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CENTRAL HYPOTHESIS

In specialist-gated public systems (e.g., Brazil’s SUS), early Alzheimer’s disease is concealed behind a “psychiatric veil” — first diagnosed and treated as a primary psychiatric disorder — delaying correct diagnosis, advancing disease stage at diagnosis, and amplifying caregiver burden, with structural inequities as key drivers.

H1 OCCURRENCE

A meaningful share of early-AD patients are preceded by ≥1 primary psychiatric diagnosis.

H2 DELAY & STAGE

Misclassification → longer time to diagnosis and a more advanced stage at diagnosis.

H3 CAREGIVER IMPACT

Misclassification → more caregiver depression and lower preparedness.

H4 STRUCTURAL DRIVERS

Lower education and limited primary-care neurological access predict misclassification.

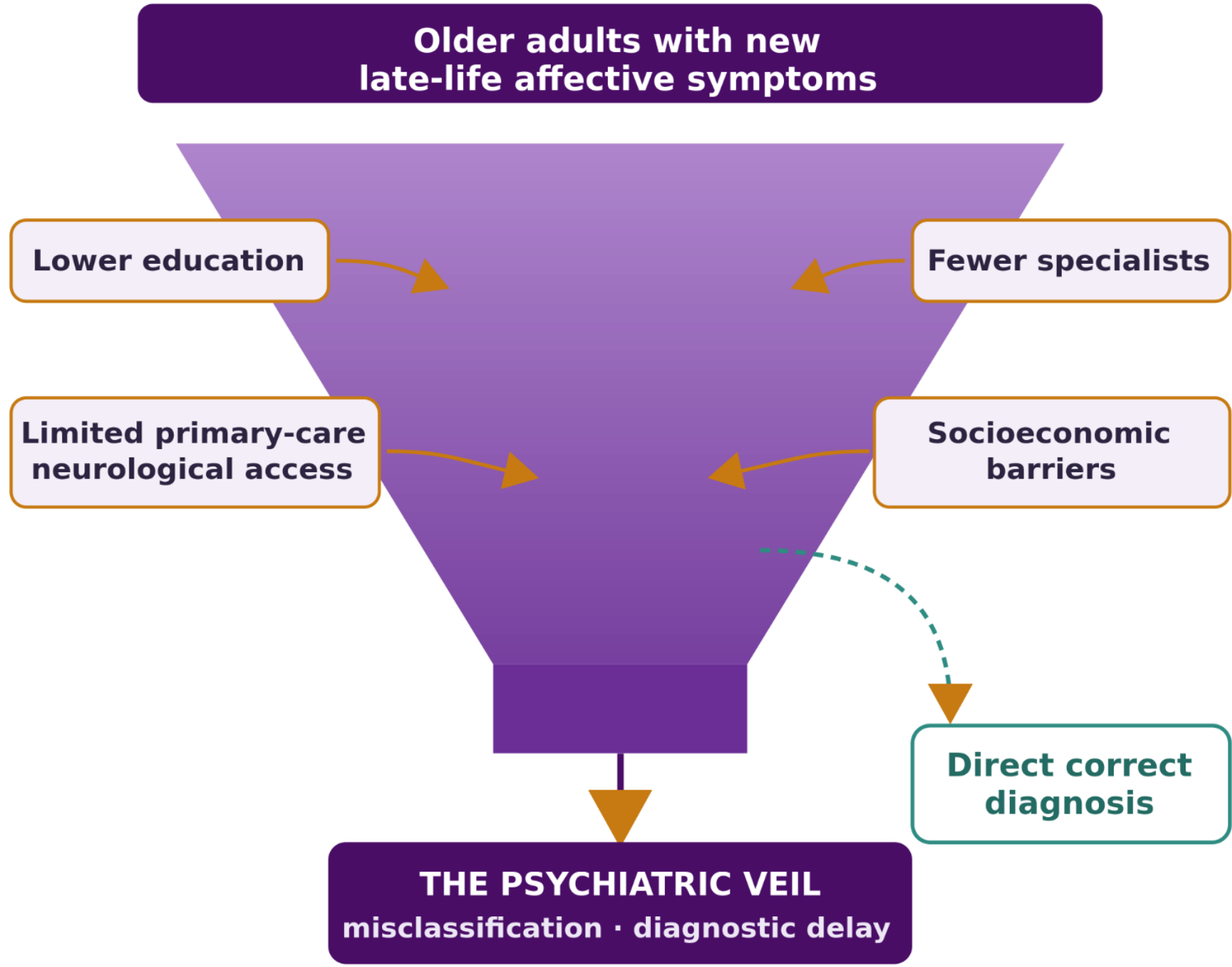
THE CLINICAL PROBLEM

- Depression & anxiety are common early features of Alzheimer’s — often before memory loss.
- In specialist-gated systems, they are readily labeled a primary psychiatric disorder.
- Result: an under-characterized diagnostic gap — the “psychiatric veil.”

WHY IT MATTERS

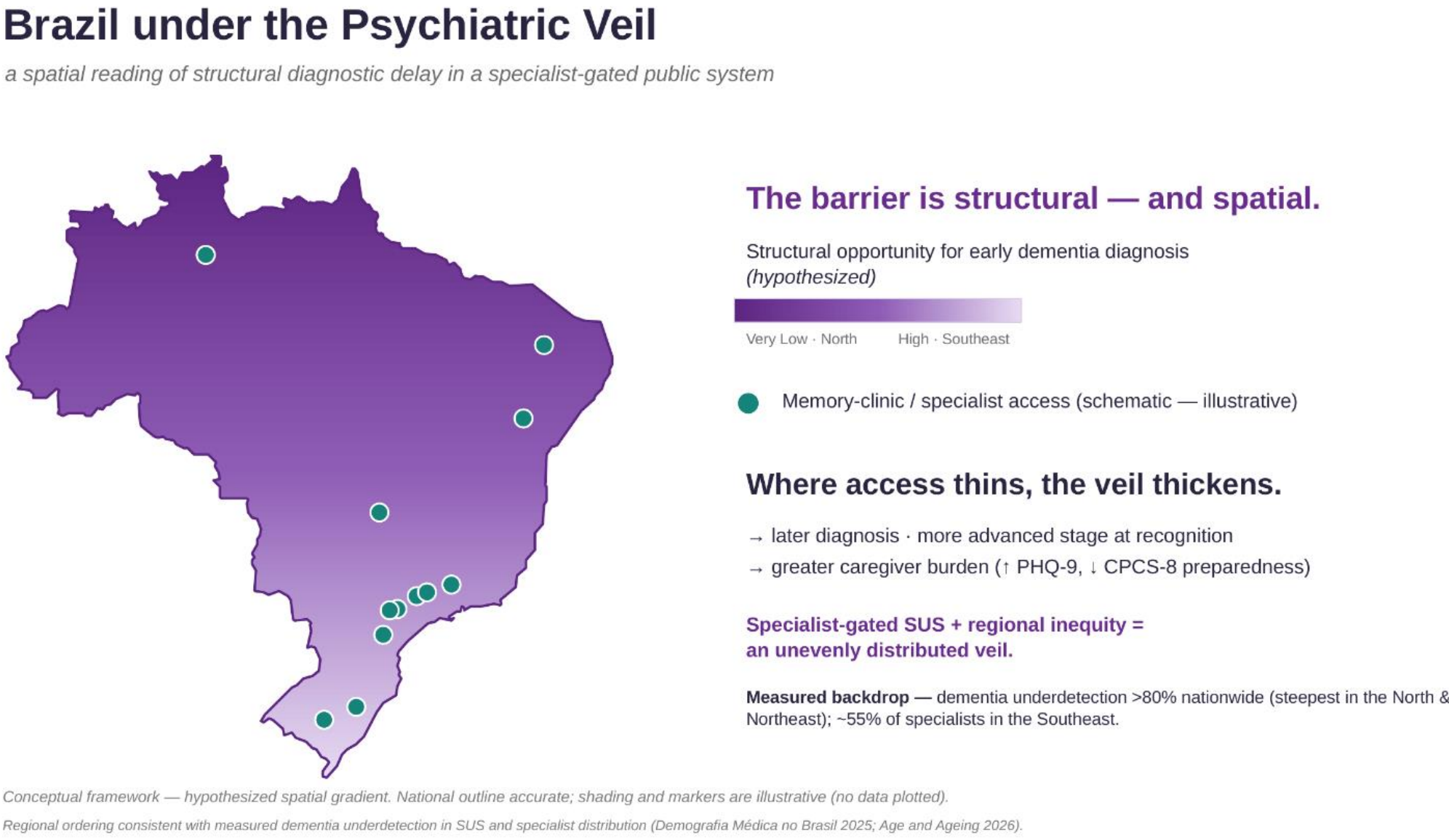
- Dementia is rising fastest in low- & middle-income countries, where access is most limited.
- Early diagnosis protects the window for planning, risk reduction & caregiver preparation.
- If real, the veil is a modifiable, system-level barrier — and an equity problem.

WHO IS MOST AT RISK · EQUITY



Hypothesized (H4): structural determinants raise the likelihood of misclassification. Conceptual; not measured.

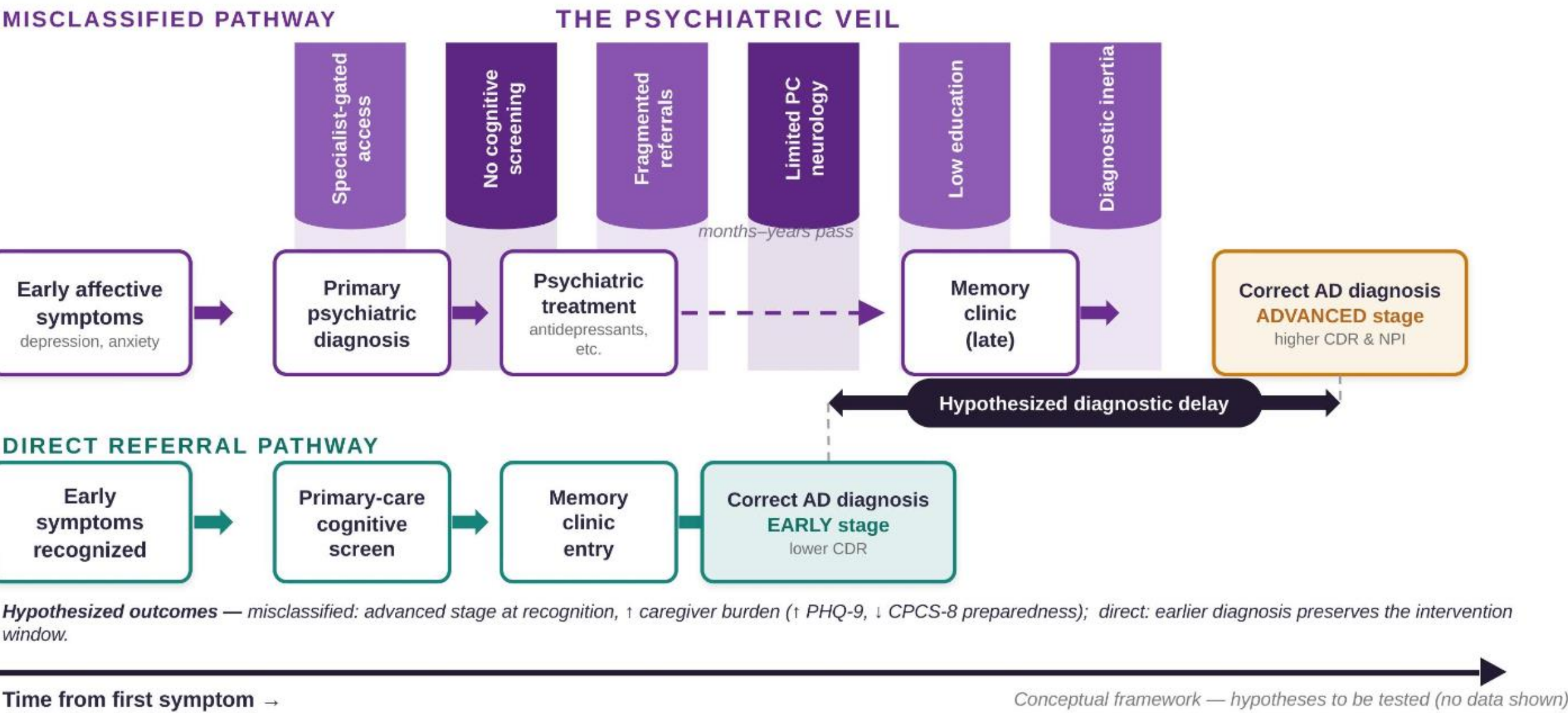
THE CORE IDEA · A STRUCTURAL — AND SPATIAL — BARRIER



THE DIAGNOSTIC PATHWAY IN A SPECIALIST-GATED SYSTEM

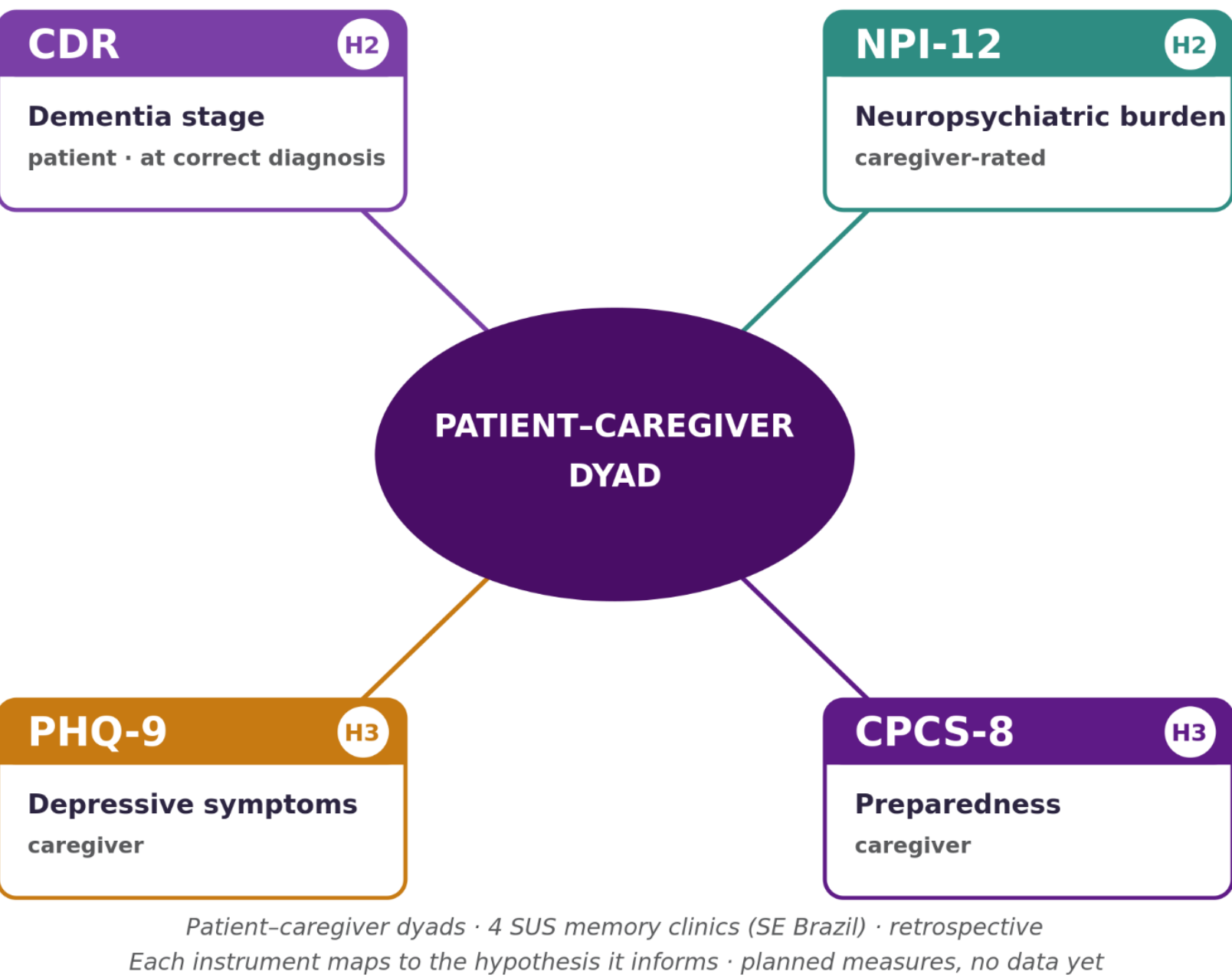
The Psychiatric Veil: a structural detour to late diagnosis

The misclassified path is rerouted through the veil’s structural threads; the direct path bypasses it.



Hypothesized outcomes — misclassified: advanced stage at recognition, 1 caregiver burden (↑ PHQ-9, ↓ CPCS-8 preparedness); direct: earlier diagnosis preserves the intervention window.

PROPOSED STUDY DESIGN



Patient-caregiver dyads · 4 SUS memory clinics (SE Brazil) · retrospective
Each instrument maps to the hypothesis it informs · planned measures, no data yet

EXPECTED CONTRIBUTIONS

- A named, testable construct for psychiatric misclassification in dementia.
- A dyadic + equity lens for LMIC dementia care pathways.
- If confirmed: primary-care cognitive screening of late-life mood presentations could lift the veil early.

OPEN QUESTIONS — SEEKING INPUT

- Operationalizing “misclassification” vs. genuine comorbidity?
- The most defensible comparison-group strategy?
- We welcome feedback & collaboration →



REFERENCES

Braak & Braak 1991; Ismail et al. 2016 (MBI); depression–dementia meta-analyses; Lancet Commission. Structural backdrop: undetected dementia Brazil (SUS; Age & Ageing 2026); Demografia Médica no Brasil 2025.

