ECONOMIST IMPACT

From awareness to action: addressing the growing burden of Alzheimer's in Mexico

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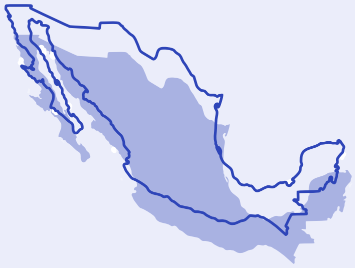
This policy brief outlines the current state of Alzheimer's care in Mexico. Alzheimer's disease (AD), the most common form of dementia, is a neurodegenerative and progressive chronic condition that weakens cognitive abilities and results in a loss of autonomy and functionality. The brief draws its insights from the literature and a series of interviews with experts working in Mexico.



Background indicators

Population	
Percent of population 65+	9.4%[4]
Life expectancy at birth	70.8[4]
AD and dementia	
Prevalence of AD in adults 60+	7.8%[5]
Deaths attributed to AD	2.3 per 100,000[4]
Disability-adjusted life years (DALYs) attributed to AD and other dementias	153.8[6]
Years of life lost (YLLs) attributed to AD and other dementias	41.4[6]

Introduction

AD is the most common cause of dementia in Mexico, accounting for 60–80% of all cases,[1,2] and its impact is set to grow dramatically in the coming decades. Currently, an estimated 1.3 million people over the age of 60 live with dementia in Mexico—a number projected to surge to more than 3.5 million by 2050.[2,3] This rapid increase, driven by an aging population, will place enormous pressure on families, health systems and society. To address the growing burden of AD, policymakers should:

- Increase efforts to raise public awareness and combat stigma linked to AD
- Improve implementation of the National Plan for Alzheimer's and Other Dementias
- Tackle fragmented care and unequal access to services
- Address barriers to early diagnosis
- Enhance support to caregivers

Current snapshot: AD policy, guidelines and programs in Mexico

Our research across the points below considered whether policies, guidelines and programs are in place to support and address AD. It is important to note that the existence of policies or guidelines does not necessarily lead to effective implementation.

🟩 Yes 🟨 Partially 🟥 No

🟩 **National AD plan**
Existence of a national plan for AD
Mexico introduced the *Plan Nacional de Demencia* (National Dementia Plan) in 2014, with an update in 2024.[3]

🟨 **AD awareness campaigns**
Existence of national AD awareness campaigns
While the National Dementia Plan aims to improve awareness, there are currently no national awareness campaigns.[3] In some cases, industry and non-governmental organizations (NGOs) have partnered to raise awareness.[7]

🟨 **Clinical guidelines**
Existence of clinical guidelines for AD that include early detection, diagnosis, treatment, support and end-of-life care
The National Dementia Plan aims to create protocols for the diagnosis and treatment of AD.[3]

🟨 **Patient support and advocacy**
Existence of patient support programs and advocacy groups at the national and local levels
Older adults are often supported by family and informal caregivers, but experts say there is limited infrastructure to support patients and caregivers.

🟨 **Research and development**
Availability of funding allocated to Alzheimer's research
The National Dementia Plan highlights the importance of increasing funding and support for AD research.[3]

🟨 **Thriving in society**
Existence of programs that support AD patients' ability to thrive in society, such as age-friendly environments
Mexico is a member of the WHO Global Network of Age-Friendly Cities and Communities.[8]

🟨 **Diagnostic tools**
Availability of tools for diagnosing AD
MRI machines, neuropsychological evaluations and biomarker testing are being used to diagnose AD in Mexico, but experts suggest these tools are not widely available.[9,10]

🟥 **Healthcare workforce and training**
Availability of healthcare professionals and training for AD
Beyond traditional medical school training, experts suggest that training for AD diagnosis and care for primary care providers is lacking.

🟥 **Epidemiological database**
Existence of an epidemiological database or publicly available data on the incidence and prevalence of AD
There is no publicly available AD registry.

Source: Economist Impact analysis

> **"The National Plan remains a theoretical discussion among experts. When it comes to execution, nothing happens."**
>
> **Sara G Aguilar Navarro**, Head, Geriatrics Service and Professor, Postgraduate program in Geriatrics, National Institute of Medical Sciences and Nutrition Salvador Zubirán

Key takeaways

Increase efforts to raise public awareness and combat stigma linked to Alzheimer's disease

"Society needs to understand the financial and emotional burden of dementia and how to prepare for it," says Sonia Leonor Sánchez Mendoza, a geriatrician and Atlantic Fellow for Equity in Brain Health at the Global Brain Health Institute. The experts we spoke to told us that forgetfulness is considered by many in Mexico to be a natural part of aging.[11] Dr Sánchez Mendoza explains that this can prevent people from seeking medical advice, and medical professionals can reinforce this misconception by "reassuring families that cognitive decline is just a normal part of aging".

Fear and embarrassment can also prevent people from seeking help for their symptoms.[11]

Many people "don't want to acknowledge the possibility of having Alzheimer's," says Marco A Murillo, President of Alzheimer México, a civil society organization that aims to provide comprehensive care to people with AD and other dementias, their caregivers and families. And stigma around the disease can result in "families keeping their loved ones hidden because they don't want others to know they have dementia," Mr Murillo explains.

Experts also highlight that low awareness of the lifestyle risk factors associated with AD and dementia, including obesity, diabetes, hypertension, social isolation, and addiction, also plays a role in delaying diagnosis and treatment.[12] Bertha Dora Quezada Sánchez, President of the Mexican Alzheimer's Federation (FEDMA), believes that "if people knew how much their lifestyle influences brain health, they would make better choices".

There is a clear need for campaigns to combat misconceptions and stigma around AD. The key areas that these campaigns ought to focus on are:

- correcting the misconception that forgetfulness is a natural part of ageing—to encourage support-seeking at symptom-onset;
- targeting stigma by informing people that there are support and treatment options for AD—to encourage treatment-seeking for individuals and their families; and
- raising awareness of prevention—to encourage behavior change to reduce the risk of developing AD.

Dedicated awareness-raising efforts must target medical professionals and the public, following in the footsteps of efforts for other conditions that have engaged public health messaging, the education sector, and the media. "We need the same level of awareness campaigns as breast cancer or childhood malnutrition," says Sara Aguilar Navarro, Head of the Geriatrics Service and Associate Professor of the postgraduate Geriatrics program at the National Institute of Medical Sciences and Nutrition, Salvador Zubirán.

> **"Ageism and stigma around dementia are deeply rooted—these prevent individuals from getting diagnosed early and accessing necessary care."**
>
> **Sonia Leonor Sánchez Mendoza**, Geriatrician; Atlantic Fellow for Equity in Brain Health, Global Brain Health Institute

> **"Right now, society is making efforts, but the government must take the lead."**
>
> **Sara Solis**, Geriatrician; Senior Atlantic Fellow for Equity in Brain Health, Global Brain Health Institute

Improve implementation of the National Plan for Alzheimer's and Other Dementias

The number of people over 60 living with dementia in Mexico is expected to rise from 1.3m currently to more than 3.5m by 2050.[2,3] In response to this growing burden, introduced the *Plan Nacional de Demencia* (National Dementia Plan) in 2014, with an update in 2024. The plan aims to promote early diagnosis, comprehensive care and caregiver support.[3] Mexico's efforts align with global frameworks like the World Health Organization's (WHO) Global Action Plan on Dementia, but challenges in coordination, implementation, and resource allocation persist.[3,13] "The National Plan remains a theoretical discussion among experts," says Dr Aguilar Navarro. "When it comes to execution, nothing happens."

Firstly, there is a need to recognize AD as a public health problem and a social issue, which will unlock resources—including a dedicated budget, which is currently lacking—and help to raise awareness. "We need a unified, national effort to ensure that dementia care is prioritized at the public health level," says Sara Solis, a geriatrician and Senior Atlantic Fellow for Equity in Brain Health at the Global Brain Health Institute. Government, private institutions, and civil society organizations must work together to ensure better diagnosis, treatment and caregiver support—but government must lead the way by establishing a dedicated body to oversee this shift and ensure that it is fully implemented. An example of how such collaboration can be enacted is Australia's Dementia, Ageing and Aged Care Mission, which supports research to enable people in the country to maintain health and quality of life in older age; live independently for longer; and access quality care as needed.[14] The Mission's implementation is overseen by an independent advisory panel and guided by an internationally reviewed Roadmap and Implementation Plan.

Address barriers to early diagnosis

As dementia prevalence almost triples to 3.5m by 2050, early diagnosis will be vital to ease the rising individual and social impact in the coming years.[2] Novel diagnostics and treatments are offering revolutionary new possibilities to diagnose and treat AD effectively.[15] Yet Mexico faces significant challenges in accessing the benefits of these innovative diagnostics and treatments, which threaten to derail responses to the rising burden.[1,16] "Biomarker tests are revolutionizing diagnosis, but they are not widely available," Dr Sánchez Mendoza explains.

> **"Early diagnosis, combined with pharmacological and non-pharmacological treatments, is key to slowing disease progression and improving quality of life."**
>
> **Marco A Murillo**, President, Alzheimer México

In addition, individuals often encounter little or no support from health and social security institutions due to limited primary care knowledge, a scarcity of specialists, a lack of referral systems, and long waiting times for specialist consultations and diagnostic tests in the few cities where these are available.[9] Mr Murillo describes a delay of three to ten years from first symptoms to a formal diagnosis, meaning that "by the time patients reach us, they are often in advanced stages of dementia, when early interventions could have made a difference".

The process of diagnosing AD requires a lot of resources—MRI machines, neuropsychological evaluation and biomarker testing—none of which, says Dr Aguilar Navarro, are widely accessible in Mexico. For example, when it comes to MRI machines, which are used to provide a detailed picture of the damage to the brain caused by AD and dementia, there are 2.92 per 1m population in Mexico, less than 10% of the number in the United States.[10] Looking ahead, policymakers must be ready to facilitate the adoption of diagnostic blood tests for AD, which have shown accuracy of 90% and could eclipse the need for PET scans and another currently used diagnostic tool, cerebrospinal fluid extraction.[17]

Standardized diagnostic protocols are also needed to ensure consistent and reliable diagnosis. Current efforts include the WHO's Integrated Care for Older People (ICOPE) program, which incorporates cognitive performance screenings and mental health evaluations within primary care—the program is being incrementally implemented but remains limited to select urban centers such as Mexico City and Guadalajara.[9]

Meanwhile, the Mental Health Gap Action Programme (mhGAP), a global WHO project aimed at scaling up services for mental, neurological, and substance use disorders for low- and middle-income countries (LMICs), was introduced in Mexico in 2019 in collaboration with the Pan American Health Organization (PAHO).[18] The program focuses on enhancing dementia screening and establishing pathways for its management. Across the countries of its implementation, it has demonstrated improved knowledge, attitudes and confidence post-training, as well as improved symptoms and engagement with care—although its implementation has been hindered in some parts of Mexico by resource limitations and geographical challenges.[19,20]

Even when people manage to receive a diagnosis, access to care—spanning medication, cognitive training programs and adult daycare centers—is uneven. Without concerted action, this inequality will become even more pronounced in the coming years as new, effective AD treatments become available. "Early diagnosis, combined with pharmacological and non-pharmacological treatments, is key to slowing disease progression and improving quality of life," says Mr Murillo.

> **"We are underdiagnosing dementia, which means many people are missing out on treatments that could improve their quality of life."**
>
> **Sergio Iván Valdés Ferrer**, Director General, Directorate of Scientific Research in Health Projects, Ministry of Health

Tackle fragmented care and unequal access to services

The care landscape for AD reflects the broader systemic fragmentation of the Mexican health system, which is divided among social security institutions, public services and private providers.[9] Each operates independently, resulting in disparate access, varying service quality and a lack of cohesive care pathways. There are no nationwide, publicly funded programs that comprehensively address the diagnosis, treatment and management of AD.[9] Access to specialized care is primarily available via the private sector and civil society organizations, and is therefore far more accessible to wealthier patients and those in urban areas.[9] "[Meanwhile] many patients in the public system are forced to pay out-of-pocket for private consultations because public services are overwhelmed," says Dr Sánchez Mendoza.

Furthermore, services tend to be centered in the biggest cities, while significant gaps persist in rural and densely-populated, low-income urban areas.[1,5,21] For example, the persistent shortage of geriatric primary care physicians and geriatricians in Mexico is especially pronounced in rural areas, while the availability and adequacy of adult daycare centers is also low.[21] "In smaller cities, people often go to psychiatry services first due to emotional symptoms, bouncing between specialists," says Dr Sánchez Mendoza.

A national integrated care approach would not only optimize resource utilization but also improve care quality, increase equity, and establish a stronger, more cohesive response to AD and other dementias across the country.[9,22] The National Dementia Plan 2024 is a strong starting point, but compliance is fragmented.[22] Efforts must be coordinated and unified to ensure that access to care and support, for both diagnosed patients and at-risk individuals, is available according to need.[22]

> **"We don't have a centralized healthcare system, so depending on which institution you go to, you may receive different care—or no care at all."**
>
> **Sergio Iván Valdés Ferrer**, Director General, Directorate of Scientific Research in Health Projects, Ministry of Health

> **"The lack of caregiver training leads to burnout, depression, and loss of income—it's a major societal issue."**
>
> **Sergio Iván Valdés Ferrer**, Director General, Directorate of Scientific Research in Health Projects, Ministry of Health

Enhance support to caregivers

In Mexico, like many countries, managing AD is dependent on labor-intensive, day-to-day care, often delivered by family members. The significant burden on family members and other caregivers can lead to a number of consequences, from loss of employment to physical and mental stress.[23,24] "Caregivers are at higher risk of injuries, chronic stress and even heart disease due to their caregiving burden," says Dr Sánchez Mendoza. Yet support for carers is extremely limited in Mexico—an issue repeatedly highlighted by our experts. "There is no infrastructure to support caregivers," says Dr Aguilar Navarro. "Many quit their jobs to care for a loved one, with no financial safety net." And women, in particular, tend to bear the brunt of caregiving responsibilities—unpaid care work by women alone in Mexico is equivalent to 17.6% of the country's GDP, as compared to a combined male/female average of 15% of GDP in the Organisation for Economic Co-operation and Development (OECD) countries.[25] "In Mexico, women provide most dementia care—unpaid, untrained, and emotionally exhausted," says Sergio Iván Valdés Ferrer, Director General of the Dirección de Investigación Científica en Proyectos de Salud (Directorate of Scientific Research in Health Projects), part of the Ministry of Health. This perpetuates gender inequality by limiting employment opportunities and career advancement, social participation, access to education and healthcare, rest time and so on.[26] In the process, household economic potential—especially of poorer households—is limited.[25]

Caregivers require structured support from the health and social care system. This includes respite programs to provide care support and offer carers a break from caregiving responsibilities, allowing them to manage work commitments and non-work responsibilities, as well as maintain their own health and well-being. In addition, formal financial assistance is required to cover the shortfall from employment loss. Finally, training programs are required to equip caregivers to handle the challenges and strain of providing dementia care. This three-pronged approach must be delivered as part of an integrated caregiver support program. UNICEF's Caring for the Caregiver initiative is one program that offers a detailed framework to help policymakers counter the poverty, poor health, structural and gender inequities, and social isolation often faced by carers (especially women).[27]

Summary

EDUCATION

Raise awareness of AD and dementia among the public and health workers.

How: Launch campaigns and educational initiatives to increase public and physician awareness of AD, its risk factors and the need for early intervention.

INVESTMENT

Recognize AD as both a public health and social challenge.

How: Dedicate ring-fenced resources to addressing AD, and work with private institutions and civil society organizations to implement policy effectively.

ACCESS

Improve access to diagnostic tests and treatment.

How: Implement a standardized care protocol that follows the patient from screening and diagnosis to treatment and equitable long-term care.

INTEGRATION

Counteract public/private, urban/rural and other fragmentation in the health system.

How: Implement an integrated care approach that optimizes resource utilization, improves care quality, increases equity and establishes a stronger, more cohesive nationwide AD/dementia response.

CARER SUPPORT

Enhance the support available to caregivers.

How: Roll out structured support for caregivers, including respite care, financial support, training and well being assistance—with a focus on gender inequity.

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- **Marco A Murillo**, President, Alzheimer México
- **Sonia Leonor Sánchez Mendoza**, MD, Geriatrician, Mental Health Hospital Dr Miguel Vallebueno; Atlantic Fellow for Equity in Brain Health, Global Brain Health Institute
- **Sara Solis**, MD, Geriatrician; Senior Atlantic Fellow for Equity in Brain Health, Global Brain Health Institute
- **Sergio Iván Valdés Ferrer**, Director General, Directorate of Scientific Research in Health Projects, Ministry of Health
- **Bertha Dora Quezada Sánchez**, President, Mexican Alzheimer’s Federation (FEDMA)

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