Mexico

Research conducted in 01/10/2026

Mexico operates a universal mixed-financing health system combining public and private payers, social security financed schemes, and mixed provision. Health expenditure stands at 5.72% of GDP, while Alzheimer's disease and dementia indicators show a prevalence of 559.78 per 100,000, incidence of 101.464 per 100,000, and a death rate of 14.274 per 100,000. The Alzheimer's Disease International (ADI) member association is Federación Mexicana de Alzheimer (FEDMA), and the country's National Dementia Plan. Mexico has an updated national framework, but gaps persist in access, continuity and coordination. Complement the indicators with an understandable figure: in 2025, the Ministry of Health estimated that around 1.3 million people in Mexico were living with dementia, with the possibility of this figure tripling by 2050. Overall, Mexico's policy framework emphasizes early detection, standardized care pathways, and strengthened caregiver support and data systems. The Dementia Friends initiative has been adapted to the local cultural context and the country actively participates in international surveys in an effort to better understand dementia awareness in the country.

Highlights

Health system **Universal, Mixed financing (public and private), Social Security financed, Mixed provision**
ADI member association(s): **Federación Mexicana de Alzheimer (FEDMA)**
National dementia plan: **Plan of Action for Alzheimer and Other Dementias**
Dementia plan funding: **Inadequately funded plan**
Dementia prevalence rate: **559.78**
Dementia incidence rate: **101.46**
Population: **131946900**
Median age: **30**
Health expenditure (% of GDP): **6**

Diagnosis

Mexico's 2024 National Dementia Plan establishes primary care screening using brief cognitive tests and WHO mhGAP training, with suspected cases referred to specialists for comprehensive assessments, labs, and CT/MRI imaging via standardized referral pathways. Diagnosis often faces 12-month delays due to specialist and imaging access. Cognitive evaluation includes Mini-Cog, MMSE, MoCA, informant-based scales, and specialist neuropsychological batteries. CT is widely available, MRI access uneven, and biomarker PET limited. Genetic testing is rare outside tertiary centres. Insurance covers basic consultations and labs, while implementation efforts aim to standardize access nationwide. However, access to timely diagnosis is uneven. ADI's experience shows fragmented pathways and differences between regions and institutions. The Plan sets out a desired pathway, not one fully implemented throughout the system.

Diagnosis pathway

Under Mexico's 2024 National Dementia Plan, primary care uses brief cognitive tests and WHO mhGAP training, referring suspected cases to specialists for comprehensive neurocognitive assessments, labs, and CT/MRI imaging, supported by standardized diagnostic referral pathways ("rutas diagnósticas").

In Mexico, when one presents with symptoms of cognitive decline, the specialist workup typically begins with a detailed clinical history. The clinician proceeds with standardized neurocognitive testing, complemented by laboratory studies to rule out reversible causes such as thyroid dysfunction or vitamin deficiencies. Brain imaging, most often a computed tomography (CT) or a magnetic resonance imaging (MRI), is then used to confirm a diagnosis of probable Alzheimer's disease and to rule out other dementias such as vascular, frontotemporal dementia, or Lewy body dementia.

Recognizing the uneven access to these services across the country, Mexico's Ministry of Health and the Instituto Nacional de Geriatría (INGER) have begun introducing standardized diagnostic referral pathways, or rutas diagnósticas, in select public hospitals and pilot memory units, mainly within IMSS-Bienestar facilities and INGER-affiliated centers in Mexico City, Guadalajara, and Monterrey. These pilot routes aim to streamline early detection, ensure timely specialist referral, and reduce regional disparities in access to comprehensive dementia diagnosis and care.

However, there is no primary care that routinely carries out screening and referral through standardised pathways. More precisely, the Plan proposes strengthening these capacities. FEDMA–INGER identified standardisation of screening and protocols and improvement of referral and back-referral as outstanding tasks.

References

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- FEDMA–INGER. Report "Progress and Challenges in Implementing Mexico's National Dementia Plan", 2025.

Wait times

Status: Long wait time

No nationally representative estimate of the average time to obtain a dementia diagnosis in Mexico was identified.

Regionally, access to biomarkers and advanced imaging is limited to a few centers in Latin America, contributing to longer workups; most diagnoses rely on clinical assessment such as symptom history, physical and neurological examination and basic imaging such as X-rays and standard CT scans, which can be delayed by specialist access constraints

Evidence from Mexico's Plan Nacional de Demencia 2024 and related legislative and institutional reports shows that diagnostic and specialist services for dementia are heavily concentrated in large urban centers (Mexico City, Guadalajara, Monterrey), while rural areas face major shortages of trained personnel, neuroimaging, and referral pathways, creating significant inequities in timely diagnosis and care access.

References

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- https://gaceta.diputados.gob.mx/Gaceta/66/2025/abr/20250402-III-2.html

Diagnosis cost

Status: Partially covered

In Mexico, dementia diagnosis costs vary depending on the services required, with estimated costs ranging from MXN 12,900–16,700 for standard assessments to MXN 44,000–55,000 for comprehensive private evaluations, including specialized Alzheimer's biomarkers, although no standardized national tariff exists.

There is no standardised national cost for dementia diagnosis. As a reference estimate, a process including two specialist consultations, laboratory tests, magnetic resonance imaging and a neuropsychological assessment could cost approximately $12,900 to $16,700 MXN. When specialised Alzheimer's disease biomarkers are required, the cost may exceed $30,000 MXN. These figures are estimates based on IMSS Unit Costs 2026 and available private prices; they do not represent a national tariff.

In the private sector, a comprehensive diagnostic process may cost approximately $44,000 to $55,000 MXN, including two consultations with geriatrics or neurology (2,000–4,000), neuropsychological assessment (5,000–8,000), laboratory tests for differential diagnosis (2,000–5,000), brain magnetic resonance imaging (5,000–7,800) and, when indicated, specific Alzheimer's disease biomarkers in a private laboratory (approximately $30,000). These are reference estimates and may vary by city, provider and required investigations; they do not constitute a national tariff.

References

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- https://www.imss.gob.mx/sites/all/statics/guiasclinicas/393GER.pdf

Cognitive tests

Status: Available

Cognitive assessment tools in Mexico include the Mini-Cog, Mini-Mental State Examination (MMSE), Montreal Cognitive Assessment (MoCA), informant-based functional scales like AD8 and IQCODE, and comprehensive neuropsychological batteries administered in specialist clinics. Tests such as the MMSE, MoCA and Mini-Cog are used in Mexico, but their application is not uniform across institutions. It is recommended that cognitive screening be distinguished from comprehensive neuropsychological assessment, and that interpretation take account of age, educational attainment and sociocultural and linguistic context. There is also an ongoing need to strengthen training and standardisation of cognitive detection in primary care.

References

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Imaging tests

Status: Commonly used

In Mexico, brain computed tomography (CT) and magnetic resonance imaging (MRI) are used in dementia diagnosis to identify structural changes and help rule out other possible causes of cognitive impairment. MRI also allows assessment of patterns of brain atrophy and cerebrovascular disease.

More specific investigations, such as PET, are much less widely available and are concentrated mainly in specialist centres and the private sector. PET/CT with 18F-FDG is available in Mexico; however, according to recent Mexican literature, amyloid PET and tau PET are not currently available in the country. Access to neuroimaging may vary by institution, region and availability of specialist services.

References

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Genetic tests

In Mexico, genetic tests are not part of routine dementia diagnosis. They are considered mainly when hereditary or early-onset forms are suspected, for example APP, PSEN1 and PSEN2, and their availability is concentrated in specialist services, research and some private laboratories.

References

- INGER. National Dementia Plan 2024.
- https://www.gob.mx/inger/documentos/plan-nacional-de-demencia-2024

Biomarker tests

Status: Rarely used

In Mexico, Alzheimer's disease biomarker tests are not yet part of routine diagnostic assessment and access is limited. They may include cerebrospinal fluid biomarkers (Aβ42/Aβ40, total tau and phosphorylated tau) and emerging blood biomarkers related to amyloid and tau. Availability is concentrated mainly in specialist centres, research and some private services; some tests may require processing abroad. It is recommended that the Atlas distinguish between technological availability and effective access for the population.

References

- INGER. National Dementia Plan 2024.
- https://www.gob.mx/inger/documentos/plan-nacional-de-demencia-2024

Treatment & care

Mexico provides specialized memory care through private facilities like Serena Senior Care, Villa Plata, and CasaMar, offering dedicated Alzheimer's programs, 24/7 staff, therapies, social activities, and bilingual support. Long-term care relies on limited DIF/INAPAM services, with families covering most costs. Caregiver support is offered by FEDMA, Alzheimer México, and Dementia Friends México through education, day centres, support groups, and community awareness initiatives. Those institutions also include include psychosocial interventions, rehabilitation, physical activity, nutrition, mental health, environmental adaptations, family and community support, care and post-diagnostic follow-up, using a person-centred, rights-based approach.

Specialized facilities and services

Mexico offers specialized memory care and assisted living through facilities like Serena Senior Care, Villa Plata, Happiness Care Residence, Residencia del Sol, and CasaMar Senior Living, providing dedicated Alzheimer's/dementia programs, 24/7 staff, therapies, social activities, and bilingual support across multiple states.

Data from the Mexican Health and Aging Study (2021) show that only 64.3% of older adults in Mexico have health insurance, highlighting the limited access many face to publicly covered diagnostic and treatment services for conditions such as Alzheimer's disease and other dementias.

The public sector operates only a handful of specialized memory units, primarily within the Instituto Nacional de Neurología y Neurocirugía (INNN), the Instituto Nacional de Geriatría (INGER), and a few IMSS/ISSSTE tertiary hospitals in Mexico City, Guadalajara, and Monterrey.

In Mexico's private sector, a growing number of living communities are responding to the needs of people living with Alzheimer's disease and other dementias through specialized care models. In the north, Serena Senior Care, with locations in Rosarito and Tijuana, provides structured care programs tailored to individuals with cognitive decline, focusing on daily support and quality of life.
Further inland, in Guadalajara, Villa Plata operates as a dedicated memory care unit, where staff are specifically trained in Alzheimer's disease care, offering a more clinical and specialized environment for residents.
Around Lake Chapala, Happiness Care Residence for Seniors offers both short- and long-term stays, including rehabilitation services and dedicated support for people living with dementia, making it a flexible option for families with varying care needs.
Back in Rosarito, Residencia del Sol provides assisted living with 24/7 nursing availability, complemented by therapy services, social activities, and bilingual staff to support an international resident base.
Meanwhile, CasaMar Senior Living in Baja California positions itself within a broader retirement community model, integrating memory care services for residents living with dementia or Alzheimer's disease, allowing individuals to transition into higher levels of care as their needs evolve.

In general, these facilities include respite services, family training and guidance, healthcare for people providing care, day centres, rehabilitation and non-pharmacological interventions, as well as mechanisms for shared

responsibility and community support. However, given insufficient dedicated programmes and support services, a significant proportion of care takes place at home and falls disproportionately on women.

Approved medication

Generic Name	Trade Name	Used for
Rivastigmine; Official National Product Information; https://www.csg.gob.mx/PRONTUARIO%202025V240725.pdf	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; Official National Product Information; https://www.csg.gob.mx/PRONTUARIO%202025V240725.pdf	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; Official National Product Information ; https://www.gob.mx/cofepris/articulos/el-comite-de-moleculas-nuevas-de-cofepris-informa-sobre-los-resultados-de-votacion-para-la-opinion-del-medicamento-memantina?	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
Lecanemab ; Official National Product Information ; https://www.gob.mx/cofepris/articulos/cofepris-autoriza-tratamiento-innovador-para-pacientes-con-alzheimer?state=published	Leqembi	Lecanemab is indicated for the treatment of mild cognitive impairment and mild dementia due to Alzheimer's disease in adult patients that are apolipoprotein E ε4 (ApoE ε4) heterozygotes or non-carriers. Official UK medicine details (MHRA SPC) link

Generic Name	Trade Name	Used for
Donanemab, approved but not reimbursed ; https://www.gob.mx/cofepris/es/articulos/durante-la-primer-quincena-de-2025-cofepris-autorizo-149-insumos-para-la-salud	Kisunla	Donanemab is indicated for the treatment of mild cognitive impairment and mild dementia due to Alzheimer's disease (AD) in adult patients that are apolipoprotein Eε4 (ApoE ε4) heterozygotes or non-carriers. 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

Mexico has no formal long-term care system, which makes people with dementia rely with DIF/INAPAM initiatives on the local level for limited support. Private service costs vary widely, and families bear most caregiving expenses, with pricing for services or medications largely unreported.

Mexico has no recent standardised national estimate of the full cost of dementia treatment and care. Expenditure may include medicines, medical consultations, rehabilitation and non-pharmacological interventions, care and supervision, day centres, home support and, at stages of greater dependency, long-term care. A significant proportion of these costs and care is borne directly by families, including indirect costs associated with time spent providing care and reducing or leaving paid work, with a disproportionate impact on women. It is recommended that the Atlas distinguish between medicine costs and the full cost of treatment and care throughout the course of dementia.

DIF and INAPAM provide crucial public social welfare, financial relief, and basic community care for older adults navigating dementia, serving as a baseline safety net within a heavily family-dependent long-term care system. DIF focuses on local family support by offering basic adult daycare programs, localized emergency shelter placement for abandoned seniors, and municipal tax relief, while INAPAM acts as the primary senior advocacy agency, issuing the national senior discount card that reduces the cost of medications, medical care, and public transport, while also providing caregiver training and a limited network of public care homes. However, no specific, consistent and sustained national dementia care strategy is currently identified. Although local initiatives and collaborations with civil-society organisations may exist, these vary and, in several cases, have been initiated or sustained by the organisations themselves. However, these actions should not be taken as evidence of national coverage or a national programme, since the local initiatives are far from institutionalised services with continuity, coverage and defined care mechanisms.

Mexico lacks a formal Long-Term Care (LTC) system and reliance on DIF/INAPAM initatives on a local level for partial services, implying heterogeneous private market pricing and significant family caregiving costs in Mexico.

Pricing details on services or medications are not listed in a single place online where healthcare pricing is fragmented between public and private providers and data is not centralized .

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Caregiver support

Federación Mexicana de Alzheimer (FEDMA) coordinates associations, day centres, and support groups, collaborates on policy with ADI, while Alzheimer México and Dementia Friends México provide caregiver support, education, and community awareness amid limited formal long-term care coverage.

In Mexico, much care for people living with dementia takes place at home and is provided by families, with a disproportionate burden on women. Existing support remains fragmented and does not form a sufficient, continuous and standardised national network. Support should include dementia-specific training and guidance, physical and mental healthcare for the person providing care, respite services, support networks, community alternatives and shared social and institutional responsibility. Mexico is progressing towards a care system, and state-level systems exist; however, these systems need to recognise differing needs according to dependency, since caring for a person living with dementia involves specific needs relating to cognitive and behavioural changes, communication, autonomy and decision-making, safety and increasing dependency.

Federación Mexicana de Alzheimer (FEDMA), the national Alzheimer federation, coordinates 20 affiliated associations, 9 day care centres and 28 support groups across Mexico. It's part of Alzheimer Iberoamerica and works with Alzheimer's Disease International (ADI) on national policy and caregiver support initiatives.

Alzheimer México, Institución de Asistencia Privada (I.A.P.) provides care and education for people living with Alzheimer's disease and their care partners, aiming to prevent caregiver collapse and improve family functionality; offers stimulation programs and guidance for families.

Dementia Friends México, led with FEDMA and the National Institute of Geriatrics, has trained thousands, including university students, to improve public understanding and engagement with people living with dementia and families, an indirect support to carers through community awareness.

References

- Ministry of Health, 2 April 2025. Letter of Intent for Implementation of the National Dementia Plan.
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Policy

Mexico's 2025 National Dementia Plan establishes dementia as a public health priority, aiming to reduce stigma, standardize early detection and care, support caregivers, strengthen medical and social services, and expand research and data systems. Implementation faces challenges including limited awareness campaigns, fragmented coordination, constrained resources, developing data systems, and uneven mhGAP-based training across primary care, affecting equitable access, diagnostic consistency, and continuity of care nationwide. The March 2025 Carta de Intención formalizes rollout, with ADI coordinating integration into the 2025–2030 Health Sector Plan.

Although Mexico has the National Dementia Plan 2024, gaps persist in its effective implementation: sustainable funding, monitoring and evaluation mechanisms, coordination between institutions and levels of care, equitable geographical access and post-diagnostic continuity. Community and long-term care services, dedicated support for people providing care, and meaningful participation by people living with dementia and their families in policies affecting them also need strengthening.

National dementia plan

Mexico's National Dementia Plan 2024 aims to improve awareness, early diagnosis, standardized care pathways, caregiver support, and research, with its implementation advanced through a March 2025 interinstitutional Letter of Intent signed by major healthcare institutions and civil society organizations, although full implementation remains ongoing.

Mexico has the National Dementia Plan 2024 and, since March 2025, an interinstitutional Letter of Intent to promote its implementation. This plan aims to prioritize dementia as a public health issue, reduce stigma, improve information access, standardize early detection and care pathways, enhance medical and social services, support caregivers, and strengthen research and data systems nationwide.

The goals of the national strategy include:

Objective: Promote the wellbeing of people living with dementia and support their families, by establishing dementia as a public health priority and outlining specific strategies within the health system

Awareness and stigma reduction: Increase public understanding of Alzheimer's disease and other dementias to reduce and eliminate stigma and stereotypes, improving acceptance of people living with dementia.

Information access: Improve access to reliable, up-to-date information for health professionals, people living with dementia, and caregivers.

Early detection and standardized care pathways: Promote timely detection at primary care using validated tools, standardize diagnostic and care trajectories, and train health personnel (including use of World Health Organization (WHO)'s mhGAP module).

Comprehensive medical and social care: Improve quality of medical care, social care, long-term care services, and carer support, aligning resources for integrated, cost-effective attention.

Data and research: Strengthen shared information systems and foster research and innovation to inform policy and practice.

On 28 March 2025, Mexican health institutions and civil society organizations signed a Letter of Intent to support the implementation of Mexico's National Dementia Plan. Coordinated by the INGER and FEDMA the initiative prioritizes improving dementia care pathways, raising public awareness, reducing stigma, strengthening caregiver support, and promoting collaboration with civil society organizations. The agreement received support from major national healthcare institutions, including the Ministry of Health, IMSS, ISSSTE, and IMSS-BIENESTAR, with ADI and Alzheimer Iberoamérica participating as honorary witnesses. The agreement represents an important step toward coordinated implementation, although it does not itself establish that the plan has been fully implemented.

References

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Upcoming plans

On March 28, 2025, Mexico's Ministry of Health and civil society organizations formalized a Carta de Intención to implement the National Dementia Plan, with ADI coordinating integration into the 2025–2030 Health Sector Plan, including nationwide training and awareness initiatives.

On March 28, 2025, Mexico's Ministry of Health marked a step forward in addressing dementia by announcing that national health institutions and civil society organizations had come together to sign a Carta de Intención to implement the Plan Nacional de Demencias. This milestone signalled not just formal endorsement, but a shared commitment to coordinated action and the practical rollout of the plan across the country.
This momentum was reinforced by a meeting held in Mexico City on March 27–28, 2025, convened with the support of ADI. Centred on the theme "Progress and Challenges of the Implementation of Mexico's National Dementia Plan 2025," the meeting brought together key stakeholders to assess early efforts and align on next steps. It concluded with renewed commitments to embed dementia more firmly within national health priorities, including its integration into the forthcoming 2025–2030 National Health Sector Plan. Participants also emphasized the need to expand professional training and strengthen nationwide awareness strategies, underscoring a growing recognition of dementia as a public health priority requiring sustained, coordinated action.

Following the signing of the Letter of Intent on 28 March 2025, Mexico's upcoming priorities for implementing the National Dementia Plan include improving coordination between primary healthcare providers and specialized dementia services to strengthen diagnostic and care pathways. The INGER and FEDMA are expected to play important coordinating roles, alongside the Ministry of Health, IMSS, ISSSTE, IMSS-BIENESTAR, and national medical institutes. Planned areas of action include expanding dementia awareness and anti-stigma initiatives, developing more structured care and caregiver support strategies, and strengthening cooperation with civil society organizations to improve access to information and assistance. Addressing the disproportionate burden of informal caregiving on women is another important policy consideration. However, the agreement represents a commitment to coordinated action rather than a fully funded implementation programme, and specific timelines, budgets, and

operational targets have not been announced in the cited statement.

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Policy gaps

Legal barriers

Mexico's key challenge in dementia policy is the lack of a legally adopted national plan, as the proposed strategy has not been formalized into law, leaving implementation without a mandate or guaranteed funding. Dementia is not explicitly integrated into national health legislation, resulting in voluntary and uneven adoption across institutions and regions, with fragmented service delivery affecting diagnosis and continuity of care. Persistent constraints in funding, workforce, and service capacity further limit implementation, while the absence of standardized data collection or a national registry weakens surveillance, planning, and evaluation of dementia care nationwide.

The most significant challenge is the absence of a legislatively adopted national dementia plan, the proposed National Alzheimer and Other Dementias Plan, developed by the National Institute of Geriatrics, has not been formalized into law. As a result, there is no legal mandate or guaranteed budget to ensure its execution across the federal and state levels

• At the federal level, dementia is not yet codified within national health law, meaning that Alzheimer's is not prioritized in Mexico's General Health Law (Ley General de Salud). This legal gap prevents dementia from being systematically integrated into chronic-disease or mental-health programs, and implementation remains voluntary for health institutions

• Reports note fragmentation across institutions and regions, with uneven compliance and limited unified execution of the plan's pathways and training. This affects timely diagnosis and continuity of care across the country

• Persistent challenges in resource allocation, such as budget, workforce, and service capacity, hinder consistent delivery of early detection, standardized care pathways, carer support, and long-term care envisaged by the plan

• There is no legislation requiring standardized dementia data collection or a national registry, resulting in gaps in disease surveillance, inequitable resource allocation, and limited evaluation of policy outcomes

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Cultural barriers

In Mexico, limited nationwide awareness efforts mean that stigma and ageism continue to shape perceptions of

dementia, with early symptoms often dismissed as normal ageing, delaying diagnosis and care, especially in rural and lower-income communities. Social stigma also discourages open discussion and formal care use, while low public knowledge of symptoms and risk factors contributes to late or missed diagnoses. At the same time, caregiving responsibilities fall disproportionately on women, reinforcing gender inequalities and leaving many without adequate support or respite services.

• Although Mexico's Plan Nacional de Demencia underscores the importance of raising public awareness, consistent, nationwide campaigns remain limited or absent. As a result, stigma and ageism continue to shape public perceptions of cognitive decline, often leading families to dismiss early symptoms as "normal ageing." This persistent social stigma delays help-seeking, reduces participation in screening initiatives, and contributes to late-stage diagnosis, particularly among older adults in rural and lower-income communities.
• Social stigma also discourages open discussion and carer acknowledgment, causing institutional care to be seen as neglect or abandonment
• Poor public awareness of dementia symptoms leads to late medical consultations and misdiagnosis. The National Institute of Geriatrics reported that essential information about Alzheimer's disease prevention, risk factors, and symptom recognition is scarce in rural and low-income populations, limiting early detection efforts
• Women, especially daughters and wives, carry the caregiving due to entrenched gender roles. This unpaid and undervalued labour amplifies social inequities and leaves many female carers without institutional support or respite resources

Research

Mexican tertiary centres are piloting blood biomarkers like p-tau217 and Aβ42/40, while the MexOMICS consortium builds national patient registries. Data from Alzheimer's burden studies and the National Dementia Biobank guide evidence-based policy, research, and diagnostic strategies across Mexico.

Selected academic institutions

National Institute of Geriatrics (Instituto Nacional de Geriatría, INGER) Instituto Nacional de Neurología y Neurocirugía (INNN) National Autonomous University of Mexico (Universidad Nacional Autónoma de México, UNAM) – Institute of Biomedical Research and FES Iztacala University of Guadalajara (Universidad de Guadalajara, UdeG) – Institute of Neurosciences and University Centre for Health Sciences Autonomous University of Nuevo León (Universidad Autónoma de Nuevo León, UANL) – University Hospital's Alzheimer's, Dementia and Memory Clinic and Regional Centre for the Study of Older Adults

Clinical trials and registries

In Mexico, clinical trials are regulated and registered through the Comisión Federal para la Protección contra Riesgos Sanitarios (COFEPRIS), which oversees their authorization, maintains official records, and ensures compliance with national ethical and safety standards. The ClinicalTrials.gov listings for Mexico show a diverse set of ongoing and completed Alzheimer's disease trials, primarily multicentre, randomized Phase II–III studies testing new drugs, biomarkers, and therapies across different disease stages, from early/preclinical to advanced conditions and related symptoms like psychosis or agitation.

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Selected innovative methods

Mexican tertiary centres are piloting blood biomarkers (p-tau217, Aβ42/40), supported by the MexOMICS consortium's national registries. Evidence from Alzheimer's burden studies (1990–2019) and the National Dementia Biobank informs targeted policy, research, and diagnostic initiatives.

Within the broader Latin American Initiative for Lifestyle Intervention to Prevent Cognitive Decline (LatAm-FINGERS), Mexico plays an important role as one of the participating countries implementing a culturally adapted, multidomain lifestyle intervention to reduce dementia risk. Guided by the framework of the FINGER study, the Mexican arm focuses on at-risk populations, particularly those with cardiovascular and metabolic conditions, by combining nutritional guidance, physical activity, cognitive training, and vascular risk management within the local healthcare context. Through harmonized protocols aligned with other Latin American sites, Mexico contributes to generating

region-specific evidence on the feasibility and effectiveness of lifestyle-based prevention strategies, while also addressing national challenges such as health inequalities, diverse populations, and varying access to preventive care.

Evidence from the multinational ReDLat consortium, which includes Mexico, shows that plasma biomarkers such as p-tau217 and Aβ42/40 are being actively studied and validated in clinical cohorts, with findings demonstrating strong diagnostic accuracy when combined with cognitive and neuroimaging data, laying the groundwork for future clinical use in the region. At the same time, the literature consistently emphasizes that in the entire region, these biomarkers remain under-validated and are not yet widely implemented in routine care, being primarily used in research settings and early translational frameworks rather than standardized clinical pathways.
Mexico is advancing data-driven research through the MexOMICS Consortium, which is developing interoperable national patient registries, including TwinsMX, LupusRGMX, and a Parkinson's disease network, that integrate clinical, genetic, imaging, and sociodemographic data across diverse populations. By combining standardized digital platforms with biobanking, MRI, and cognitive assessments, these registries enable large-scale, population-specific analysis of gene-environment interactions and disease progression. This approach not only strengthens research capacity but also facilitates clinical trial recruitment and supports the gradual transition toward precision medicine, positioning Mexico as a regional leader in applying integrated data infrastructures to complex conditions such as neurodegenerative diseases.
The National Dementia Biobank (BioBanco Nacional de Demencias, BND) represents a key innovative platform in Mexico's dementia research landscape, functioning as a centralized unit for diagnosis, research, and biological sample collection. Established in collaboration with institutions such as Universidad Nacional Autónoma de México (UNAM), the biobank collects and preserves brain tissue, fluids, and other organs from donors to support neuropathological analysis and biomarker discovery. Its work focuses particularly on mechanisms of neurodegenerative diseases, such as tauopathies and amyloid-related processes, and aims to enable earlier, non-invasive diagnosis of Alzheimer's disease. By promoting brain donation and integrating multidisciplinary research (including molecular biology, imaging, and clinical data), the BND provides critical infrastructure for translational research and contributes to the development of future diagnostic and therapeutic strategies in Mexico.

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Support

Dementia Friends Mexico, an ADI-affiliated initiative, leads public engagement and stigma reduction, recognized at AAIC 2023. Government bodies—Secretaría de Salud and Instituto Nacional de Geriatría (INGER)—support awareness, research, and public communication on Alzheimer's and dementia nationwide.

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:

Federación Mexicana de Alzheimer (FEDMA)

Selected initiatives

Dementia Friends Mexico (ADI-affiliated) is a public engagement initiative aimed at reducing stigma, recognized in the AAIC 2023 highlights for its contributions to dementia awareness in Mexico.

The Dementia Friends

The Dementia Friends program, launched in the UK in 2013, was introduced in Mexico in 2018 through the Federación Mexicana de Alzheimer (FEDMA), which adapted the initiative to the local context through translated materials, national branding, and a structured dissemination strategy. Since 2019, a nationwide network of trained promoters, supported by volunteers and institutional partners such as INGER, has delivered both in-person and virtual awareness sessions to diverse audiences, reaching more than 11,500 participants across the country. The initiative mobilizes individuals and organizations to take practical actions against stigma, leverages social media and annual campaigns like Alzheimer's month, and has established partnerships with 19 public and private institutions, positioning it as a central component of Mexico's national efforts to improve dementia awareness and social inclusion. It currently has more than 18,000 Dementia Friends, around 200 promoters and 60 Alzheimer-Friendly Organisations. The initiative has expanded awareness-raising from individuals to organisations and environments, promoting greater understanding, inclusion and participation of people living with dementia.

National Dementia Plan

Mexico's response to dementia is shaped by its early adoption and ongoing revision of a national dementia plan aligned with the World Health Organization (WHO) Global action plan on dementia 2017-2025. Efforts led by the INGER have focused on updating the national strategy through stakeholder consultations, including a key 2021 workshop that addressed implementation barriers such as limited funding, institutional fragmentation, and gaps in care delivery. Complementing these policy efforts, civil society groups like FEDMA have played a central role in advancing awareness and caregiver support through initiatives like Dementia Friends Mexico.

References

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Dedicated media outlets

Mexico's Secretaría de Salud shares periodic Alzheimer's awareness updates, while the Instituto Nacional de Geriatría (INGER) provides research, reports, and public communications on dementia and aging.

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