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submitted to the Public Accounts Committee

The regions' diagnostic assessment of patients for dementia

1. Introduction

1.1. Purpose and conclusion

1. This report concerns waiting times and the quality of the regions' diagnostic assessment of patients for dementia.

Dementia is an umbrella term for more than 200 diseases of the brain that impair, among other things, memory, language and judgement. The most common is Alzheimer's disease. In 2025, dementia was the fourth most common cause of death in Denmark, accounting for 5,495 deaths.

There is currently no cure for dementia, but according to the Danish Dementia Research Centre, an early and accurate diagnosis is essential to ensure that patients receive the appropriate treatment, care and support as early as possible. It is therefore important that patients are assessed promptly and that assessments are of high quality.

2. Patients referred to a hospital for diagnostic assessment have the right to be assessed within 30 days, if medically feasible. This is stipulated in the Danish Health Act. The regions are responsible for ensuring that this right is upheld and must record the reason if a patient cannot be assessed within 30 days.

3. The Danish Healthcare Quality Institute is responsible for, among other things, generating knowledge that contributes to improving the quality of healthcare. In the field of dementia, clinical experts have established quality improvement targets for the regions' diagnostic dementia assessments. The experts monitor these targets through the Danish Clinical Quality Database for Dementia (hereafter referred to as the quality database). The experts have specified which tests patients should undergo to ensure a diagnosis with a high degree of certainty. Once a patient has been assessed for dementia, the assessing doctor records which tests the patient has undergone. The doctor also records the patient's diagnosis and the severity of their dementia.

Dementia diseases

According to the Danish Dementia Research Centre, the most common types of dementia are:

- Alzheimer's disease (approximately 62%)
- Vascular dementia (approximately 17%)
- Mixed dementia (approximately 10%).

The Danish Healthcare Quality Institute

The institute was established by Danish Regions and operates, among other things, 83 national clinical quality databases. The purpose of the databases is to contribute to high and consistent standards of assessment, treatment, care and rehabilitation through data-based knowledge.

Assessment unit

An assessment unit is a specialised hospital department that examines patients to determine the cause of their symptoms. All assessment units included in this study specialise primarily in neurology, psychiatry or geriatrics.

4. All patients must undergo a *basic assessment*. This includes, among other things, a memory test and a brain scan. Some patients may require more specialised tests to establish an accurate diagnosis. This is referred to as a *specialised assessment*. Regardless of the type of diagnostic assessment the doctor considers necessary for the individual patient, the patient must be assessed within 30 days, if medically feasible. The Danish Health Authority recommends that the regions organise diagnostic assessments in units that assess a sufficient number of patients to develop and maintain the specialist competencies required, among other things, for specialised assessments.

5. We have previously examined whether the regions comply with patients' right to prompt assessment, including in our report on the right to prompt investigation (No. 3/2018) and our report on Children and adolescents' right to psychiatric assessment in the psychiatric system (No. 10/2023).

6. The purpose of the study is to assess whether the regions' assessment of patients for dementia is satisfactory. We answer the following questions in the report:

- Do the regions comply with patients' right to prompt diagnostic assessment?
- Is the quality of diagnostic assessments for dementia consistent across regions?
- Are patients assessed in the same way regardless of their social background?

The study covers patients who underwent assessment for dementia in the period 2022-2025. Validated data are not yet available for patients assessed in 2026.

Rigsrevisionen initiated the study in August 2025.



Conclusion

The regions' diagnostic assessment of patients for dementia warrants criticism. The vast majority of patients are not assessed within the statutory 30-day deadline. Across all regions, the average waiting time is more than five times the statutory deadline. Consequently, there is a risk that patients do not receive the appropriate treatment and support to live with dementia later than they should.

Rigsrevisionen notes that the quality of diagnostic assessments varies between the regions and that there are also differences in assessment times and quality between patients from different social backgrounds. We find that the reasons for these differences should be examined further.

The regions have failed to comply with the right to prompt assessment for approximately 84% of patients

In the period 2022-2025, 24,960 patients, corresponding to approximately 84%, were not assessed for dementia within the statutory 30-day deadline, even though it was medically feasible. In 2025, the average diagnostic assessment time nationwide was 165 days.

Waiting times for diagnostic assessment vary between the regions. In 2025, the Region of Southern Denmark had the shortest average assessment time at 133 days. Region Zealand had the longest average assessment time at 244 days during the same period.

More than half of the time patients spend waiting for diagnostic assessment is spent waiting for their first hospital appointment. The regions have cited insufficient capacity as the reason for the waiting time for almost all patients. Rigsrevisionen notes that, according to the guidelines on free choice of hospital, etc., insufficient capacity is not a valid reason for failing to assess patients within 30 days.

Some assessment units register patients as having completed their diagnostic assessment at their first hospital appointment, even though the assessment continues afterwards. This means that the Danish Health Data Authority's national monitoring of the area is not accurate and presents an overly positive picture of the regions' compliance with the right to prompt assessment. The regions have stated that they are working to standardise their registration practices.

The quality of specialised assessments varies between the regions

The vast majority of patients undergo the basic tests, regardless of the region in which they are assessed. However, the use of specialised tests varies depending on where in the country patients are assessed. In the Region of Southern Denmark, 45% of patients who meet the criteria for a specialised test do not undergo one at all. In the Central Denmark Region, the corresponding figure is 20%. Nationwide, the figure is 29%.

Most regions have several small assessment units and therefore do not follow the Danish Health Authority's recommendation to consolidate assessments in large units. Patients assessed in large units are more likely to undergo specialised tests than patients assessed in small units.

Assessment times and quality vary between patients from different social backgrounds

Patients from more advantaged social backgrounds are assessed an average of 24 days sooner than patients from less advantaged social backgrounds. They are also 15 percentage points more likely to undergo specialised if they meet the criteria for them.