Hungary

Research conducted in 01/12/2025

It is estimated that between 150,000 and 200,000 people in Hungary live with Alzheimer's disease, while approximately 250,000 to 300,000 people are living with dementia of any cause. Hungary also boasts one of the oldest populations in Europe, meaning that its disease burden is likely to rise in the coming decades. While Hungary is well prepared to manage dementia in some regards—legally mandating a stipend for family caregivers and offering diagnosis, treatment, and care services at little cost—its public healthcare system is also characterised by long waiting lists and a rather low availability of diagnostic imaging services. Adopting a national dementia strategy—a process which has stalled since 2024—could be a first step towards instituting a robust dementia management system in Hungary.

Highlights

Health system **Universal, mixed funding (mixed provision)**
ADI member association(s): **Feledhetetlen Alapítvány**
National dementia plan: **No national dementia strategy in place**
Dementia plan funding: **No plan**
Dementia prevalence rate: **1229.6**
Dementia incidence rate: **218**
Population: **9632287**
Median age: **44**
Health expenditure (% of GDP): **6**

Diagnosis

In Hungary, Alzheimer's disease diagnosis usually begins with a GP consultation, reviewing cognitive complaints, family reports, and medical history. GPs may conduct preliminary cognitive tests such as MMSE or the Clock Drawing Test, but referrals to neurologists or psychiatrists are common, as ICD-10 guidelines assign them responsibility for formal diagnosis and anti-dementia prescriptions. Specialists perform comprehensive neuropsychological assessments and follow-ups. Diagnostic imaging (MRI, CT, PET) is optional, with public hospitals facing long waits and reimbursement limited to state-owned facilities since late 2024. Advanced biomarker testing, including cerebrospinal fluid analysis and APOE ε4 genotyping, is rare and mostly restricted to research or private centres. While the private sector provides faster access to specialists, imaging, and biomarkers, higher costs create disparities, and these structural constraints contribute to the underdiagnosis of dementia in Hungary.

Diagnosis pathway

Alzheimer's disease diagnosis in Hungary generally starts with a GP consultation, where patients' cognitive complaints, family reports, and medical history are reviewed. GPs may conduct preliminary cognitive screening using the MMSE or the Clock Drawing Test, but referrals to neurologists or psychiatrists are frequent, as ICD-10-based guidelines designate these specialists for formal diagnosis and prescription of anti-dementia treatments. Specialists undertake comprehensive neuropsychological assessments and monitor patients through regular follow-ups. Diagnostic imaging (MRI, CT, or PET) is commonly used but optional, with public hospitals facing long waits and financial limitations, and only state-owned facilities are eligible for reimbursement since late 2024. Advanced biomarker testing, including cerebrospinal fluid analysis and APOE genotyping, is rarely part of standard care and mainly offered in research or select private settings. The private healthcare sector provides faster access to specialists, imaging, and biomarkers, highlighting disparities with public services. These structural limitations, combined with underutilisation of imaging and biomarkers, contribute to widespread underdiagnosis of dementia in Hungary.

In Hungary, the standard diagnostic pathway for Alzheimer's disease and related dementias involves a consultation with a general practitioner (GP), usually followed by a specialist visit and diagnostic imaging. Advanced biomarker testing is rarely conducted in Hungarian clinical settings but is becoming available, especially in the private healthcare sector, which has experienced a rapid expansion over the past decade. Thus, there are some differences of note when it comes to diagnosing Alzheimer's disease in the public and private healthcare sectors. The private healthcare sector offers facilitated access to specialist care, diagnostic imaging services, and advanced biomarker testing—waiting times for these services are longer in the public healthcare sector, while some are rarely available outside specialised hospitals in Budapest.

Like in most countries, the route towards diagnosing Alzheimer's disease and related dementias usually begins with visiting a GP. GPs in Hungary are greatly involved in the early stages of the dementia recognition process, as most patients visit them first to have their initial cognitive examination. Usually, dementia diagnosis pathways involve the patients' subjective complaints and their family members' reports on cognitive problems, GPs' concerns about signs of dementia, targeted case finding, and population screening. GPs generally conduct a review of the patients'

medical history and a physical examination to rule out other conditions. If needed, GPs can decide to carry out basic neuropsychological tests such as the Mini-Mental State Examination (MMSE) and the Clock Drawing Test (CDT), which are financially reimbursed, or refer patients to secondary care for further investigation. In Hungary, referral to neurologists, psychiatrists, or other specialists for neuropsychological examinations tends to be common.

A reason GPs tend to delegate neuropsychological assessments to specialists is that Hungarian clinical practice guidelines are based on the 10th revision of the International Classification of Diseases (ICD-10), under which diagnosis establishment, etiology identification, and the prescription of necessary anti-dementia medications are tasks of psychiatrists and neurologists. While clinical guidelines on the matter are clear, dementia and mild cognitive impairments tend to be significantly underdiagnosed in Hungary. Specialists tend to conduct a neuropsychological assessment of a potential dementia patient and, if they successfully confirm a dementia diagnosis, they usually schedule patients for regular follow-up examinations.

To confirm a dementia diagnosis, patients can be referred to diagnostic imaging facilities for a magnetic resonance imaging (MRI), computed tomography (CT), or positron emission tomography (PET) scan. While this is commonly part of the diagnostic pathway for Alzheimer's disease and related dementias, it is not considered to be a mandatory step towards confirming a diagnosis. Hungary is known to underutilise its diagnostic imaging capacities due to financial limitations of hospitals. In addition, since November 2024, only state-owned diagnostic facilities are allowed to perform CT and MRI scans at the expense of the health insurance scheme, compounding issues with long waiting times for these procedures. Prior to the decision, patients were already known to wait for several months before being able to access diagnostic imaging services at public hospitals.

In Hungary, advanced biomarker use is an evolving field—it is primarily confined to research settings or is offered in public specialised facilities and some private laboratories. Cerebrospinal fluid (CSF) analysis, in the interest of measuring biomarkers such as amyloid-β42, phosphorylated tau, and total tau protein levels, and apolipoprotein E (APOE) genotype investigation are not considered part of the standard diagnostic pathway for Alzheimer's disease and related dementias. One study even hypothesises that the rather limited availability of biomarker testing is a contributor to underdiagnosis of Alzheimer's disease in Hungary.

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Wait times

Status: Medium wait time

Accessing a GP in Hungary is generally quick, often on the same day or within a week. Neuropsychological assessments, however, are typically conducted by specialists, leading to longer waiting times in public healthcare. One study found that about one third of patients waited more than a month for neurologist or psychiatrist appointments, with longer delays for lower-income groups. Diagnostic imaging, including MRI and CT, can take several months, particularly since late 2024, when public insurance stopped covering scans in certain private facilities. Advanced biomarker testing remains uncommon, mostly limited to research or specialised private centres, and waiting times are largely undocumented.

Accessing a GP or family physician in Hungary is rarely a time-consuming process — there is a widely accepted standard practice of being received on the same day. One study concluded that 90% of the studied population were seen by a GP within a week, and 68% of those reported that they were received on the same day. However, as GPs generally do not conduct neuropsychological assessments — instead leaving that step to specialists — waiting times for accessing neurologists and psychiatrists can be significant, particularly within the public healthcare sector. While there are no accurate statistics on waiting times, one study from 2021 shows that around one third of patients needing specialist care waited more than a month for an appointment, with significant disparities among income groups — those who were more reliant on public healthcare were found to wait much longer. Even if able to access a neurologist or psychologist within the public healthcare sector, access to diagnostic imaging services can take months at a time. Since Hungarian social health insurance stopped covering MRI and CT scans offered by cooperative private healthcare facilities in late 2024, wait times for these services have exploded in the public sector. There are no publicly available statistics for waiting times when it comes to advanced biomarker testing, especially as these procedures are rare.

The private healthcare sector in Hungary is known for offering shorter waiting times, on average, for diagnostic procedures associated with the standard Alzheimer's disease and related dementias pathway.

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Diagnosis cost

In Hungary's public healthcare system, most dementia diagnostic procedures are covered by the National Health Insurance Fund (NEAK). Private healthcare in Hungary offers faster access to dementia diagnostics, though costs are substantially higher. Neurologist consultations range from HUF 33,000–39,800, CT scans HUF 25,000–100,000, MRI HUF 45,000–150,000, and PET scans around HUF 300,000.

In the public healthcare system, most procedures associated with diagnosing Alzheimer's disease and dementia are covered by the National Health Insurance Fund (NEAK). This includes consultations with GPs (or family physicians), specialists, some neuropsychological tests, such as the MMSE and the CDT, and diagnostic imaging services in public healthcare facilities. APOE genotype testing for the ε4 allele is generally not offered within public healthcare facilities, nor is it covered by NEAK insurance.

In the private healthcare system, diagnosing dementia can be quite expensive, but waiting times are significantly

lower — this is especially true for diagnostic imaging service waits. Consultations with neurologists cost around HUF 33,000–39,800, CT scan prices range between HUF 25,000 and HUF 100,000, MRI scans cost between HUF 45,000 and HUF 150,000, while PET scans are around HUF 300,000. APOE genotype testing for the ε4 allele costs around HUF 29,000 in private laboratories in Budapest and Debrecen.

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Cognitive tests

In Hungary, cognitive screening tests used or validated for use in diagnosing dementia include:

Mini-Mental State Examination (MMSE)
Clock Drawing Test (CDT)
Repeatable Battery for the Assessment of Neuropsychological Status
Early Mental Test (EMT) — developed by the University of Szeged
Alzheimer's Disease Assessment Scale – Cognitive Subscale (ADAS-Cog)
Montreal Cognitive Assessment (MoCA)
Hungarian version of Test Your Memory (TYM-HUN)
Addenbrooke's Cognitive Examination (ACE-I)

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Imaging tests

Diagnostic imaging facilities are available in both the public and private healthcare sectors of Hungary, with patients able to access magnetic resonance imaging (MRI), computed tomography (CT), and positron emission tomography (PET) units in either sector. Hungary has 11.15 CT units, 5.84 MRI units, and 1.04 PET units per capita (as of 2023). Though demand exceeds capacity, especially following the Hungarian government's decision that public health insurance would only cover CT and MRI scans conducted in public healthcare institutions, waiting times for CT and MRI scans can extend to several months. However, amyloid PET imaging is practically unavailable in Hungary because the required radioactive tracer is not available domestically.

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Genetic tests

Genetic testing for Alzheimer's disease and related dementias is not considered part of the standard diagnostic pathway for the disease and is generally not covered by health insurance policies. APOE genotype testing for the ε4 allele is confined to research settings; however, it is becoming increasingly available in the private healthcare sector, with a growing number of laboratories offering it.

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Biomarker tests

Cerebrospinal fluid (CSF) analysis—in the interest of measuring biomarkers such as amyloid-β42, phosphorylated tau, and total tau protein levels—is not considered part of the standard diagnostic pathway for dementia and is primarily used in research settings. Blood-based biomarker tests (e.g., plasma phosphorylated tau and neurofilament) are also emerging and available in some research and private settings but are not yet part of standard or reimbursed care. A number of peer-reviewed studies note that the availability of biomarker testing in Hungarian clinical settings remains rather limited.

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Treatment & care

Hungary's healthcare system provides specialised dementia services through institutions such as Semmelweis University Neurology Clinic, Szent János Kórház, University of Debrecen, and Albert Szent Györgyi Health Center, with private clinics in Budapest supplementing care. Palliative care is reimbursed by NEAK, though inpatient units remain insufficient, and long-term or nursing care is limited. Dementia medications are generally covered, while nursing home, day-care, and private services often require co-payments. Family caregivers may receive the ápolási díj (around HUF 49,960/month, 2025), but coverage is limited and awareness is low. NGOs like Feledhetetlen Alapítvány and Modus Alapítvány provide training, support groups, and Alzheimer's cafés to fill gaps in caregiver support.

Specialized facilities and services

Despite Hungary's well-developed healthcare system, the sector faces ongoing challenges, including reduced funding, labour shortages, and lengthy waiting times for neurological services. Key public institutions for dementia care include Semmelweis University Neurology Clinic and Szent János Kórház in Budapest, as well as the University of Debrecen and Albert Szent Györgyi Health Center in Szeged. These hospitals provide specialised diagnosis, treatment, and research opportunities. Private clinics, mainly in Budapest, such as Liv Duna Medical Center, complement public services. Palliative care is supported by the Hungarian Hospice Palliative Association and reimbursed by the National Health Insurance Fund, but inpatient units remain insufficient. Long-term and nursing care is highly limited, with only a minority of adults over 65 accessing home-based or institutional services. The combination of workforce constraints, infrastructure gaps, and rising demand underscores the urgent need for expanded dementia and elderly care provision across the country.

Healthcare spending in Hungary has been decreasing or stagnant over the last 10 years. While the country boasts modern healthcare infrastructure, there are growing problems in the healthcare sector — exemplified by labour shortages, increasing waiting times, and a rising rate of hospital-acquired infections. Moreover, Hungary is known for particularly long waiting times for treatment of neurological problems, which can be attributed to referral pathways and the inability of the medical authorities to clear waiting lists. In addition, Hungary also closed its first memory clinic — the National Institute for Psychiatry and Neurology (OPNI) — in 2007, resulting in a 25% reduction of acute psychiatric beds in the country.

Some of the most prominent hospitals specialising in dementia treatment and care include:

Semmelweis University Neurology Clinic — located in Budapest, it is considered one of the best neurological clinics in Hungary. As a successor institution to OPNI, Semmelweis offers a wide array of specialised treatment and care services for dementia patients. It is also a research and teaching institution in neurology.
Szent János Kórház — a tertiary care hospital of historical importance. Located in Budapest, Szent János Kórház offers dementia treatment and care services via its Department of Neurology.
The Clinical Center at the University of Debrecen — a teaching hospital in Eastern Hungary. Its Department of Neurology is the referral institution for about 3 million patients in need of specialised neurological treatment and care.

Albert Szent Györgyi Health Center — the teaching hospital for the University of Szeged, serving patients from Southern Hungary. Its Department of Neurology is a neurological research institution in Hungary and offers a variety of specialised treatment and care services for dementia patients.

A number of private hospitals — primarily located in Budapest — also specialise in providing diagnostic, treatment, and care services to dementia patients. These include Liv Duna Medical Center, which operates a dedicated dementia clinic, and Dr. Rose Magánkórház.

Hungary boasts a developed network of palliative care providers — most of which participate in the Hungarian Hospice Palliative Association (HHPA) — and readily provide services for non-cancer patients. National guidelines on palliative care were developed in 2002 and have been updated regularly since. Home and inpatient hospice care are reimbursed by the National Health Insurance Fund (NEAK). Palliative care facilities across Hungary also offer hospice home care for patients and their families. Nevertheless, there are still not enough inpatient units to meet demand, and waiting lists tend to be long, as for most other healthcare services in Hungary.

Patients in Hungary face significant challenges in accessing affordable and timely long-term and nursing care. A study from 2019 showed that home-based long-term care is accessible to just 7% of patients above the age of 65, while only 3% of people in that age category are able to take advantage of specialist care in nursing homes. The study painted a bleak picture for the growing elderly population in Hungary.

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_

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

Generic Name
Memantine;Official National Product Information; https://www.ema.europa.eu/en/medicines/human/EPAR/ebixa
Lecanemab;Official National Product Information; https://www.ema.europa.eu/en/medicines/human/EPAR/leqembi

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

*Namzaric = combination of Donepezil and Memantine

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

SPC: Summary of Product Characteristics - detailed product information

Treatment cost

In Hungary, approved symptomatic dementia pharmacological treatments are reimbursed at 50% by NEAK, whereas anti-amyloid therapies (ATTs), including lecanemab and donanemab, are not yet reimbursed. Palliative care is available free of charge but hard to access, whereas nursing home, day-care, and private care usually require co-payments.

Approved symptomatic pharmacological treatments for dementia are reimbursed at 50% by the National Health Insurance Fund (NEAK), while anti-amyloid therapies (ATTs), including the newly approved disease-modifying therapies lecanemab and donanemab, are not yet reimbursed in Hungary. Palliative care services in the public healthcare sector are available for free, but accessing them is generally a challenging task. Conversely, nursing home care or day care for dementia patients requires some co-payments from patients and their families in Hungary. Dementia treatment and care in private healthcare institutions is generally covered out-of-pocket.

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Caregiver support

The Hungarian ápolási díj offers family caregivers roughly HUF 49,960 gross per month (2025), yet only around 20,000 people receive it, and many are unaware of the benefit. Beyond this, state support is limited, so most caregivers rely on NGOs. Organisations such as Feledhetetlen Alapítvány, Modus Alapítvány, and Margit Slachta National Institute of Social Politics provide training, support groups, and Alzheimer's cafés for dementia caregivers.

Hungary legally mandates a stipend for family caregivers, called the ápolási díj. However, the basic amount of the care allowance is approximately HUF 49,960 gross per month (in 2025), which is rarely enough to cover the expenses faced by caregivers. In addition, only around 20,000 people in Hungary receive the allowance, with many caregivers unaware that they are entitled to this type of support.

Apart from the ápolási díj, caregiver support from the state is generally limited, with most caregivers relying on non-governmental organisations (NGOs) for additional assistance. Feledhetetlen Alapítvány, Modus Alapítvány, and the Margit Slachta National Institute of Social Politics are among the organisations that provide support for caregivers of dementia patients or advocate on their behalf. Feledhetetlen Alapítvány organises dementia carer trainings and caregiver support groups, while Modus Alapítvány has participated in the organisation of Alzheimer's cafés across Hungary.

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Policy

Hungary currently lacks a formal national dementia strategy, despite healthcare and social initiatives supporting patients and caregivers. The 2023 Dementia Social Council sought to develop a National Dementia Program, but progress has stalled. The 2021 National Mental Health Program acknowledges dementia as a major public health issue and recommends repurposing hospital departments, expanding gerontology wards, and supporting civil society and private elderly-care providers. Legal frameworks often impose full guardianship on dementia patients, restricting their rights despite provisions for supported decision-making. Combined with low societal awareness and stigma, many patients and caregivers experience social exclusion and conceal the condition.

National dementia plan

Despite healthcare and social initiatives supporting people with dementia, Hungary has no national dementia strategy. The 2023 Dementia Social Council aimed to develop a National Dementia Program, but progress is stalled. The National Mental Health Program (2021) recognises dementia as a major public health issue and recommends measures including repurposing hospital departments for elderly care, expanding gerontology wards, supporting civil society and private providers, and offering tax or loan incentives to enterprises specialising in elderly services.

Hungary currently does not have a formal national dementia strategy or plan, with progress on the matter stalling. There are numerous service elements and commendable initiatives within the healthcare and social care system to support people with dementia, their families, and caregivers — primarily exemplified in the subsidisation of treatment and care costs within the public healthcare sector, as well as the ápolási díj. However, there is no strategic approach to dementia management in Hungary — none of these initiatives are governed by a singular legal framework. In 2023, the Hungarian government established a Dementia Social Council — which involves medical professionals, policymakers, and representatives of NGOs — and it was meant to oversee the development and implementation of a future National Dementia Program. However, as of 2024, progress on the National Dementia Program stalled, and there are no indications of this initiative picking up steam soon.

Hungary does have a National Mental Health Program (Nemzeti Mentális Egészségügyi Program), which was published in 2021, recognising dementia as a significant public health issue, and suggesting a number of steps that could be taken to improve the management of the disease in the country.

These include:

– The departments operating on external sites of city hospitals could be transformed into nursing departments or social homes, where dementia patients could receive co-payment care.
– Repurposing smaller hospitals to cater exclusively to elderly patients, that is, opening more gerontology and gerontopsychiatry wards.
– Delegating the operation of some units catering to dementia patients to civil society or the private healthcare sector.
– Private enterprises specialising in elderly care should be supported with tax breaks or loans with favourable interest rates.

– Validation of obligations concerned with parental support.

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Upcoming plans

There is no indication that the Hungarian government will publish a national dementia strategy soon, after progress on the matter stalled between 2023 and 2024.

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Policy gaps

Legal barriers

In Hungary, the legal system frequently restricts dementia patients' rights through automatic guardianship. The Civil Code allows capacity limitations based on medical assessment, leading to substitute decision-making regimes. Full guardianship can strip individuals of voting, employment, marriage, property, and medical consent rights. While supported decision-making exists legally, in practice it overwhelmingly defaults to full guardianship, creating a system that often conflicts with CRPD principles.

Dementia patients in Hungary face significant legal barriers, primarily due to an inflexible and potentially discriminatory guardianship system that often results in the automatic and total removal of their legal capacity and fundamental rights. The Hungarian Civil Code allows for the partial or full restriction of the capacity of persons with disabilities, including those with dementia, based on a "pure medical assessment." This often leads to their placement under substitute decision-making regimes (guardianship), which is considered incompatible with the United Nations Convention on the Rights of Persons with Disabilities (CRPD). Individuals placed under full guardianship can automatically lose basic rights, such as the right to vote, work, marry, make a will, consent to medical treatment, and manage their own property, without due consideration of their actual capacity in specific areas. While Hungarian law provides for "supported decision-making," the system often defaults to substitute decision-making (guardianship) in practice. The legal framework focuses more on surrogate decision-making as a primary tool, rather than providing the necessary support for individuals to exercise their own legal capacity.

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Cultural barriers

Awareness of dementia in Hungary has been low, fostering stigma and fear. Many individuals and their caregivers hide the condition due to fear-based discrimination, leading to social exclusion and isolation for both patients and families.

Hungarian dementia patients are often stigmatised by broader society. For the most part, awareness about dementia in Hungarian society was rather limited — with a large portion of the population only recently beginning to realise the effects dementia has on families and communities. The pressure of the norm supported fear-based stigmatisation for a long period of time. Individuals with dementia are oftentimes excluded from society, which results in hiding on the part of both patients and their respective caregivers.

Research

Hungarian dementia research largely focuses on genetics and neurology. Semmelweis University found strong links between APOE ε4 alleles and early-onset dementia. Parallel studies assessed neurological service use, while Szeged researchers identified POLG and granzyme B as Alzheimer's biomarkers.

Selected academic institutions

Semmelweis University (Department of Neurology) University of Szeged (Department of Neurology, Albert Szent Györgyi Faculty of Medicine) University of Debrecen (Department of Neurology, Faculty of Medicine) University of Pécs (Department of Neurology, Medical School)

Clinical trials and registries

As a member state of the European Union, Hungary's clinical trial authorisation and public transparency are managed through the centralised European system: https://euclinicaltrials.eu/
The National Institute of Pharmacy and Nutrition (OGYÉI) is the Hungarian national regulatory authority responsible for approving and overseeing the safety of all clinical trials in the country: https://ogyei.gov.hu/main_page#databases
Hungary faces inherent challenges in consistently monitoring patients with cognitive impairment — it lacks a unified, nationwide dementia registry. In the framework of the Hungarian Brain Research Program, a group of researchers from Semmelweis University and the Hungarian Academy of Sciences created NEUROHUN — a database compiling medical reports of patients who used neurological inpatient and outpatient services from 2004 to 2017. These reports were submitted for reimbursement purposes to the National Health Insurance Fund (NEAK) from all hospitals and outpatient care units in Hungary and form the basis of multiple studies of dementia epidemiology in Hungary.

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Selected innovative methods

Hungarian dementia studies primarily observe genetic and neurological patterns. Semmelweis University identified significant associations between APOE ε4 alleles and early-onset dementia. In parallel, a ten-year collaboration with the Hungarian Academy of Sciences evaluated hospital and outpatient neurological service usage to guide future healthcare planning. Researchers at the University of Szeged studied Alzheimer's patients' cerebrospinal fluid, confirming diagnoses through core biomarkers and highlighting POLG and granzyme B as pathognomonic proteins, offering novel insights into Alzheimer's pathology within the Hungarian population.

Most studies of dementia in Hungary are observational — aimed at determining genetic and other factors common to dementia patients in the country.

A group of researchers from Semmelweis University in Budapest studied the genetic landscape of early-onset dementia in Hungary. Most notably, they determined that the APOE genotype among Hungarian dementia patients had a high odds ratio for both the APOE ε4/3 and the ε4/4 alleles.

Researchers from Semmelweis University and the Hungarian National Academy of Sciences conducted a 10-year-long study evaluating the use of neurological services in Hungarian hospitals and outpatient clinics. They did so in order to plan for the national neurological capacities for a coming decade, ensuring a better-informed and more-focused resource allocation.

A group of researchers from the University of Szeged studied CSF samples of Alzheimer's disease patients in Hungary with the purpose of identifying pathognomonic proteins. The patients' clinical diagnosis was confirmed by "core" biomarkers prior to their inclusion in the study. Study results provided new information of pathognomonic importance of POLG and granzyme B in cases of Alzheimer's disease.

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- https://wmc.hu/en/prices/

Support

Hungarian NGOs support dementia patients and caregivers through education, advocacy, and practical initiatives. Feledhetetlen Alapítvány offers workshops, the "Dementia Map," online support groups, and mobile screenings, while Modus Alapítvány runs Alzheimer's cafés. The Social Cluster Association led the INDA project, and the Open Air Museum hosts "Reminiscence in the Museum." Feledhetetlen Alapítvány also engages the public digitally via the Metamorfózis.

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:

Feledhetetlen Alapítvány Modus Alapítvány Szociális Klaszter Egyesület (Social Cluster Association) Feledékeny Emberek Hozzátartozóinak Társasága (Hungarian Alzheimer Society)

Selected initiatives

Several Hungarian NGOs provide vital support for dementia patients and caregivers. Feledhetetlen Alapítvány focuses on public education, advocacy, and caregiver support through initiatives like the "Dementia Map," "Dementia at Home" online group, Dementia Workshop Training, and mobile "Do Not Forget! Days," which offer screenings and guidance across the country. Modus Alapítvány organises Alzheimer's cafés and produces informative materials, supporting local communities and municipalities. The Social Cluster Association previously led the INDA project to identify service gaps and promote early diagnosis. The Hungarian Open Air Museum's "Reminiscence in the Museum" program helps patients reconnect with memories in a stimulating environment. Collectively, these organisations provide education, early-detection guidance, caregiver support, and promote social inclusion for people living with dementia in Hungary.

Feledhetetlen Alapítvány (lit. Unforgettable Foundation)

Feledhetetlen Alapítvány (lit. Unforgettable Foundation) was founded in 2018 and has been part of the Alzheimer's Disease International (ADI) Membership Development Program since 2025. The foundation is based in Miskolc, Hungary, and works to raise attention to the problem of dementia. They aim to (1) educate the broader public about dementia, (2) develop and present good practices in the areas of early detection and home care, (3) support family carers, (4) raise the visibility of dementia as a public issue through awareness campaigns, (5) uncover the invisible difficulties faced by carers, (6) build a community of professionals, stakeholders, and interested parties, and (7) advocate for dementia to public and municipal decision makers. Feledhetetlen Alapítvány organises a number of support initiatives for dementia patients and caregivers, awareness events, and training for medical professionals. These include:

(1) Dementia Map

Dementia Map, a supportive guide for people living with dementia and their families. It helps patients and their

families to recognise dementia symptoms and clarify the steps towards diagnosis and treatment. The Dementia Map is primarily helpful for those who notice unusual or surprising changes in themselves, their family members, or acquaintances.

(2) Dementia at Home Facebook group

Dementia at Home Facebook group, an online support community for dementia patients and their caregivers, aiming to facilitate an exchange of their experiences.

(3) Dementia Workshop Training

Dementia Workshop Training, offered to caregivers, medical professionals, volunteers, and all other interested parties. Feledhetetlen Alapítvány offers this training at a fee of HUF 300,000 — not for free.

(4) Do Not Forget! Days

Do Not Forget! Days — Feledhetetlen Alapítvány organises a traveling mobile unit, which goes across Hungary during the month of September, organising health assessments, including dementia screening, and caregiver support activities. In 2024, Feledhetetlen Alapítvány traveled across 13 cities in Hungary.

(5) Modus Alapítvány

Modus Alapítvány was established in 2005 as an NGO. From its start, the aim of Modus has been to play an active and professional role in the modernisation and improvement of the Hungarian welfare system — including through programs for healthy ageing. Modus produced a number of informative materials about dementia for the general public. In addition, Modus has launched a number of Alzheimer's cafés across Hungary — meeting points for dementia patients, their families, and caregivers within local communities. Modus offers support to municipalities or institutions planning to open Alzheimer's cafés.

(6) The Social Cluster Association (Szociális Klaszter Egyesület)

The Social Cluster Association (Szociális Klaszter Egyesület) is the Hungarian member of Alzheimer Europe. Not much information about its current activities is available online, but the Social Cluster Association previously coordinated the Interprofessional Dementia Approach (INDA) project with the Catholic Charity Service in Hungary. Run between 2015 and 2017, INDA was a complex, innovative program intended to reveal the needs for services in dementia care, develop a multifaceted care program, and raise awareness about people living with dementia, as well as the opportunities of early diagnosis.

(7) Reminiscence in the Museum

Reminiscence in the Museum, is an initiative of the Hungarian Open Air Museum, which aims to help people living with dementia. Participants, with the help of educators and caregivers, and surrounded by a historically authentic environment, try to reconnect with their past and increase their quality of life.

References

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- https://www.alzheimer-europe.org/news/dementia-social-council-established-support-implementation-national-dementia-programme-hungary?language_content_entity=en
- https://www.feledhetetlen.com/programok/metamorfozis-podcast
- https://www.researchgate.net/publication/393842279_Dementia_in_Hungary_One_of_the_Greatest_Social_Challenges_of_the_21st_century

Dedicated media outlets

While there are no traditional media outlets focused on dementia in Hungary, associations advocating for dementia patients actively engage the public through novel media forms, with the aim of informing the public about dementia and raising awareness of the issues faced by patients and caregivers across Hungary. To that end, Feledhetetlen Alapítvány has launched the Metamorfózis podcast, in which they talk to medical experts about the transformations and changes associated with Alzheimer's disease and other dementias.

References

- https://www.feledhetetlen.com/programok/metamorfozis-podcast