free, covering primary and specialist services. Due to waiting times, some families pay for private assessments or imaging to speed up diagnosis, later returning to the public system for treatment and medication coverage.

Lithuania operates a universal, compulsory health insurance model that covers most of the diagnosis services. Consultations with family doctors, specialist referrals, and diagnostically indicated investigations conducted by contracted public providers are financed through the National Health Insurance Fund (NHIF). Patients incur no direct charges within the covered pathway. However, due to waiting times, many families opt for private consultations or privately funded imaging to accelerate diagnosis. These services are entirely out-of-pocket and can represent

significant financial costs. Once a diagnosis is established, people commonly transition back into the public system for ongoing management and medication coverage.

References

- <https://ligoniukasa.lrv.lt/en/administrative-information/about-health-insurance-funds/>
- [https://ligoniukasa.lrv.lt/uploads/ligoniukasa/documents/files/Compulsory%20Health%20Insurance%20in%20Lithuania\(1\).pdf](https://ligoniukasa.lrv.lt/uploads/ligoniukasa/documents/files/Compulsory%20Health%20Insurance%20in%20Lithuania(1).pdf)
- <https://ligoniukasa.lrv.lt/en/sector-activities/about-compulsory-health-insurance/compulsory-health-insurance-chi>

Cognitive tests

Status: Available

Dementia detection in Lithuania is based on targeted assessment in primary care, not mass screening. The LT-GPCOG demonstrated effectiveness similar to the MMSE and supports early identification during routine care. When results are abnormal, patients are generally referred to specialists or Memory Clinics for comprehensive diagnostic work-up.

References

- <https://pmc.ncbi.nlm.nih.gov/articles/PMC11766642/>

Imaging tests

Status: Used in specific cases

CT and MRI are available in public and private hospitals, but public access is limited by scanner capacity and waiting lists. MRI is most accessible in Vilnius and Kaunas, while PET is less commonly used and mainly oriented toward oncology rather than routine dementia care.

References

- <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/ddn-20200724-1>
- <https://link.springer.com/article/10.1186/s12912-024-02326-9>

Genetic tests

There is no national guidance for routine Alzheimer's genetic testing in Lithuania. Genetic panels are generally limited to research settings, private funding, or foreign arrangements, especially for atypical cases.

References

- <https://frontlinegenomics.com/world-of-genomics-lithuania/>

Biomarker tests

Status: Rarely used

Lithuanian national policy does not specify routine use of CSF biomarkers (A β , total tau, phosphorylated tau) or blood-based markers. However, centres such as the VUHSK Memory Clinic use CSF selectively for complex cases, with biomarker innovation largely driven by research.

References

- <https://www.frontiersin.org/journals/neurology/articles/10.3389/fneur.2023.1165594/full>
- <https://www.frontiersin.org/journals/neurology/articles/10.3389/fneur.2025.1589335/full>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC12631017>

Treatment & care

Lithuania's specialist dementia care is centred in university hospitals, especially VUHSK's Alzheimer's centre, with additional support from Kaunas Clinics and municipal mental-health services. Palliative care is covered under the NHIF but dementia-specific pathways and full integration with long-term care remain limited. Under compulsory health insurance, GP visits, specialist care, treatment, rehabilitation, and palliative services are publicly financed within contracted institutions, though private services require out-of-pocket payment. Caregiver support is gradually improving, including state-paid social insurance contributions for eligible caregivers, though system gaps persist.

Specialized facilities and services

Specialist dementia services in Lithuania are primarily based in university hospitals, most notably VUHSK's Alzheimer's centre, which functions as the main hub for diagnosis, management, and clinical research. Kaunas Clinics and other affiliated hospitals provide additional support, and municipal mental-health centres contribute psychosocial and psychiatric care, especially for BPSD. Palliative care is covered under the NHIF, but dementia-specific pathways are not separately defined, and integration of long-term and palliative care remains limited amid growing demand.

Lithuania does not operate a formal national memory-clinic network, but specialist dementia care is anchored in tertiary university hospitals, most prominently VUHSK through its Center for Alzheimer's Disease and Other Dementias. The centre provides standardised multidisciplinary assessment, follow-up, and pharmacological management, and serves as the country's main hub for clinical research and international trials, shaping diagnostic and treatment practices nationwide.

Additional specialist capacity exists at Kaunas Clinics and other university-affiliated hospitals, while municipal mental-health centres contribute outpatient psychiatric and psychosocial services, particularly for behavioural and psychological symptoms of dementia (BPSD).² However, access to specialist dementia expertise remains geographically uneven.

Palliative care is formally covered under the NHIF and delivered by multidisciplinary teams across inpatient wards, outpatient clinics, and limited home-based services. In practice, dementia-specific palliative pathways are not separately defined, and long-term care (LTC) and palliative integration remains an implementation challenge, especially as demand grows with population ageing. Capacity constraints in community nursing, social work, and specialised dementia palliative care mean that families often shoulder significant care responsibilities before late-stage institutionalisation.

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

Under Lithuania's universal compulsory health insurance, insured residents receive medically necessary services without direct charges when provided by WHIFF-contracted institutions. For people with dementia, this includes GP care, specialist consultations, treatment, rehabilitation, and palliative care. Services within the public system are publicly financed, while private consultations or diagnostics used to avoid waiting lists must be paid out-of-pocket.

Under Lithuania's universal compulsory health insurance system insured residents are entitled to receive medically necessary health care services without direct charges when these are provided by institutions contracted with the territorial health insurance funds. For people living with dementia, this includes GP care, specialist consultations, inpatient and outpatient treatment, nursing, rehabilitation, and palliative care, subject to standard referral pathways. Services delivered within the contracted public system are financed from the NHIF, while access to care outside this framework, such as private consultations or diagnostics used to bypass waiting lists, must be paid out-of-pocket by people living with dementia or families. Services or medicines obtained through private consultations, off-list brands, or private dispensing are paid entirely out-of-pocket. As with diagnostics, some people use private services to accelerate access but return to the public system for ongoing reimbursed treatment.

References

- <https://ligoniukasa.lrv.lt/en/sector-activities/services-for-residents/medical-and-health-care-services/>
- <https://ligoniukasa.lrv.lt/en/sector-activities/services-for-residents/medicines-and-medical-aid>
- <https://micenter.lt/en/health-insurance>

Caregiver support

While Lithuania is reforming long-term care toward community-based models, dementia support for informal caregivers remains uneven. Formal caregiver benefits are limited, but the government now pays social insurance contributions for qualifying caregivers. EU and OECD reviews note ongoing gaps in workforce capacity, respite services, and coordination between health and social care.

Lithuania's long-term care system remains in transition from an institutional-centric model toward home and community-based care, with dementia posing particular challenges. Formal, dementia-specific cash benefits or allowances for informal care partners are limited, and structured respite or training programs are not uniformly available nationwide. A notable policy development since 2020 is the state's assumption of pension and unemployment social insurance contributions for carers of people living with dementia formally assessed as needing permanent care, provided the caregiver lacks insured income, an important protection against long-term social exclusion.

Despite this, European Union and OECD reviews consistently highlight gaps in carer support, workforce availability, and coordination between health and social services. The reliance on family care remains high, and expansion of community nursing, day services, respite care, and carer training is widely recognised as a priority for sustainable

dementia care in Lithuania.

References

- <https://eurocarers.org/country-profiles/lithuania/>
- <https://ismu.lt/cris/entities/publication/9b657fd3-c3c7-4417-969f-df547b2a88ab>
- https://www.oecd.org/content/dam/oecd/en/publications/reports/2022/11/integrating-services-for-older-people-in-lithuania_a84298e4/c74c44be-en.pdf

Policy

Lithuania currently lacks a formal national dementia strategy, though progress is underway through university-led initiatives and organizations such as Dementia Lithuania. A Ministry of Health Dementia Working Group was established in 2022 to develop recommendations on prevention, diagnosis, care pathways, and caregiver support, but these proposals remain unformalised. Participation in the EU JADE Health Joint Action (2025) and broader OECD and WHO cooperation may strengthen alignment and capacity. However, meaningful impact will depend on embedding dementia priorities into legislation, budgets, workforce planning, and clear national standards for care and monitoring. Persistent legal gaps, fragmented long-term care financing, regional service disparities, and limited health-social integration continue to shape uneven access and outcomes.

National dementia plan

Lithuania currently lacks a national dementia strategy, and progress is driven mainly by universities and organizations such as Dementia Lithuania. This work led to the Ministry of Health establishing a national Dementia Working Group in 2022 to develop recommendations on prevention, diagnosis, care pathways, and caregiver support. Although this represents important institutional recognition, the recommendations remain unformalised. In 2025, Lithuania joined the EU JADE Health Joint Action, strengthening cooperation and technical alignment, but national impact will depend on integration into laws, budgets, and workforce planning.

Lithuania currently has no dementia-specific national strategy or action plan in force. Policy development in this area has instead been driven largely by civil society and academic actors, most notably Dementia Lithuania, in partnership with universities and clinicians. Since 2021, these stakeholders have led the “Towards a Dementia Strategy: Situation Analysis and Public Awareness” initiative, which consolidated evidence on public awareness, service gaps, and recommendations for dementia strategy development. This process resulted in the Ministry of Health convening a national Dementia Working Group in 2022, tasked with preparing policy recommendations covering prevention, diagnosis, care pathways, and carer support. While this marked an important institutional recognition of dementia as a policy issue, the outputs have not yet been formalised into binding national policy or financing commitments.

At the European Union level, Lithuania joined the JADE Health Joint Action in 2025, aligning the country with a multi-state framework focused on dementia prevention, early diagnosis, health literacy, and integrated, person-centred care. Participation in JADE Health strengthens Lithuania’s technical capacity and policy alignment with European Union standards, but, as in other member states, its domestic impact will depend on whether pilot activities and recommendations are embedded in national regulations, budgets, and workforce planning.

References

- <https://demencijalietuvoje.org/en/about-us>
- <https://eeagrants.org/en/fmo/areas-work/programmes-and-projects-information/archive/2014-2021/projects/lt-activecitizens-0065>
- <https://www.alzheimer-europe.org/news/dementia-working-group-initiated-ministry-health-republic-lithuania>
- <https://ismu.lt/en/world-alzheimers-day-on-21-september-lithuania-participates-in-the-european-jade-health-initiative>

Upcoming plans

Efforts to develop a national dementia strategy are ongoing but not yet finalized, with NGOs and the Ministry of Health working alongside broader ageing and long-term care reforms. Lithuania's engagement in OECD and WHO Europe initiatives may support system improvements. However, meaningful impact will depend on clearly defined dementia standards, referral pathways, caregiver supports, and monitoring mechanisms within upcoming national strategies.

Work toward a national dementia strategy remains ongoing but non-finalised, with NGO and Ministry of Health work streams continuing in parallel with broader ageing and long-term care (LTC) reforms. Lithuania is actively engaged in OECD and WHO Europe technical cooperation addressing population ageing, social care financing, and workforce sustainability. These reforms have the potential to indirectly strengthen dementia care, particularly through expanded home- and community-based services, improved care coordination, and professionalisation of care roles.

However, dementia remains subsumed within wider ageing and disability frameworks, rather than treated as a distinct policy domain. Whether upcoming reforms translate into tangible improvements for people living with dementia will depend on explicit inclusion of dementia-specific service standards, referral pathways, carer entitlements, and monitoring indicators within these broader strategies.

References

- https://www.oecd.org/content/dam/oecd/en/publications/reports/2022/11/integrating-services-for-older-people-in-lithuania_a84298e4/c74c44be-en.pdf
- <https://www.who.int/europe/publications/i/item/WHO-EURO-2024-10368-50140-75517>

Policy gaps

Legal barriers

Lithuania lacks dementia-specific legislation on decision-making capacity, guardianship, advance directives, and driving fitness, relying instead on broad national laws rather than dedicated dementia provisions. This can lead to inconsistent practices and reliance on individual professional judgment. In addition, long-term care funding and entitlement rules remain divided between sectors, which further creates uncertainty for families navigating transitions from diagnosis to home or institutional care.

Lithuania has no dedicated dementia-specific legislation governing core issues such as decision-making capacity, guardianship, advance care planning, or fitness to drive, leaving these matters to be handled under general health care, social services, and disability laws that were not designed to accommodate the progressive, fluctuating nature of cognitive decline. As a result, assessments of capacity, legal representation, and protection from financial or social abuse can be inconsistent across municipalities and institutions, often depending on individual professional judgment rather than standardized criteria. Long-term care (LTC) financing and entitlement rules remain fragmented between health and social sectors and are still evolving, creating uncertainty for families as people move from diagnosis to ongoing support, home care, or institutional settings. The absence of clear, dementia-specific legal frameworks also limits advance planning and anticipatory decision-making, increasing the likelihood of crisis-driven interventions later in the disease course.

References

- <https://www.who.int/europe/publications/i/item/WHO-EURO-2024-10368-50140-75517>

Cultural barriers

Public understanding of dementia has improved, but informal caregiving continues to dominate, which places significant responsibility on families. Urban centres offer more comprehensive services, whereas smaller municipalities have reduced access and slower referrals. Weak coordination between health and social systems, especially during care transitions, contributes to uneven support. The absence of a national dementia plan results in inconsistent pathways and reliance on local initiatives.

Although public awareness of dementia has improved, largely due to sustained NGO advocacy, public campaigns, and professional education, the load of informal care partners remains high, with families providing the majority of day-to-day support. Access to diagnostic, therapeutic, and supportive services varies markedly by region: specialist expertise and multidisciplinary care are concentrated in major urban centres, while rural and smaller municipalities rely on less specialized providers and face longer waiting times. Professionals and evaluative studies consistently highlight weak integration between health and social care systems, particularly at transition points such as post-diagnosis support, escalation of care needs, and end-of-life planning. In the absence of a national dementia strategy, Lithuania lacks standardised care pathways, dedicated funding streams, and clear accountability mechanisms, resulting in uneven service quality and outcomes and continued reliance on ad hoc local solutions rather than coordinated national provision.

Research

Lithuanian researchers are developing low-cost cognitive and sensory tests, alongside AI-driven MRI analysis, to improve early dementia detection and prediction. These tools support, rather than replace, standard clinical diagnosis.

Selected academic institutions

Vilnius University Hospital Santaros Klinikos (VUHSK) Lithuanian University of Health Sciences (LSMU) Kaunas University of Technology (KTU)

Clinical trials and registries

Clinical trials in dementia are conducted primarily through tertiary university hospitals, with VUHSK's registry acting as the principal access point for people living with dementia and families. The center has a history of participation in drug and device trials, as well as European Union-funded collaborative research projects. While Alzheimer's-specific interventional trials have been episodic rather than continuous, they have included both symptomatic therapies and more recent disease-modifying trial activity cited by the institution. Trial participation typically requires referral through specialist clinics or direct contact with hospital research units, which limits access largely to urban populations but ensures alignment with international research standards. The main regulatory bodies are the State Medicines Control Agency for authorisation and the Lithuanian Bioethics Committee for ethical oversight.

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References

- <https://www.santa.lt/clinical-trials/>
- <https://euclinicaltrials.eu/>
- <https://clinicaltrials.gov/>
- <https://vvt.lrv.lt/en/>
- <https://bioetika.lrv.lt/en/>

Selected innovative methods

Research teams in Lithuania are advancing innovative dementia diagnostics beyond traditional testing, including olfactory memory tasks, visual and colour memory tests, visuospatial assessments, and time-estimation paradigms.

At Kaunas University of Technology and partner institutions, AI-driven MRI analysis uses machine learning to detect Alzheimer's disease patterns and predict progression from routinely acquired scans. In research settings, these models have shown strong diagnostic and prognostic performance. They are intended as supportive screening or differential tools rather than stand-alone diagnostic tests.

Lithuanian research teams have been particularly active in advancing clinic-friendly, low-cost diagnostic approaches designed to complement conventional cognitive testing in settings where time, specialist availability, or access to advanced biomarkers is limited. Research emerging from the VUHSK Memory Clinic has examined a range of non-invasive sensory and cognitive markers, including olfactory memory testing, colour and visual memory tasks, visuospatial processing assessments, and time-estimation paradigms, that are relatively quick to administer and sensitive to early or atypical cognitive change. Although still in the academic stage, these methods are intended not as stand-alone diagnostics, but as screening or differential tools that may help clinicians distinguish neurodegenerative patterns from ageing or comorbidity-related cognitive impairment, particularly in early disease stages.

In parallel, Kaunas University of Technology (KTU) and collaborating academic centres have focused on AI-driven MRI analytics, developing machine-learning models capable of identifying Alzheimer's disease patterns and predicting progression trajectories using routinely acquired structural imaging. In controlled research datasets, these models have demonstrated high diagnostic and prognostic accuracy, underscoring their potential to enhance interpretation of MRI scans without requiring new imaging infrastructure. Current research priorities have shifted toward external validation, dataset generalizability, and integration into clinical workflows, including clinician-friendly decision-support interfaces.

References

- <https://www.frontiersin.org/journals/neurology/articles/10.3389/fneur.2023.1165594>
- <https://www.frontiersin.org/journals/neurology/articles/10.3389/fneur.2025.1589335/full>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC12631017/>
- <https://lithuania.lt/news/business-and-innovations-in-lithuania/lithuanian-researchers-model-that-could-detect-alzheimers-disease-takes-another-step-forward-towards-practical-application/>

Support

With support from the EEA Grants, Lithuania has advanced dementia awareness and policy development through the “Towards a Dementia Strategy” project led by Dementia Lithuania and academic partners, including system mapping, consultations, and public campaigns. Cultural initiatives such as museum-based programs and the TADAM network promote cross-sector collaboration. Cultural programs, including museum-based initiatives and the TADAM network, promote cross-sector collaboration, and participation in the EU JADE Health Joint Action further enhances technical capacity. Public communication remains periodic, as no dedicated dementia media outlet exists.

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:

[Dementia Lithuania](#)

Selected initiatives

With EEA Grants support, Lithuania advanced dementia awareness, policy dialogue, and system mapping through the “Towards a Dementia Strategy” project led by Dementia Lithuania and academic partners. The grant enabled analysis of care pathways, legal frameworks, and caregiver needs, alongside consultations and public campaigns aligned with World Alzheimer's Month. Cultural initiatives, including dementia-friendly museum programs such as “Let's Meet at the Museum” in Kaunas and the emerging TADAM network, demonstrate innovative cross-sector cooperation between health, social care, and culture. In parallel, Lithuania's participation in the EU JADE Health Joint Action connects national stakeholders to shared tools for prevention, early diagnosis, and integrated care. Together, these efforts strengthen technical capacity and transform pilot initiatives into national standards, training, and future strategy development.

The project “Towards a Dementia Strategy

Situation Analysis and Public Awareness” is supported through a grant from the Active Citizens Fund, financed by Iceland, Liechtenstein, and Norway under the EEA Grants mechanism. This funding framework is designed to strengthen civil society, social inclusion, and evidence-informed policymaking in EEA beneficiary countries, and in Lithuania it has provided critical resources to address dementia as an emerging public health and social care priority. Importantly, the EEA-backed initiative has also helped institutionalize dialogue with the Ministry of Health, culminating in the establishment of a national Dementia Working Group and laying the groundwork for future policy development, even though a formal national dementia strategy has yet to be adopted.

Within this context, the project has enabled Dementia Lithuania and its partners to carry out a structured situation analysis of dementia care, mapping existing diagnostic pathways, service gaps, legal frameworks, and carer challenges, while simultaneously running nationwide public awareness activities. The grant has supported stakeholder consultations, policy roundtables with health and social-care authorities, collaboration with academic institutions, and outreach campaigns aligned with World Alzheimer's Month, helping to elevate dementia from a niche clinical issue to a recognized societal

concern.

When a Museum becomes a Social Actor

TADAM Dementia-Friendly Museum Network: During World Alzheimer's Month 2025, Lithuania marked the occasion with a public event in Kaunas exploring the role of museums in supporting people living with dementia and their families. Hosted in partnership with Dementia Lithuania and Social Art Projects, the discussion "When a Museum becomes a Social Actor: TADAM Dementia-Friendly Museum Network" highlighted the emerging TADAM initiative, a network of dementia-friendly museums being developed with major national cultural institutions. Bringing together museum professionals, psychologists, academics, and caregivers, the event emphasized cross-sector collaboration between culture, health, and social care, showcased participatory artistic research on lived experience of dementia, and underscored how accessible, inclusive cultural spaces can enhance well-being, awareness, and community health.

Let's Meet at the Museum

"Let's Meet at the Museum" is a monthly dementia-friendly program at the National M. K. Čiurlionis Art Museum in Kaunas that invites people living with dementia and their family members to engage with art through imagination, conversation, and shared experience in a supportive, non-clinical setting. It was organised by Social Art Projects in partnership with Dementia Lithuania, the initiative promotes well-being, social connection, and inclusion, demonstrating how cultural institutions can contribute to community-based dementia support.

JADE Health Joint Action

Lithuania's participation in the European Union JADE Health Joint Action in 2025 further embeds the country within European Union-level cooperation on dementia and cognitive health, linking national stakeholders to shared frameworks on prevention, early diagnosis, health literacy, and integrated, person-centred care. Through JADE Health, Lithuanian institutions gain access to common tools, pilot models, and comparative data developed across participating Member States, as well as technical support for adapting evidence-based interventions to national contexts. This includes work on risk-reduction strategies, standardised approaches to early detection in primary care, and models for better coordination between health and social services.

The potential impact of JADE Health lies in its ability to translate pilot activities and methodological guidance into domestic practice, by informing national guidelines, professional training, and service organisation, rather than remaining confined to project-level experimentation. If adequately scaled and linked to financing, workforce planning, and regulatory reforms, participation in JADE Health could help Lithuania accelerate the transition from fragmented dementia responses toward more integrated care pathways, reinforce health-literacy initiatives for the public and professionals, and provide a concrete policy bridge toward the eventual adoption of a comprehensive national dementia strategy.

References

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- <https://lsmu.lt/en/world-alzheimers-day-on-21-september-lithuania-participates-in-the-european-jade-health-initiative/>
- <https://www.alzheimer-europe.org/news/when-museum-becomes-social-actor-tadam-dementia-friendly-museum-network-initiation-event-takes>

<https://ciurlionis.lt/veikla/renginiai/susitikime-muziejuje-programa-asmenims-turintiems-demencija-ir-ju-artimiesiems/>

- <https://demencijalietuvoje.org/mokymai/programa-susitikime-muziejuje/>
- <https://ismu.lt/en/world-alzheimers-day-on-21-september-lithuania-participates-in-the-european-jade-health-initiative/>
- <https://jadementia.eu/>

Dedicated media outlets

Lithuania does not have a dedicated dementia media outlet. Public information is disseminated primarily through Dementia Lithuania's communication channels, university hospital websites, professional publications, and mainstream national media during awareness periods such as World Alzheimer's Month. While this ensures periodic visibility, the absence of a standing, specialised media platform contributes to episodic rather than continuous public engagement on dementia-related issues.

References

- <https://www.youtube.com/channel/UC0oKWTaAxAZYSXT8aX7yOQ>
- <https://www.facebook.com/demencijalietuvoje>
- https://www.instagram.com/dementia_lithuania