

Undiagnosed Dementia: A Scoping Review of Prevalence, Barriers, Impacts, Diagnostic Tools, and Intervention

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Aims: Dementia, including Alzheimer's disease and other forms of cognitive impairment, often goes undiagnosed due to demographic, societal, and healthcare factors. Addressing these challenges is essential to enhance early diagnosis, improve patient outcomes, and reduce the societal and economic burden of dementia. This scoping review explores the prevalence, barriers, impacts, diagnostic tools, and interventions associated with undiagnosed dementia, identifying knowledge gaps and providing recommendations for research, clinical practice, and policy development.

Methods: Following PRISMA Extension for Scoping Reviews, an extensive search was done through PubMed, Scopus, Web of Science, Science Direct and CINAHL. The inclusion criteria in this study were studies published in English, on human subjects, and where undiagnosed dementia has been explicitly discussed within the context of the research questions. Studies were excluded if they related only to diagnosed dementia or other cognitive impairments without any implications for the undiagnosed part. From 235 studies, 119 duplicates were removed, and 25 studies met the inclusion criteria.

Results: The review identified five key themes: (1) Prevalence and Demographics of Undiagnosed Dementia: Prevalence rates varied widely across populations, influenced by factors such as age, gender, socioeconomic status, and ethnicity. Undiagnosed dementia was more common in rural areas and low-income settings, with older age and lower education as significant risk factors. (2) Barriers to Diagnosis and Recognition: Key barriers included societal stigma, cultural beliefs normalizing cognitive decline, limited healthcare access, and inconsistencies in diagnostic practices. (3) Impact on Patients and Caregivers: Undiagnosed dementia caused psychological, physical, and economic strain on patients and caregivers, exacerbated by delays in accessing treatment and support services. (4) Screening and Diagnostic Tools: Tools like MMSE, MoCA, and emerging technologies such as AI and electronic health records (EHRs) showed promise but faced challenges related to accuracy, cultural adaptation, and implementation. (5) Interventions and Recommendations: Proposed solutions included public health campaigns, standardized screening protocols, culturally sensitive tools, multidisciplinary care approaches, and policy reforms to improve early diagnosis and equitable access to dementia care.

Conclusion: This scoping review provides a comprehensive overview of the existing literature on undiagnosed dementia, highlighting that its prevalence varies across different populations. Interventions are needed to reduce diagnostic delays and improve early diagnosis, particularly among high-risk individuals in the community. Additionally, further research is required to develop and validate culturally sensitive diagnostic tools and screening protocols tailored to diverse populations.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

The Psychological Burden of the 2023 Sudanese Conflict: PTSD Prevalence and Coping Mechanisms

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Aims: This study aimed to identify the prevalence of post-traumatic stress disorder (PTSD) and to assess coping strategies among Sudanese individuals. Also, to evaluate the relationship between PTSD and coping mechanisms with sociodemographic characteristics.

Methods: This study utilized a cross-sectional design to assess PTSD and coping strategies in 716 Sudanese adults affected by war, selected through convenience sampling. Participants completed a Google Form questionnaire that included sociodemographic data, the PTSD Checklist for DSM-5 (PCL-5), and a coping scale. The analysis was conducted using SPSS software version 26, applying various statistical tests to evaluate relationships and differences.

Results: The findings revealed that nearly 43% of the sample met the criteria for a potential diagnosis of PTSD. About 69% of participants were female, with a median age of 23 years. Most participants were single (81%) and had been externally displaced (51%). Coping strategies varied among the participants: 34% focused on improving their habits, while others used reflective approaches (36%), sought positive perspectives (30%), employed humour (21%), or chose to wait for problems to resolve on their own (17%). Family income was significantly associated with PTSD symptoms ($p=0.020$). Participants with higher PTSD symptoms exhibited lower coping effectiveness, and both age and marital status significantly influenced coping mechanisms ($p=0.027$ and 0.037 , respectively). Those who had been living in conflict zones for over six months reported the highest coping scores.

Conclusion: Our findings confirmed a high level of PTSD symptoms among the participants. Duration of residency in the conflict zone impacted the coping adopted and income played a crucial role in developing PTSD. This study underscores the need for urgent specific psychological support for individuals affected by the conflict. Further research is required to foster mental well-being, and put more attention to this issue.

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The Efficacy of Omega-3 Fatty Acid Supplementation for Major Depressive Disorder in Adults: A Systematic Review and Meta-Analysis

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Aims: Major Depressive Disorder (MDD) is a leading global health concern, significantly impacting quality of life. Conventional