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Objective: To compare help-seeking frequency for neurocognitive disorders and neuropsychiatric symptoms among older Mexican adults in the general population.

INTRODUCTION

A lack of awareness and under-recognition of cognitive impairment are significant barriers to timely diagnosis and treatment of neurocognitive disorders (NCDs), including mild cognitive impairment (MCI) and dementia. Seeking assistance can facilitate access to pharmacological and non-pharmacological interventions.

METHODS

This study analyzes data from adults aged 65 and older residing in low-middle income areas within the Dementia Research Group 10/66 (GID10/66) program in Mexico. The recruitment process was through door-to-door census in delimited areas of Tlalpan, Mexico city (urban area) and eight towns of Tepoztlán, Morelos (rural area), between 2017 and 2019. MCI diagnosis was made in accordance with the established Mayo Clinic criteria, whereas dementia diagnosis was determined based on algorithm of DSM IV criteria and/or the GID10/66 algorithm. Neuropsychiatric symptoms (NPS) assessment was conducted using the Neuropsychiatric Inventory questionnaire version (NPI-Q).

RESULTS

Data from 2,458 participants were analyzed, 1,425 from urban and 1,033 from rural areas. Urban and rural areas were significantly different in age, educational attainment, household assets or services, and in the distribution of neurocognitive disorders (table 1). Meanwhile no differences were observed in gender, marital status, chronic diseases, or NPS. Help-seeking by study area did not show differences in MCI group, while in the dementia patient group (p <0.001) and NPS group (p= 0.032) it was significantly different. Pharmacological treatment was different in dementia group (p <0.001) and in NPS group (p=0.032). Finally, non with MCI or dementia group were significantly different for the proportion of caregivers who did not recognize the presence of cognitive problems (table 2).

CONCLUSIONS

Help-seeking and recognition of cognitive impairment are limited in cases of MCI in both urban and rural settings. Although help-seeking increases in cases of dementia, nearly half of affected patients do not seek care in either study area. Help-seeking related to NPS remains low overall. These findings reveal persistent gaps in awareness and access to care among older adults, underscoring the need for targeted public health strategies to support early recognition and appropriate treatment.

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Table 1. Distribution of demographic variables, comorbidities, cognitive status, and neuropsychiatric symptoms by study area

		Urban n=1,425	Rural n=1,033	p value
Sex (%)	Female	61.8	60.3	0.468
	Male	38.3	39.7	
Average age (SD)		76.3±7.7	77.9±7.7	<0.001
Education (%)	None/incomplete elementary	41.3	60.2	<0.001
	Elementary/middle school	38.8	32.3	
	Technical or higher	19.9	7.6	
Marital status (%)	Single	6.7	6.9	0.959
	Married	49	48.4	
	Widowed/divorced	44.3	44.7	
Assets (%)	>3	99.8	82.1	<0.001
	≤3	0.2	17.9	
Number of chronic diseases (%)	0 a 1	50	48	0.211
	2 a 3	35.1	38.4	
	4+	14.9	13.6	
Neurocognitive disorders (%)	Mild (mild impairment cognitive)	2.1	2.9	0.004
	Major (dementia)	17	21.8	
Neuropsychiatric symptoms (%)	0 a 1	47.7	51.8	0.065
	2 a 3	27.5	27	
	4+	24.8	21.2	

Table 2. Seeking help for neurocognitive disorders and neuropsychiatric symptoms by study area

			Urban (%)	Rural (%)	p value
Mild neurocognitive disorder (mild cognitive impairment)	Help seeking	No	13.3	13.3	0.204
		Yes	10.0	0.0	
		Does not recognize cognitive problems	76.7	86.7	
	Received	non-pharmacological help	6.7	0.0	-
		pharmacological help	6.7	0.0	-
Major neurocognitive disorder (dementia)	Help seeking	No	47.9	56.4	<0.001
		Yes	36.0	19.1	
		Does not recognize cognitive problems	16.1	24.5	
	Received	non-pharmacological help	65.5	69.8	0.876
		pharmacological help	42.9	25.3	<0.001
Neuropsychiatric symptoms	Help seeking		26.9	17.1	0.032
	Received non-pharmacological help		72.3	75.0	0.843
	Received pharmacological help		62.7	87.0	0.032

REFERENCES



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