Denmark

Research conducted in 01/12/2025

Denmark provides universal, tax-funded healthcare that is free at the point of care. The country's National Action Plan on Dementia 2025 aims to create dementia-friendly communities, and raise diagnosis rates. Diagnosis begins in primary care with tools like BASIC-Q and MMSE, followed by specialist memory clinics using neuroimaging, biomarker testing, and genetic screening coordinated by the Danish Dementia Research Centre. Treatment is free under the public system. The annual care costs range from DKK 49,000 to 206,000 (€6,500–€27,600), mostly from long-term care and informal family support. All municipalities offer dementia coordinators, respite programs, and carer benefits, complemented by non-governmental organisations (NGOs). Denmark is relevant in dementia research with its Digitized Memory Clinic model and national registry-linked data infrastructure.

Highlights

Health system **Universal, Government-Funded (Public Provision)**
ADI member association(s): **Alzheimerforeningen**
National dementia plan: **National Action Plan on Dementia 2025**
Dementia plan funding: **Funded plan**
Dementia prevalence rate: **1,144.36**
Dementia incidence rate: **205.07**
Population: **6002507**
Median age: **41**
Health expenditure (% of GDP): **9**

Diagnosis

Denmark follows a standardized, nationally coordinated dementia diagnostic pathway. Evaluation begins in primary care, where GPs use tools such as the MMSE or BASIC-Q for early detection. If impairment is suspected, patients are referred to memory clinics for comprehensive neuropsychological testing, imaging, and, when needed, CSF biomarkers or advanced scans such as PET. Genetic testing is reserved for early-onset or hereditary cases with mandatory counselling. The average time to confirmed diagnosis is about 57 days. Diagnostic services are covered by the universal public healthcare system, with no direct patient charges.

Diagnosis pathway

Dementia evaluation in Denmark starts in primary care, where GPs perform brief cognitive assessments, commonly the MMSE or the validated Danish BASIC-Q tool, designed to support early identification in community settings. If dementia or mild cognitive impairment is suspected, especially in complex, atypical, or rapidly progressing cases, the GP refers the patient to a memory clinic or hospital specialist for further assessment, including imaging and neuropsychological testing.

The diagnostic process typically begins with general practitioners (GPs), where suspected cognitive symptoms are identified. GPs perform a brief cognitive screening (often using the Mini-Mental State Examination (MMSE) or the Danish tool BASIC-Q (Brief Assessment of Impaired Cognition Questionnaire), a Danish-developed screening tool designed to identify cognitive impairment, including Alzheimer's disease-related, in community and primary care settings. It was created as part of Denmark's national strategy to improve early detection of dementia and has been validated twice in Danish populations, showing high sensitivity (≈0.92) and specificity (≈0.97).

Referral to a specialist (memory clinic or hospital geriatrics/neurology/psychiatry) is made when the GP suspects dementia or mild cognitive impairment that is not explained by reversible causes. The presentation is atypical, rapidly progressing, or complex (e.g., young onset, psychiatric comorbidity, diagnostic uncertainty). Advanced investigations are required and a formal diagnosis is needed for establishing care, medication eligibility (e.g., cholinesterase inhibitors), or legal/administrative reasons.

References

- ttps://link.springer.com/article/10.1186/s12877-024-04675-1
- https://videnscenterfordemens.dk/en/early-diagnosis-symptoms-and-outcome
- https://journals.sagepub.com/doi/10.3233/JAD-150144

Wait times

Status: Medium wait time

Average time from first assessment to confirmed diagnosis is approximately 57 days.

Average time from first assessment to confirmed diagnosis is approximately 57 days.

References

- https://pubmed.ncbi.nlm.nih.gov/26401943/

Diagnosis cost

Status: Fully covered
In Denmark, diagnostic consultations and tests for dementia are funded through the public health system, so patients generally do not pay out of pocket.

The cost of diagnosing Alzheimer's disease and other dementias is primarily covered by the universal public healthcare system, meaning people do not pay directly for diagnostic consultations or tests at GPs or memory clinics.

References

- https://www.sst.dk/media/cc3oa0gz/nkr-diagnostik-mci-og-demens-version-3.pdf

Cognitive tests

Status: Available
After primary care screening using BASIC-Q and the MMSE, patients are referred to memory clinics for comprehensive evaluation. Specialist assessment includes tests such as the MoCA or ACE-III, memory measures like the Rey Auditory Verbal Learning Test, executive function tasks (Trail Making Tests), and language assessments including fluency and naming tests.

References

- https://pubmed.ncbi.nlm.nih.gov/38212693/
- https://videnscenterfordemens.dk/en/early-diagnosis-symptoms-and-outcome
- https://pubmed.ncbi.nlm.nih.gov/26401943/

Imaging tests

Status: Commonly used.
In Denmark, suspected dementia is evaluated with first-line brain imaging, typically MRI or CT to assess atrophy, vascular changes, and other structural causes. At memory clinics, additional imaging may be used when needed. FDG-PET or amyloid PET can increase diagnostic certainty, while DAT-SPECT helps differentiate Lewy body or parkinsonian syndromes. CSF biomarkers may also be obtained to support Alzheimer's diagnosis alongside imaging in complex cases.

References

- https://pubmed.ncbi.nlm.nih.gov/26401943/ https://pubmed.ncbi.nlm.nih.gov/26401943/

Genetic tests

Genetic testing is considered for early-onset dementia or strong family history suggesting a hereditary form. Pre- and post-test counselling by a clinical geneticist is required under national guidelines.

References

- https://pmc.ncbi.nlm.nih.gov/articles/PMC3437002/
- https://research.regionh.dk/en/organisations/afdeling-for-genetik-dia/
- https://www.sst.dk/da/Fagperson/Aeldres-sundhed-pleje-og-omsorg/Demens/Anbefalinger-og-handlingsplaner/Den-nationale-demenshandlingsplan-2025

Biomarker tests

Status: Used in specific cases

CSF testing (Aβ42, total tau, p-tau) for Alzheimer's biomarkers is performed when additional diagnostic certainty is needed, such as in younger patients, atypical presentations, or differential diagnosis with other dementias. It may also support treatment decisions, research participation, or clinical trials, and is not used as a routine first-line test.

References

- https://www.sst.dk/media/cc3oa0gz/nkr-diagnostik-mci-og-demens-version-3.pdf
- https://www.sundhed.dk/sundhedsfaglig/laegehaandbogen/geriatri/tilstande-og-sygdomme/demenssygdomme/alzheimers-sygdom/

Treatment & care

Denmark has a comprehensive, nationally coordinated dementia system. Hospital-based memory clinics across all regions, overseen by the DDRC, provide advanced diagnostics, treatment initiation, follow-up, and family counselling, supported by the Danish Dementia Registry. Located across all regions, these clinics provide comprehensive diagnostic assessments, including neuropsychological testing, imaging, CSF biomarkers, and genetic evaluation when indicated, and coordinate ongoing care and family counselling. Costs vary by severity, with most expenditures (70-80%) linked to municipal home and institutional care, while medications are fully reimbursed and represent a small share. Strong caregiver support includes municipal coordinators, financial compensation, respite services, education programs, and counselling, complemented by active civil society organizations.

Specialized facilities and services

Denmark has a nationwide network of hospital-based memory clinics coordinated by the DDRC at Rigshospitalet, which also maintains the Danish Dementia Registry. These clinics, located in all regional hospital systems, provide comprehensive assessments, including imaging, CSF testing, and genetic evaluation, and manage treatment initiation, follow-up, and family counselling.

Denmark has a network of hospital-based memory clinics (hukommelsesklinikker), coordinated through the Danish Dementia Research Centre (DDRC) (Rigshospitalet).

DDRC – Nationalt Videnscenter for Demens – functions as the national hub for clinical research, guideline development, and specialist education. The centre also coordinates the network of memory clinics nationwide and maintains the Danish Dementia Registry (DanDem).

Specialist memory clinics are located in all regional hospital systems (neurology, geriatrics, or psychiatry departments). They conduct diagnostic assessments including neuropsychological testing, MRI, CT, CSF biomarkers, and genetic testing when indicated. They also coordinate treatment initiation (e.g., cholinesterase inhibitors, memantine), follow-up, and family counselling. Examples include: Rigshospitalet (Copenhagen), which serves as the national reference memory clinic, Aarhus University Hospital (neurology and geriatrics), and Odense and Aalborg University Hospitals.

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 Odense Study found annual dementia costs ranging from about DKK 49,000 for mild cases to DKK 206,000 for severe cases, covering medical care, home support, nursing, and equipment. Around 70-80% of expenditures relate to municipal and institutional services. Family caregivers contribute several hours of care daily, adding substantial informal value. Standard medications are fully reimbursed and represent a minor cost component compared to overall system spending.

The landmark Odense Study estimated that the annual cost per patient ranges from DKK 49,000 (≈ €6,500) for people living with mild dementia to DKK 206,000 (≈ €27,600) for people living with severe dementia. These costs include medical treatment, home help, nursing support, and assistive equipment

Most of the total cost arises from municipal social and long-term care services, not direct medical treatment, with inpatient and institutional care representing about 70–80% of national dementia expenditures. The value of informal care provided by family and friends is also substantial, Danish data show caregivers provide on average 4.97 –6.9 hours of assistance per day, depending on disease severity.

Pharmacological treatments (donepezil, rivastigmine, galantamine, memantine) are fully reimbursed and account for less than 5% of total costs. Newer disease-modifying antibodies such as lecanemab and donanemab, recently European Medicines Agency (EMA)-approved and now under evaluation by the Danish Medicines Council, are expected to increase short-term costs due to biomarker validation and MRI monitoring requirements. Like in other EU countries, ATTs are not covered.

References

- https://pubmed.ncbi.nlm.nih.gov/10364648/
- https://videnscenterfordemens.dk/en/costs-associated-dementia
- https://pubmed.ncbi.nlm.nih.gov/10364648/
- https://pmc.ncbi.nlm.nih.gov/articles/PMC3243641/
- https://pmc.ncbi.nlm.nih.gov/articles/PMC9241060/
- https://medicinraadet.dk/nyheder/2025/vurdering-af-legembi-lecanemab

Caregiver support

Danish dementia care includes strong municipal support structures, with local coordinators acting as key contact persons for families and organizing home care, respite, and practical assistance. Financial protections for caregivers include compensation schemes, leave entitlements, and support for necessary home modifications. National education programs provide structured training, online resources, and workshops for both professionals and informal carers. Civil society organizations, such as the Danish Alzheimer's Association and Pårørende i Danmark, deliver counselling, peer groups, advocacy, and public campaigns, often in cooperation with authorities. Caregivers can also access free counselling and subsidized psychological services, with evidence showing structured support reduces stress and delays institutional care.

Every municipality has one or more dementia coordinators (demenskoordinatorer) who act as case managers offering counselling, coordination of home care, referrals, and respite services. Municipalities also run day centres and temporary care homes that provide respite for family members, giving them time to rest or maintain employment. These services are funded through the national welfare system, meaning assistance is largely free of charge for families.

Family care partners have access to various financial benefits under Section 118 of Denmark's Social Services Act (Lov om social service). These include income compensation for reduced working hours or leave taken to care for a loved one, support for home care and assistive devices, and tax deductions for home adaptations related to dementia care. Municipalities are also responsible for delivering domestic aid such as personal care, meals, and safety technology for home use.

The National Information and Education Centre for Dementia provides training, educational materials, and e-learning for both healthcare professionals and informal carers. Courses focus on dementia symptoms, behavioural management, and stress prevention. The Centre also offers national resources online via the videnscenterfordemens.dk portal and holds workshops in collaboration with municipal health departments. Care partners can attend psychoeducational support groups often facilitated by memory clinics or community health centres.

The Danish Alzheimer's Association (Alzheimerforeningen) operates regional branches offering helplines, counselling, and peer-support groups (pårørendegrupper), as well as national awareness campaigns promoting a "Dementia-friendly Denmark." Similarly, Pårørende i Danmark (Caregivers Denmark) advocates for workplace flexibility and carer rights while organizing community forums for family carers. Both organizations receive public funding and collaborate with the Danish Health Authority and municipalities to coordinate programs.

Carers experiencing stress or mental health challenges can access free psychological counselling through municipal health centres, and GPs can refer them to subsidised psychologists under the national scheme7 8. Danish research shows that structured support for carers, such as training and respite opportunities, measurably reduces stress and delays institutionalisation of people living with dementia.9

References

- https://www.alzheimer-europe.org/policy/national-dementia-strategies/denmark
- https://borger.dk/sundhed-og-sygdom/sygdom-og-behandling/plejevederlag-ved-pasning-af-naertstaende
- https://www.retsinformation.dk/eli/lta/2024/1222
- https://videnscenterfordemens.dk/da/uddannelse-og-kurser
- https://www.alzheimer.dk/ https://paaroer.dk/
- https://www.sst.dk/da/Fagperson/Aeldres-sundhed-pleje-og-omsorg/Demens/Anbefalinger-og-handlingsplaner/Den-nationale-demenshandlingsplan-2025
- https://www.borger.dk/sundhed-og-sygdom/behandling-hos-psykolog-med-tilskud
- https://www.bmj.com/content/336/7634/129

Policy

Denmark's National Action Plan on Dementia 2025, launched in 2017, sets ambitious goals: dementia-friendly communities across all 98 municipalities, an 80% diagnosis rate with improved care pathways, and a 50% reduction in antipsychotic use. Although no formal post-2025 strategy has been announced, the Danish Dementia Research Centre is expected to continue shaping policy through research, training, and collaboration. While the framework is comprehensive, implementation varies locally due to differences in resources, workforce capacity, and coordination between GPs, hospitals, and municipalities. Cultural barriers, including stigma, language difficulties, and limited cultural competence, particularly affect minority communities. The absence of a clearly defined post-2025 strategy raises concerns about long-term sustainability, national oversight, and continued policy momentum.

National dementia plan

Denmark's National Action Plan on Dementia 2025, launched in 2017, focuses on three goals: creating dementia-friendly communities across all 98 municipalities, increasing diagnosis rates to 80% with improved care pathways, and reducing antipsychotic use among people living with dementia by 50% by 2025, promoting safer and more person-centred care.

Denmark has a national strategy titled National Action Plan on Dementia 2025 (Den Nationale Demenshandlingsplan 2025). It was launched in January 2017 and builds on Denmark's earlier dementia action plan (2010–2014). The plan is supported by around €60 million in funding to improve diagnosis, care, and support for people living with dementia

The three overarching goals of the strategy are:
1. Dementia-friendly communities where all 98 municipalities in Denmark should become dementia-friendly.
2. Better diagnosis and care so that more people living with dementia should be diagnosed (target: 80% diagnosis rate) and receive improved care.
3. Reduced the use of antipsychotic drugs among people living with dementia by 50% before 2025.

References

- https://www.alzheimer-europe.org/policy/national-dementia-strategies/denmark?language_content_entity=en

Upcoming plans

Although Denmark has not yet formally announced a new dementia plan beyond 2025, the DDRC is likely to remain central in shaping future dementia policy, supporting research, training, implementation, and collaboration with the Danish Health Authority and municipalities to strengthen evidence-based dementia care nationwide.

While the Danish government has not yet officially announced a new national dementia plan beyond 2025, several developments suggest continued policy evolution:

The Danish Dementia Research Centre (DDRC) at Rigshospitalet, which has been central to implementing the 2025 plan, is expected to play a role in shaping future national dementia policy, building on research, training, and care coordination initiatives DDRC conducts and supports scientific research, knowledge dissemination, education, and implementation in the field of dementia. The Centre collaborates with the Danish Health Authority and municipalities to ensure knowledge-based dementia care throughout Denmark.

References

- https://videnscenterfordemens.dk/en/ddrc-organisation

Policy gaps

Legal barriers

Although Denmark's National Dementia Action Plan 2025 provides a comprehensive national framework, implementation varies across the 98 municipalities. Differences in local resources, priorities, and organizational capacity have resulted in unequal access to diagnosis, care, and support services. Fragmentation between general practitioners, hospitals, and municipal services can weaken care continuity. Workforce shortages and uneven training constrain system capacity. In addition, the absence of a clearly defined post-2025 national plan raises concerns about main

Persistent disparities in the implementation of national dementia policies across municipalities indicate uneven local application of national legal and regulatory frameworks.
Despite all 98 municipalities being required to become "dementia-friendly," variation in local systems has led to unequal access to quality care and diagnosis, suggesting gaps in enforcement and coordination within existing governance structures.
The study finds that the country's National Dementia Action Plan 2025 has established one of Europe's most comprehensive frameworks for dementia care, yet several policy gaps remain. Despite clear national priorities, early diagnosis, dementia-friendly communities, and carer support, implementation differs widely across Denmark's 98 municipalities due to varying resources and local priorities, resulting in inequitable access to services. The study also highlights fragmentation between the health and social-care sectors, with weak coordination between GPs, hospitals, and municipalities undermining care continuity. Workforce shortages and inconsistent dementia-specific training further limit capacity, while stakeholders question the sustainability of progress beyond the 2025 plan's expiration. Finally, the report notes that although carer support is emphasised, people living with dementia and their families are not yet systematically included in policy development or evaluation. Overall, Denmark's dementia strategy is praised for its scope and funding but faces challenges of equity, integration, workforce development, sustainability, and user involvement in its long-term implementation.

The absence of a post-2025 national strategy raises concerns about continuity of policy commitments and sustained institutional support for dementia care at the national level.

References

- https://www.alzheimer-europe.org/policy/national-dementia-strategies/denmark?language_content_entity=en

https://pmc.ncbi.nlm.nih.gov/articles/PMC9968363/

Cultural barriers

Despite national efforts to address stigma through mental health campaigns such as “ONE OF US,” dementia awareness in Denmark still faces challenges, particularly in reaching minority communities. Qualitative studies show that cultural norms emphasizing family responsibility, combined with stigma and limited knowledge about dementia, can discourage timely diagnosis and support-seeking. Primary care dementia coordinators report systemic obstacles, including limited cultural competence among professionals and difficulties communicating with non-Danish-speaking families. These factors contribute to under-use of available services and weaken trust in the healthcare system. These findings highlight the need for more inclusive communication strategies and culturally sensitive dementia services to ensure equitable support.

While Denmark’s “ONE OF US” campaign has effectively addressed mental health stigma more generally, dementia awareness and destigmatization remain comparatively limited, reflecting societal misconceptions and a lack of focused public outreach. Continued stigma and limited public understanding of dementia hinder inclusion and discourage early engagement with care and diagnosis, underscoring the need for sustained education and awareness-raising efforts.

Based on a qualitative study on dementia care in Denmark, cultural barriers for minority ethnic groups create significant obstacles to accessing support. These barriers include language difficulties, a strong cultural norm of families caring for their elders at home, and a pervasive stigma associated with dementia that discourages seeking a diagnosis or help. This situation is worsened by a healthcare system that often fails to provide culturally and linguistically appropriate services, making it difficult for these communities to find suitable care. The study underscores the need for more culturally sensitive dementia services, increased awareness, and efforts to reduce stigma to ensure equitable access.

From the perspective of Danish primary care dementia coordinators, the key barriers to providing post-diagnostic care and support to minority ethnic communities are a combination of patient-related, provider-related, and systemic issues. According to the study, a significant majority of coordinators identified a lack of culturally appropriate materials and activities as a primary obstacle. This is compounded by language barriers, with many coordinators reporting difficulty in communicating effectively with people living with dementia and families who do not speak Danish. Furthermore, the study highlights that people from minority ethnic backgrounds often have a limited understanding of dementia and the available support services, which, combined with the stigma surrounding the disease, leads to underutilization of care. The coordinators also pointed to a lack of cultural competence among healthcare professionals as a significant barrier to building trust and providing effective care.

Research

Through its Digitized Memory Clinic and nationwide Civil Registration System, Denmark integrates AI-driven diagnostics with comprehensive registry data, which supports precise research, risk mapping, and evidence-based dementia policy.

Selected academic institutions

Danish Dementia Research Centre (DDRC), Copenhagen University Hospital – Rigshospitalet University of Copenhagen – Faculty of Health and Medical Sciences Trial Nation - Center for Dementia, networks of memory clinics3

Clinical trials and registries

The Danish Dementia Registry

Danish Dementia BioBank

National Dementia Clinical Trials Platform – Danish Dementia Research Centre (DDRC)

EU Clinical Trials Register

The Danish Dementia Registry Danish Dementia BioBank National Dementia Clinical Trials Platform – Danish Dementia Research Centre (DDRC) EU Clinical Trials Register

References

- https://pubmed.ncbi.nlm.nih.gov/26401943/
- https://videnscenterfordemens.dk/en/research-ressources
- https://videnscenterfordemens.dk/en/clinical-trials

Selected innovative methods

Denmark advances dementia innovation through the Digitized Memory Clinic model, which integrates digital cognitive testing, electronic health records, biomarkers, and AI into a hybrid diagnostic pathway. In parallel, the nationwide Civil Registration System enables comprehensive data linkage across health and social registries, supporting life-course research, geospatial risk mapping, and evidence-based policy development with exceptional precision.

The “Digitized Memory Clinic” Model
It integrates digital health technologies, including cognitive assessment platforms, electronic health records, fluid and imaging biomarkers, and artificial intelligence (AI)-based diagnostic tools, into a single diagnostic pathway. The vision is to replace the traditional “brick-and-mortar” memory clinic with a hybrid system combining clinical expertise with remote and data-supported assessment.

Nationwide Data Linkage Infrastructure

The Danish Civil Registration System allows researchers to link individual-level data across all major health and social registries, including hospital admissions, prescriptions, primary care, mortality, and socioeconomic records. This makes it possible to conduct life-course dementia studies, tracking individuals from middle age to diagnosis, with unmatched precision. For example, registry-based national cohort studies have been used to map spatial risk patterns of dementia using geospatial analytics and Bayesian modelling, identifying high-risk regions and environmental contributors.

References

- https://pubmed.ncbi.nlm.nih.gov/39455807/
- https://www.sciencedirect.com/science/article/abs/pii/S1877584524000108
- https://www.sciencedirect.com/science/article/pii/S1552526019351271

Support

Denmark advances dementia policy and awareness through initiatives such as Demensalliancen, which brings together public, private, and civil society actors to reduce stigma and promote campaigns like “Dementia Friends.” The broader Dementia-Friendly Nation effort supports inclusive communities, while the National Information and Education Centre for Dementia strengthens professional training and implementation. The BERTHA Centre applies advanced data analytics to study environmental health factors. Although there are no dedicated dementia media outlets, information is shared via national media, research institutions, and the Danish Alzheimer’s Association’s social media channels.

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:

Ældre Sagen (DaneAge Association) Pårørende i Danmark (Carers Denmark)

Selected initiatives

Key Danish initiatives include Demensalliancen, which unites public, private, and civil society actors to influence policy, reduce stigma, and strengthen dementia support nationwide through campaigns such as “Dementia Friends.” The broader Dementia-Friendly Nation effort focuses on accessibility, inclusive environments, and awareness within communities. The National Information and Education Centre for Dementia delivers professional education and supports strategy implementation, while the BERTHA Big Data Centre for Environment and Health applies advanced analytics to national data to examine environmental determinants of health, including neurological conditions.

Demensalliancen (The Dementia Alliance)

Demensalliancen (The Dementia Alliance) is a Danish national partnership that brings together public, private, and civil society sectors to improve conditions for people living with dementia and their families. Founded by The Danish Alzheimer’s Association and other key stakeholders, the alliance works to increase awareness, reduce stigma, promote earlier diagnosis, and influence policy to enhance dementia care across Denmark. Through campaigns like "Dementia Friends" and by advocating for dementia-friendly communities, Demensalliancen plays an influential role in shaping the country's national dementia strategies and fostering better support systems for all those affected by the condition.

Denmark as a Dementia-Friendly Nation Initiative

As part of the National Plan it focuses on making communities inclusive by improving urban design, transport accessibility, and public awareness.

National Information and Education Centre for Dementia

Provides nationwide training, e-learning, and resource dissemination for health professionals and leads research validation and implementation of new methods and pilot projects from the national strategy.

BERTHA Big Data Centre for Environment and Health

BERTHA is Denmark's national research centre dedicated to understanding how environmental factors affect human health using large-scale data and advanced analytics.

It integrates data from national health registers, environmental monitoring networks, and socio-economic databases to identify links between environmental exposures (e.g. air pollution, noise, green space, climate, UV radiation) and diseases including cardiovascular, neurological, and mental disorders.

References

- https://www.demensalliancen.dk/
- https://www.euractiv.com/section/health-consumers/news/loehde-denmark-must-become-a-dementia-friendly-nation-by-2025/
- https://videnscenterfordemens.dk/en/ddrc-organisation
- https://www.sciencedirect.com/science/article/abs/pii/S1877584524000108

Dedicated media outlets

In Denmark, there are no fully specialised mainstream media outlets exclusively dedicated to Alzheimer's disease or dementia. However, several targeted platforms, journals, and communication channels regularly cover dementia-related issues, especially through healthcare associations, research centres, and major national media.

References

- https://www.facebook.com/Alzheimerforeningen/
- https://www.youtube.com/@Alzheimerforeningendk
- https://www.instagram.com/alzheimerdk/