Liechtenstein

Research conducted in

Liechtenstein has developed a remarkably comprehensive dementia response for a country of only around 41,000 residents. Its 2012 Dementia Strategy, universal compulsory health insurance, national care allowance, Demenz Liechtenstein services, LAK long-term-care network and extensive caregiver programmes provide strong medical and social protection. At the same time, residents can use specialist Memory Clinics, advanced imaging, genetics and biomarker services in neighbouring Switzerland and Austria through established cross-border healthcare mechanisms.

The system is currently undergoing significant modernization. A formal review concluded that the 2012 strategy remains fundamentally sound but requires updating, and the government is now revising it to reflect contemporary dementia science and changing care needs. At the same time, dementia day care, caregiver groups, the electronic health dossier and home-care subsidies are strengthening community support. The main weaknesses remain the lack of a domestic specialist Memory Centre, limited epidemiological and registry data, dependence on cross-border advanced diagnostics and no confirmed routine reimbursement of anti-amyloid therapies.

Highlights

Health system **Universal healthcare with mixed funding and mixed provisions.**
ADI member association(s):
National dementia plan: **Dementia Strategy 2012**
Dementia plan funding: **Funded plan**
Dementia prevalence rate: **NA**
Dementia incidence rate: **NA**
Population: **40425**
Median age: **45**
Health expenditure (% of GDP): **NA**

Diagnosis

Liechtenstein combines primary-care-led dementia assessment with extensive cross-border specialist access. GPs initially evaluate cognitive and functional changes, medications, medical history, and reversible causes, while referral can provide detailed neuropsychology, CT or MRI, and selected advanced investigations. Early detection was prioritised in the 2012 Dementia Strategy. No national dementia waiting-time data exist; primary care is readily accessible, but specialist waits depend on Swiss or Austrian providers. Compulsory insurance substantially covers authorised domestic and cross-border diagnostics, subject to statutory cost-sharing. Cognitive testing may include MMSE, MoCA, Clock Drawing, and comprehensive neuropsychology. PET, CSF or other Alzheimer's biomarkers, and genetic testing are not documented as routine domestic services but can be accessed through tertiary centres when clinically indicated. Genetic testing remains selective, although APOE status has gained relevance for eligibility and risk assessment with anti-amyloid therapies.

Diagnosis pathway

Liechtenstein's dementia pathway begins in primary care, where GPs assess cognitive and functional changes, medical history, medications, and potentially reversible causes. Specialist referral can provide neuropsychological assessment, CT or MRI, and, in selected cases, biomarkers or genetic testing. The 2012 Dementia Strategy prioritised early detection and improved links between recognition, diagnosis, and support. Cross-border care is integral to this small-state model, with compulsory insurance facilitating access to contracted foreign hospitals and eligible EU/EEA services. Electronic health records can incorporate authorised foreign providers and treatment information, supporting continuity between local assessment, specialist diagnosis, and subsequent dementia-specific counselling and community support.

Dementia diagnosis in Liechtenstein generally begins in primary care, when a patient or family member reports persistent memory problems, behavioural changes or deterioration in everyday functioning. The GP can review the patient's medical and medication history, assess functional impairment, conduct an initial cognitive evaluation and investigate potentially reversible or contributing causes of cognitive decline. Patients requiring more detailed assessment can subsequently be referred to neurology, psychiatry, geriatrics or other specialist services, where the diagnostic work-up may be expanded to include formal neuropsychological assessment and structural brain imaging such as CT or MRI. In diagnostically uncertain, atypical or younger-onset cases, additional specialised investigations, including Alzheimer biomarkers or genetic testing where clinically appropriate, may form part of the subsequent specialist assessment. Liechtenstein's 2012 Dementia Strategy explicitly identified the diagnostic gap as an important problem and made early detection (Früherkennung) one of its six principal fields of action. The strategy sought to intensify early recognition of dementia and improve the pathway between initial identification, diagnosis and appropriate support.

Because of Liechtenstein's small size, this diagnostic pathway is closely integrated with cross-border healthcare, allowing domestic primary care to be supplemented by the substantially larger specialist healthcare systems of neighbouring countries. Liechtenstein's compulsory health-insurance system explicitly provides access to contracted hospitals both inside and outside the country, while insured residents may also obtain healthcare in

other EU/EEA states subject to the applicable reimbursement conditions.

In practical terms, a person experiencing cognitive symptoms can therefore first undergo assessment and basic investigations locally and, when greater diagnostic expertise is required, proceed to specialist neurological, psychiatric or geriatric evaluation and more advanced investigations through the appropriate domestic or cross-border provider. The resulting clinical, cognitive, imaging and, where indicated, biomarker findings can then be integrated into a diagnosis and management plan, after which patients and families can be connected with dementia-specific counselling, community care and support services. Liechtenstein's electronic health-record infrastructure is also designed to accommodate treatment abroad, with authorised foreign providers able to participate in the system and foreign treatment records incorporated into the patient's Liechtenstein electronic health dossier.

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Wait times

Liechtenstein does not publish a national dementia-specific waiting-time dataset. Routine GP assessment is locally accessible, while waiting times for specialist Memory Clinic evaluation, formal neuropsychology, MRI or biomarker testing depend on the Swiss or Austrian centre used. Geographical distance is generally not a major obstacle because Liechtenstein is small and closely integrated with nearby specialist systems, but cross-border dependence means access can be affected by waiting lists in neighbouring countries.

Diagnosis cost

Status: Mostly or fully covered
Liechtenstein's healthcare financing provides substantial insurance protection for dementia diagnosis while retaining statutory patient contributions. Medically necessary GP and specialist consultations, laboratory investigations and diagnostic procedures are generally covered when provided by authorised professionals and included in the applicable benefit and reimbursement catalogues. The reimbursement framework is closely linked to Switzerland, with laboratory services assessed against the Swiss Analysenliste, which defines reimbursable analyses and tariffs.

Diagnostic costs in Liechtenstein are largely covered through compulsory health insurance, although patients remain subject to statutory cost-sharing. Medically necessary consultations, diagnostic procedures and laboratory investigations provided by authorised healthcare professionals are covered when they fall within the applicable benefit and reimbursement catalogues. Liechtenstein's system is closely integrated with Switzerland in this respect: laboratory reimbursement is based on the Swiss Analysenliste, which specifies reimbursable laboratory analyses and applicable tariffs. This framework means that the standard components of a dementia diagnostic work-up, including GP and specialist consultations, routine laboratory testing and medically indicated investigations, are generally financed through compulsory insurance rather than paid entirely out of pocket. Coverage can also extend

to authorised treatment and diagnostics obtained through Liechtenstein's cross-border healthcare network, which is particularly important for specialist dementia investigations that may not be available domestically.

Patients nevertheless contribute toward healthcare expenditure through a statutory fixed annual contribution (Kostenbeteiligung) and coinsurance. For most insured adults, the ordinary system involves a CHF 500 annual fixed contribution, after which the patient generally pays 20% of additional eligible healthcare costs, subject to the statutory annual ceiling. This means that dementia diagnosis is not completely free at the point of use, but the patient's exposure is limited rather than increasing indefinitely with the number or cost of medically necessary investigations. The arrangements are considerably more favourable for people who have reached ordinary retirement age, a particularly important feature for dementia because prevalence rises sharply in older age groups. For this population, the fixed contribution is effectively borne by the state and the applicable percentage contribution is reduced to 10%, substantially lowering the direct financial burden associated with repeated consultations, diagnostic investigations and ongoing medical care. Overall, Liechtenstein therefore provides strong financial protection for dementia diagnosis, although working-age adults can face meaningful initial out-of-pocket costs before the statutory limits are reached.

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Cognitive tests

Status: Available

Initial cognitive screening can be performed by physicians in Liechtenstein, while comprehensive neuropsychological assessment is accessible through specialist services and regional Memory Clinics. Typical tools may include MMSE, MoCA and Clock Drawing Test, followed by more detailed testing of memory, attention, executive function, language and visuospatial abilities where necessary. The national Dementia Strategy emphasizes earlier recognition and improved professional education as key tools for reducing diagnostic delay.

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Imaging tests

Status: Used in specific cases

Routine diagnostic imaging can be accessed through Liechtenstein's domestic and, importantly, cross-border healthcare network. The government explicitly states that Liechtenstein cannot independently provide the full range of inpatient hospital services and therefore contracts with hospitals abroad; its compulsory health-insurance system recognises contracted hospitals both within Liechtenstein and outside the country. This framework allows patients requiring more advanced neurological investigation to be referred to appropriate specialist facilities, particularly in neighbouring Switzerland. CT and MRI are standard structural investigations used in specialist dementia assessment

to identify vascular disease and exclude structural causes of cognitive impairment. More specialised investigations such as PET may be obtained through tertiary centres where clinically indicated, although I would avoid implying that amyloid PET is routinely used in Liechtenstein itself.

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Genetic tests

Routine APOE genotyping or testing for familial Alzheimer's mutations should not be described as part of ordinary dementia screening in Liechtenstein. For suspected hereditary or unusually early-onset disease, however, patients can in principle be referred to specialised services outside the country through Liechtenstein's established cross-border healthcare system. The government confirms that people compulsorily insured in Liechtenstein can receive treatment in other EU/EEA states, subject to the applicable insurance and reimbursement conditions.

APOE status has also acquired greater clinical relevance with anti-amyloid therapy. The EMA authorisation for lecanemab (Leqembi) restricts treatment to patients with early Alzheimer's disease who are ApoE4 non-carriers or heterozygotes and who have confirmed amyloid pathology. Treatment must be supervised by a physician experienced in Alzheimer's disease and requires access to repeated MRI monitoring because of the risk of amyloid-related imaging abnormalities (ARIA).

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Biomarker tests

Status: Rarely used
Liechtenstein does not appear to have a dedicated domestic tertiary dementia centre publicly documenting routine CSF amyloid/tau or amyloid-PET testing. Where advanced biomarker confirmation is clinically necessary, patients can draw on the country's established system of contracted and cross-border specialist care. Liechtenstein explicitly purchases hospital services from foreign hospitals because its domestic system cannot independently provide the complete range of inpatient services.

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Treatment & care

Liechtenstein provides dementia care through an integrated network rather than a single specialist centre, combining Demenz Liechtenstein, LAK, Spitex, municipal services, residential provision, and cross-border specialists. Compulsory insurance substantially covers eligible medical treatment and medicines, with reduced cost-sharing after retirement age. Long-term home care is further supported through the publicly funded Betreuungs- und Pflegegeld, offering six needs-based payment levels from CHF 11 to CHF 189 daily. Demenz Liechtenstein provides extensive caregiver assistance through free counselling, education, moderated peer groups, and its dementia-specific Tagestreff, which also provides respite. From 2026, selected caregiver sessions include parallel supervision for people with dementia. Together, these services support continued community living, reduce caregiver burden, and provide a continuum from informal and professional home care to day services and residential placement as dependency increases.

Specialized facilities and services

Liechtenstein relies on an integrated dementia network rather than a single specialist centre. Demenz Liechtenstein provides counselling, education, family support, and dementia-specific day care with caregiver respite. LAK, Spitex, municipal services, and residential facilities provide increasing levels of support, while cross-border Memory Clinics and specialists supplement domestic care when necessary.

Liechtenstein does not operate a large national Memory Centre; instead, dementia care is delivered through a decentralised network of GPs, specialist physicians, cross-border Memory Clinics, Demenz Liechtenstein, home-care providers and long-term-care institutions. Demenz Liechtenstein has become a central dementia-specific point of contact, providing individual counselling, family support, public education and activities for people affected by dementia. Since 2024, it has operated its own Tagestreff in Schaan, offering structured daytime support and social activities for people with dementia while providing important respite for informal caregivers. The Liechtensteinische Alters- und Krankenhilfe (LAK) forms another important part of the care infrastructure, providing residential, nursing and related services for older people with increasing support needs. Together with Spitex/home-care services, municipal senior services and day-care provision, this creates a continuum between care at home and eventual institutional placement as dementia-related dependency progresses. Liechtenstein's model therefore relies less on a single specialised dementia institution and more on an integrated national network of community and long-term care, supplemented by specialist medical services in neighbouring countries when necessary.

Approved medication

Generic Name	Trade Name	Used for

Donepezil	Aricept, Aricept ODT, Adlarity, Eranz, Memac, Alzepil, Davia, Donecept, Donep, Donepex, Donesyn, Dopezil, Yasnal, Memorit, Pezale, Redumas, Zolpezil, Namzaric*	Donepezil is indicated for the symptomatic treatment of mild to moderately severe Alzheimer's dementia. Official UK medicine details (MHRA SPC) link
Rivastigmine	Exelon, Exelon Patch, Prometax, Rivastach, Nimvastid	Symptomatic treatment of mild to moderately severe Alzheimer's dementia. Symptomatic treatment of mild to moderately severe dementia in patients with idiopathic Parkinson's disease. Official UK medicine details (MHRA SPC) link
Galantamine	Razadyne, Razadyne ER, Reminyl, Reminyl XL, Nivalin, Lycoremine, Galsya	Galantamine is indicated for the symptomatic treatment of mild to moderately severe dementia of the Alzheimer type. Official UK medicine details (MHRA SPC) link
Memantine	Namenda, Namenda XR, Ebixa, Memary, Axura, Akatinol, Maruxa, Nemdatine, Namzaric*	Treatment of adult patients with moderate to severe Alzheimer's disease. Official UK medicine details (MHRA SPC) link

*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

Liechtenstein's compulsory health insurance substantially covers eligible dementia consultations, hospital care, and medicines, with pharmaceutical reimbursement aligned with Switzerland's Spezialitätenliste. Financial protection increases after ordinary retirement age, when coinsurance falls to 10% and the state covers the CHF 500 annual contribution. Long-term support is supplemented by the publicly funded Betreuungs- und Pflegegeld, which helps finance continuing home care and reduce premature institutionalisation. Since 2025, needs-based payments have ranged from approximately CHF 11 to CHF 189 per day, providing additional support as dementia-related dependency and care requirements increase.

Medical treatment for dementia is largely covered through Liechtenstein's compulsory health-insurance system, although patients remain responsible for insurance premiums and statutory cost-sharing. Reimbursable services include medically necessary consultations, hospital care and medicines that meet the applicable benefit criteria. Pharmaceutical reimbursement is closely aligned with Switzerland: medicines included in the Swiss Spezialitätenliste (SL) are covered according to the conditions, limitations and reimbursement prices specified in that list. This framework encompasses the standard pharmacological management available for dementia where the relevant medicine meets reimbursement requirements, while specialist and hospital treatment can also be obtained through Liechtenstein's established domestic and cross-border provider network.

Financial protection is particularly favourable for older people: after reaching ordinary retirement age, insured patients generally face 10% coinsurance rather than the standard 20%, while the ordinary CHF 500 annual fixed

contribution is borne by the state, significantly reducing direct medical expenditure for the age group most affected by dementia.

Long-term dementia care is supported through additional mechanisms outside ordinary health insurance, particularly the Betreuungs- und Pflegegeld (BPG). This benefit is designed to help finance care and assistance for people who require continuing support at home and therefore plays an important role in enabling older people with dementia to remain in the community rather than moving prematurely into institutional care. Following changes effective from 2025, the benefit is divided into different levels according to assessed care and support needs, with daily payments ranging from approximately CHF 11 at the lowest level to CHF 189 for people with the highest level of need. The scheme is publicly financed by the state and municipalities, providing an additional source of funding for dependency-related care alongside compulsory medical insurance.

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Caregiver support

Liechtenstein combines counselling, peer support, education, respite, community services, and financial assistance for dementia caregivers. Demenz Liechtenstein provides free professionally moderated groups and information sessions addressing practical care, planning, and caregiver burden, with selected sessions from 2026 offering parallel supervision for people with dementia. Its Tagestreff and wider services such as LAK provide additional respite and help sustain home care. Financial support is available through the Betreuungs- und Pflegegeld, with six needs-based levels ranging from CHF 11 to CHF 189 daily, jointly financed by the state and municipalities.

Liechtenstein has unusually extensive caregiver support for a country of its size, with services combining counselling, peer support, education, respite care and financial assistance. Demenz Liechtenstein plays a central role and operates professionally moderated discussion groups (Gesprächsgruppen) for relatives of people with dementia. Participation is free of charge, and the groups provide a confidential setting in which caregivers can discuss behavioural changes, communication difficulties, emotional strain and practical problems with professionals and other families facing similar circumstances. From 2026, selected sessions also provide parallel supervision for the person with dementia, removing an important practical obstacle that can otherwise prevent caregivers from attending support programmes. Demenz Liechtenstein additionally organises a monthly Informations und Austauschnachmittag, where affected people and relatives can obtain free professional information and practical guidance on dementia diagnosis, everyday caregiving, available services, future planning and ways of coping with caregiver burden.

Caregiver support is reinforced by formal day-care and home-care services, which reduce the amount of continuous supervision that must be provided by family members. The dementia-specific Tagestreff operated by Demenz Liechtenstein in Schaan provides structured daytime activities and supervision for people with dementia, simultaneously functioning as a respite service that gives relatives time for work, appointments, rest or other

responsibilities. LAK and other community-care providers similarly help bridge the gap between informal family care and permanent institutional placement. Financial support is provided through the Betreuungs- und Pflegegeld (BPG), which contributes toward the costs associated with caring for people who require continuing assistance at home; from January 2025, its six benefit levels range from CHF 11 to CHF 189 per day, depending on assessed care needs, and are financed equally by the state and municipalities.

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Policy

Dementia policy in Liechtenstein is based on the 2012 Dementia Strategy, which approaches the condition as both a medical and social challenge and prioritises early recognition, coordinated care, professional education, caregiver assistance, and continued community participation. The framework is now being revised following a 2024 review, with government monitoring confirming ongoing work to incorporate current evidence, terminology, and service developments. Future priorities include workforce capacity, stronger caregiver provision, and improved coordination between health, social, and municipal services. Access can be complicated by separate financing and eligibility systems and the administrative requirements of cross-border specialist care, although patient-mobility arrangements mitigate these difficulties. Persistent fear, stigma, embarrassment, denial, and reluctance to acknowledge cognitive decline may also delay help-seeking, reinforcing the importance of counselling, awareness initiatives, and accessible community services.

National dementia plan

Liechtenstein's 2012 Dementia Strategy established a national framework spanning awareness, early detection, professional training, individualised and graduated care, service coordination, and caregiver support. Recognising significant underdiagnosis, it prioritised earlier identification and timely access to counselling and services. The strategy treats dementia as both a medical and social-policy issue, emphasising dignity, autonomy, quality of life, and continued community participation as needs increase. Family caregivers are recognised as essential partners requiring information, counselling, and respite. This framework subsequently supported developments including Demenz Liechtenstein, dementia-specific counselling and caregiver programmes, community-based day services, and stronger coordination between healthcare, social-care, and municipal providers.

Liechtenstein adopted its dedicated Dementia Strategy in 2012, establishing a national framework for responding to the expected increase in dementia associated with population ageing. The strategy identifies six central fields of action: public awareness and sensitisation, early detection, education and training of professionals, development of individualised and graduated care and support services, cooperation and networking between relevant actors, and support for family caregivers. Rather than concentrating exclusively on specialist medical treatment, it promotes a coordinated pathway extending from public awareness and early recognition to community support, professional care and assistance for families. Early detection is particularly important because the strategy recognised substantial underdiagnosis and sought to encourage earlier identification of cognitive impairment and more timely access to appropriate counselling and services.

The strategy consequently treats dementia as both a medical condition and a broader social-policy challenge. Its underlying principles emphasise preserving the dignity, autonomy, self-determination and quality of life of people with dementia while allowing them to remain integrated within their families and communities for as long as possible. It calls for services to be adapted to the individual and to increase gradually as care needs become more complex, rather than relying primarily on institutional placement. At the same time, the strategy explicitly recognises relatives as a central component of the dementia-care system and stresses the need for information,

counselling, respite and other forms of caregiver support. Cooperation between healthcare professionals, social-care organisations, municipalities and other providers is therefore treated as essential to continuity of care. This framework subsequently provided the policy basis for the development of initiatives such as Demenz Liechtenstein, dementia-specific counselling and caregiver programmes, community-based day services and stronger coordination of dementia care, giving the country a relatively comprehensive dementia-policy foundation despite its very small population.

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Upcoming plans

Liechtenstein is revising its 2012 Dementia Strategy as part of broader national ageing-policy implementation. A 2024 stakeholder review concluded that its core approach remained relevant but required substantial updating to reflect current scientific evidence, terminology, and evolving dementia services. The 2025 ageing-strategy monitoring report confirms revision remains ongoing. Priorities extend to stronger caregiver support, improved coordination between health, social, and municipal services, clearer implementation structures, and adequate professional care capacity. Workforce availability is a particular concern as population ageing increases demand for home care, day services, and residential nursing.

Liechtenstein's 2012 Dementia Strategy is currently undergoing an important revision process as part of the country's broader implementation of its national ageing strategy. During 2024, the Office of Public Health, Demenz Liechtenstein and other professionals and stakeholders reviewed the existing dementia framework to determine whether its objectives and measures remained appropriate more than a decade after adoption. The review concluded that the strategy's fundamental orientation and principal areas of action remained broadly valid, but that the document required substantial substantive and linguistic revision to reflect developments in scientific knowledge, changing terminology and the evolution of dementia services in Liechtenstein. The first monitoring report on the ageing strategy, published in 2025, therefore records the revision of the Dementia Strategy as an ongoing policy measure rather than treating the 2012 document as a completed or static framework.

The revision also takes place within a broader effort to adapt Liechtenstein's health and social-care system to population ageing and increasingly complex long-term-care needs. Subsequent government monitoring confirms the continued development of the dementia framework and the need to incorporate current scientific evidence and changing conditions in care provision.

Important priorities extend beyond dementia diagnosis itself and include strengthening support for family caregivers, ensuring sufficient professional nursing and care capacity, improving coordination between health, social and municipal services, and developing clearer structures for implementation of national ageing policy. Workforce availability is particularly significant because Liechtenstein's ageing population is expected to increase demand for home care, day services and residential nursing at the same time that the care sector faces difficulties recruiting sufficient qualified personnel.

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Policy gaps

Legal barriers

Administrative complexity arises because dementia support is divided between compulsory health insurance and separately financed home, community, dependency, and residential services. As needs increase, responsibility may shift towards municipalities, the state, and specialist organisations, including through jointly funded BPG assistance. Reliance on Swiss, Austrian, and other foreign specialist providers introduces additional coordination, authorisation, and reimbursement requirements. Nevertheless, cross-border healthcare is structurally embedded in Liechtenstein's system rather than exceptional, with established mechanisms allowing insured residents to receive eligible treatment elsewhere in the EEA.

The main structural challenge is that dementia care in Liechtenstein spans several separate health, social-care and long-term-care systems, each with its own financing and eligibility mechanisms. Compulsory health insurance primarily covers the medical components of dementia care, including GP and specialist consultations, diagnostic investigations, hospital treatment and reimbursable medicines.

As functional dependency increases, however, patients may also require Spitex home care, Betreuungs- und Pflegegeld (BPG), municipal services, day care, LAK residential or nursing care and other forms of social assistance. Responsibility therefore increasingly extends beyond conventional healthcare to services financed or administered through the state, municipalities and specialised care organisations. The BPG, for example, is financed jointly by the state and municipalities and provides graded financial assistance according to assessed care needs.

A further administrative dimension is Liechtenstein's reliance on cross-border specialist healthcare. Because the country cannot economically maintain every highly specialised medical service for its small population, its healthcare system deliberately incorporates treatment provided by foreign hospitals and specialists.

Patients requiring advanced neurological assessment, specialised imaging or other tertiary investigations may therefore receive care in neighbouring healthcare systems, particularly Switzerland and Austria. Cross-border treatment can introduce additional administrative requirements concerning provider recognition, prior authorisation, reimbursement and coordination of medical information. However, this is less of a barrier than might otherwise be expected because cross-border care is an established structural component of Liechtenstein's healthcare model rather than an exceptional pathway. Liechtenstein's patient-mobility framework establishes mechanisms through which insured residents can obtain healthcare elsewhere in the EEA and receive reimbursement under defined conditions.

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Cultural barriers

Cultural barriers to dementia care in Liechtenstein primarily involve fear of diagnosis, shame, stigma, denial, withdrawal, and difficulties acknowledging increasing dependency. The 2012 Dementia Strategy recognised these factors as contributors to delayed help-seeking and underdiagnosis, making public sensitisation and early detection key priorities. Such barriers persist despite improved awareness and services, as reflected in Demenz Liechtenstein's 2026 initiative addressing difficult-to-discuss experiences of dementia. Continued awareness campaigns, counselling, and accessible community services therefore remain important for normalising help-seeking, encouraging earlier diagnosis, supporting open discussion, and reducing social isolation.

The 2012 Dementia Strategy identified fear, shame, social stigma and the tendency to conceal cognitive problems as important barriers to early recognition and appropriate care. It noted that people in the early stages of dementia may react to cognitive changes with shame, anxiety, anger, isolation, withdrawal or denial, while some become highly effective at hiding their memory difficulties from relatives and professionals. Such responses can delay help-seeking and contribute to the diagnostic gap that the strategy sought to reduce through earlier recognition and assessment. The strategy therefore made public awareness and sensitisation (Sensibilisierung) the first of its six principal fields of action, alongside early detection, professional education and improved services. Its broader objective was to increase public understanding of dementia, encourage more open discussion of the condition and create an environment in which people with dementia can continue to live with dignity and as much autonomy as possible.

These psychosocial barriers have not disappeared completely despite improvements in services and public awareness. Demenz Liechtenstein continues to organise initiatives explicitly intended to address aspects of dementia that remain difficult for affected people and families to discuss openly. The 2026 initiative "Worüber niemand spricht – Leben mit Demenz" ("What nobody talks about – living with dementia") reflects the continuing importance of creating spaces where the emotional and socially sensitive dimensions of the disease can be discussed.

Cultural barriers in Liechtenstein should therefore be understood less as a lack of public knowledge than as the persistence of fear of diagnosis, embarrassment, withdrawal and difficulties openly acknowledging increasing dependency. These factors can affect both the person experiencing cognitive decline and family members who may hesitate to seek outside assistance. Continued awareness campaigns, counselling and low-threshold community services are consequently important not only for educating the population but also for normalising help-seeking, encouraging earlier diagnosis and reducing the social isolation associated with dementia.

Research

Liechtenstein lacks a major domestic Alzheimer's pharmaceutical-trial programme and comprehensive dementia registry, although eligible patients may access research through Swiss or Austrian centres. Its dementia innovation instead emphasises integrated care. The national eGD supports information exchange across domestic and foreign providers, while Demenz Liechtenstein's Tagestreff combines dementia-specific day support with caregiver respite. The needs-based BPG helps finance continued home care and reduce household pressures. Cross-border arrangements integrate advanced Swiss and Austrian expertise without duplicating costly tertiary infrastructure domestically, although some administrative complexity remains. Policy development is similarly collaborative: revision of the 2012 Dementia Strategy involves government, Demenz Liechtenstein, professionals, and other stakeholders, enabling scientific developments, service experience, caregiver needs, workforce capacity, coordination, and changing diagnostic and therapeutic possibilities to shape the updated framework.

Selected academic institutions

University of Liechtenstein

Clinical trials and registries

No major domestic Alzheimer pharmaceutical-trial programme was identified. Patients may participate in eligible trials through neighbouring Swiss or Austrian specialist centres. Liechtenstein also does not appear to maintain a comprehensive clinical dementia registry. National prevalence estimates therefore rely on demographic modelling, organizational estimates and service data rather than systematic case registration.

Selected innovative methods

Liechtenstein's dementia model combines digital integration, community provision, financial support, cross-border specialist access, and collaborative policymaking. The national eGD facilitates information sharing across authorised domestic and foreign providers, supporting continuity for patients with complex needs. Demenz Liechtenstein's Tagestreff provides dementia-specific daytime activities and caregiver respite, while the needs-based BPG supports continued home care and reduces financial pressure on families. Cross-border arrangements integrate specialist capacity in Switzerland and Austria, providing advanced expertise without duplicating tertiary infrastructure domestically, although some administrative complexity remains. The ongoing participatory revision of the 2012 Dementia Strategy further involves government, Demenz Liechtenstein, professionals, and other stakeholders. This enables scientific developments, service experience, caregiver support, workforce capacity, coordination, and changing diagnostic and therapeutic possibilities to inform future dementia policy.

Electronic Health Record (eGD) – Liechtenstein's national electronic health dossier (elektronisches Gesundheitsdossier, eGD) provides a shared digital infrastructure through which relevant health information can be made available across authorised healthcare providers. The system can incorporate documents such as medical reports, laboratory results, radiology findings and medication information, helping clinicians obtain a more complete

picture of a patient's medical history. This is particularly relevant for older people with dementia, who frequently have multiple chronic conditions, take several medicines and receive care from different professionals. The eGD can therefore support continuity between primary care, hospitals and specialists and reduce fragmentation when patients move between different parts of the healthcare system. Importantly for Liechtenstein, the framework also takes account of treatment abroad, which is valuable in a system where cross-border specialist care forms an important part of healthcare provision.

Tagestreff Demenz – Since 2024, Demenz Liechtenstein has operated a dementia-specific Tagestreff in Schaan, adding a dedicated community-based service to the country's dementia infrastructure. The service provides people with dementia with structured daytime activities, social contact and professional support in an environment adapted to their needs. At the same time, it has an important respite function for family caregivers, giving relatives predictable periods during which professional staff assume responsibility for supervision and support. This can help sustain home-based care and potentially postpone the point at which continuous residential care becomes necessary.

Betreuungs- und Pflegegeld (BPG) – Liechtenstein's care allowance provides direct financial support for people who require continuing assistance and care at home. Rather than limiting public financing to professional institutional services, the BPG helps finance home-based care according to the assessed intensity of the person's care needs, making it particularly relevant to progressive conditions such as dementia. From January 2025, the six benefit levels range from CHF 11 to CHF 189 per day, with financing shared equally between the state and municipalities. By supporting care in the community, the scheme can reduce the financial pressure on households and strengthen the ability of families to maintain a person with dementia at home for longer.

Cross-border specialist integration – One of the distinctive features of Liechtenstein's healthcare model is that its small domestic system is deliberately supplemented by specialist capacity in neighbouring countries. Instead of attempting to duplicate every expensive tertiary service for a population of only around 40,000, the country uses contracted providers and patient-mobility arrangements to give insured residents access to larger healthcare systems, particularly in Switzerland and Austria. For dementia, this can be especially important when patients require advanced neurological assessment, specialised imaging or other tertiary diagnostic expertise that is not maintained domestically. Cross-border care should therefore be viewed not simply as a weakness caused by limited domestic capacity but as a structural component of Liechtenstein's healthcare model, although referrals, authorisation and reimbursement can add administrative complexity.

Participatory strategy revision – The ongoing revision of Liechtenstein's 2012 Dementia Strategy is also notable for its collaborative approach. The review has involved government authorities together with Demenz Liechtenstein, professionals and other relevant stakeholders, allowing practical experience from dementia care to feed into the development of the updated framework. The 2025 monitoring report indicates that the existing strategy was considered fundamentally sound but required substantive and linguistic updating in response to new scientific knowledge and changes in service provision. This approach connects dementia policy with Liechtenstein's wider ageing strategy and creates an opportunity to incorporate emerging priorities such as caregiver support, workforce capacity, service coordination and changing diagnostic and therapeutic possibilities.

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Support

Community initiatives in Liechtenstein extend dementia support beyond formal healthcare. Demenz Liechtenstein provides the Tagestreff Vergissmeinnicht, professionally moderated caregiver groups, and monthly information sessions, combining social engagement, practical guidance, peer support, and respite. Dementia cafés and Zeitpolster volunteers further reduce isolation and supplement family and professional care. Prevention has also gained prominence through the 2026 “Mit 10 Massnahmen Demenz vorbeugen” initiative, which translates modifiable dementia risks into accessible public-health guidance. The “Worüber niemand spricht – Leben mit Demenz” initiative and podcast addresses stigma, shame, fear, caregiver burden, and unmet needs. Although no dementia-specific news outlet exists, Demenz Liechtenstein acts as the main specialist information source, alongside Senioren-info.li, helping promote awareness, open discussion, and earlier help-seeking.

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:

Demenz Liechtenstein / Verein für Menschen mit Demenz in Liechtenstein Liechtensteinische Alters- und Krankenhilfe (LAK) Liechtensteiner Seniorenbund / Informations- und Beratungsstelle Alter (IBA) Zeitpolster

Selected initiatives

Liechtenstein's community dementia initiatives combine social participation, caregiver support, volunteering, prevention, and awareness. Tagestreff Vergissmeinnicht provides structured activities and respite, while free caregiver groups and monthly information sessions offer professional guidance, practical information, and peer exchange. Dementia cafés promote informal social inclusion, and Zeitpolster volunteers supplement formal and family care through companionship and everyday assistance. Recent initiatives broaden this approach towards prevention and stigma reduction. The 2026 “Mit 10 Massnahmen Demenz vorbeugen” campaign promotes practical action on modifiable dementia risks, while “Worüber niemand spricht – Leben mit Demenz” addresses stigma, shame, fear, caregiver burden, and unmet needs. Together, these programmes support continued community living, reduce isolation and caregiver strain, encourage help-seeking, and complement medical and social-care services.

Tagestreff Vergissmeinnicht

This dementia-specific day meeting service in Schaan, operated within the Demenz Liechtenstein support network, provides people living with dementia with a safe environment for structured activities, social interaction and participation outside the home. In addition to supporting cognitive and social engagement, the service has an important respite function, giving relatives regular periods in which professional staff assume responsibility for care and supervision. It therefore supports the broader objective of allowing people with dementia to remain at home and socially integrated for as long as possible.

Caregiver Discussion Groups

Demenz Liechtenstein organises free, professionally moderated discussion groups for relatives of people with dementia, providing a confidential setting in which caregivers can exchange experiences, discuss difficult situations and receive practical guidance. Topics can include communication, behavioural changes, emotional stress and management of everyday care. In 2026, selected sessions additionally provide parallel supervision for the person with dementia, making participation easier for relatives who would otherwise be unable to leave the person they care for unattended.

Informations und Austauschnachmittag

These monthly and free information and exchange sessions provide a low-threshold point of contact for people with dementia and their relatives. Participants can obtain practical information about dementia diagnosis, available counselling and support services, nursing and care arrangements, and planning for future changes in dependency. The meetings also give families an opportunity to raise individual questions and exchange experiences with others facing similar situations, complementing more formal medical and social-care services.

Dementia Café

Community-based dementia cafés provide an informal and socially inclusive environment where people with dementia and their relatives can meet other families, participate in activities and maintain social contact. Unlike formal clinical or counselling services, the café model places particular emphasis on normalising dementia within everyday community life. Such initiatives can help counter social withdrawal and isolation while simultaneously giving relatives access to informal peer networks and opportunities to share experiences.

Zeitpolster Dementia Volunteers

Liechtenstein has also incorporated trained community volunteers into dementia support through the Zeitpolster model. Volunteers can provide companionship, accompany people on walks, assist with household activities and offer other forms of practical everyday support. The programme does not replace professional nursing or medical care, but supplements formal services and informal family caregiving. This is particularly useful for people with dementia who require social contact and relatively low-intensity assistance, while also providing additional relief to relatives.

“Mit 10 Massnahmen Demenz vorbeugen”

This 2026 prevention initiative reflects the increasing shift from dementia care alone toward dementia risk reduction. It focuses on practical measures addressing recognised modifiable risk factors, including physical inactivity, obesity, diabetes, hypertension, hearing or other sensory impairment and social isolation. By presenting prevention through concrete everyday measures, the initiative translates growing scientific evidence on dementia risk reduction into accessible public-health education and complements the early-detection objectives established by Liechtenstein's national dementia strategy.

“Worüber niemand spricht – Leben mit Demenz”

This 2026 awareness initiative and podcast project focuses on aspects of dementia that affected people and families may find particularly difficult to discuss openly. It addresses issues surrounding stigma, shame, fear,

caregiver burden and unmet support needs, giving greater visibility to the lived experience of dementia rather than concentrating exclusively on its medical characteristics. The project is especially relevant given that stigma and reluctance to openly acknowledge dementia were already identified as barriers in Liechtenstein's 2012 Dementia Strategy. By encouraging public discussion of these experiences, the initiative contributes to reducing taboo, normalising help-seeking and promoting a more dementia-inclusive society.

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Dedicated media outlets

Liechtenstein does not have an independent dementia-only news outlet. Demenz Liechtenstein functions as the main specialist information platform, while Senioren-info.li publishes information on ageing, care and dementia services. The 2026 podcast project “Worüber niemand spricht – Leben mit Demenz” represents a particularly notable attempt to increase public discussion of dementia.