# Procrastination and Dementia

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Dementia is a syndrome characterized by the progressive and typically irreversible decline of cognitive function, leading to memory loss, impaired reasoning, and difficulties with daily activities ([Prince et al., 2013](#ref-Prince2013); [Sanz-Blasco et al., 2022](#ref-Sanz-Blasco2022)). It encompasses a range of conditions, including Alzheimer’s disease, vascular dementia, and Lewy body dementia ([Cao et al., 2020](#ref-Cao2020)). The global burden of dementia is substantial, with projections suggesting that the number of affected individuals will rise from 57.4 million in 2019 to 152.8 million by 2050 ([Nichols et al., 2022](#ref-Nichols2022)). Given this projection, identifying and addressing modifiable risk factors is crucial to mitigate the growing prevalence of dementia worldwide.

Given the progressive nature of dementia, early identification of pre-dementia conditions such as mild cognitive impairment (MCI) is essential for timely intervention. MCI is a condition characterized by cognitive changes - such as memory lapses or difficulty making decisions - that exceed typical age-related decline ([Abner et al., 2012](#ref-Abner2012); [Cooper et al., 2015](#ref-Cooper2015); [Fresnais et al., 2023](#ref-Fresnais2023); [Salem et al., 2023](#ref-Salem2023); [Yu et al., 2013](#ref-Yu2013)). Studies indicate that approximately 46% of people with MCI transition to dementia within three years and approximately 80% within six years ([Cooper et al., 2015](#ref-Cooper2015); [Shigemizu et al., 2020](#ref-Shigemizu2020); [Tschanz et al., 2006](#ref-Tschanz2006)). As such, identifying factors that influence this progression is critically important for early intervention and personalized care.

Among the behavioural symptoms in MCI and dementia, apathy is one of the most prevalent ([Dalen et al., 2018](#ref-vanDalen2018); [Fresnais et al., 2023](#ref-Fresnais2023); [Richard et al., 2012](#ref-Richard2012); [Salem et al., 2023](#ref-Salem2023)). Defined as a lack of motivation ([Fresnais et al., 2023](#ref-Fresnais2023)), apathy is also a multidimensional construct that encompasses deficits in executive and emotional functioning, initiation, and increased functional impairment ([Okura et al., 2010](#ref-Okura2010); [Radakovic & Abrahams, 2018](#ref-Radakovic2018)). Individuals with apathy exhibit reduced goal-directed behavior and a diminished desire to pursue rewards or pleasure ([Fahed & Steffens, 2021](#ref-Fahed2021)). Importantly, apathy has been identified as a significant risk factor for the transition from MCI to dementia ([Dalen et al., 2018](#ref-vanDalen2018); [Palmer et al., 2010](#ref-Palmer2010); [Ruthirakuhan et al., 2019](#ref-Ruthirakuhan2019)). For instance, a meta-analysis by Dalen et al. ([2018](#ref-vanDalen2018)) found that apathy almost doubles the risk of transitioning to dementia. Additionally, apathy has been correlated with higher levels of neurofibrillary tangles in individuals with dementia, suggesting a potential connection to underlying neuropathology ([Skogseth et al., 2008](#ref-Skogseth2008)).

Procrastination, although traditionally viewed as a distinct behavioural issue, may share key characteristics with apathy, suggesting potential common underlying mechanisms.Chronic procrastination, characterized by persistent delays in decision-making and task completion ([Abbasi & Alghamdi, 2015](#ref-Abbasi2015); [Ferrari, 2010](#ref-Ferrari2010)), has been associated with dysfunction in the brain’s reward and decision-making systems, particularly the dorsolateral and ventromedial prefrontal cortices ([Fridén, 2020](#ref-Friden2020); [Zhang et al., 2019](#ref-Zhang2019)). These brain regions are critical for both initiating and sustaining goal-directed action and are areas where both apathy and procrastination show deficits ([Fahed & Steffens, 2021](#ref-Fahed2021); [Zhang et al., 2019](#ref-Zhang2019)).

While apathy primarily reflects a lack of motivation, procrastination involves a delay in action despite an intention to complete such action ([Steel, 2007](#ref-Steel2007)). Both behaviours suggest impaired executive function, particularly in goal-oriented behaviour and decision-making, which are hallmark deficits in MCI and dementia ([Kirova et al., 2015](#ref-Kirova2015); [Stopford et al., 2012](#ref-Stopford2012)). In this context, procrastination could reflect broader motivational and cognitive impairments akin to those seen in apathy.

Given these parallels, it is worth exploring whether chronic procrastination could serve as an early behavioural marker for cognitive impairment, or even a risk factor for dementia, especially in older adults. Procrastination may exacerbate existing cognitive decline by reinforcing patterns of inaction and passivity. Individuals who chronically delay tasks may inadvertently engage in fewer cognitively stimulating activities, such as physical activity, problem-solving, decision-making, and goal-setting—activities that are known to build cognitive resilience and reduce dementia risk ([Chowdhary et al., 2022](#ref-Chowdhary2022)). By limiting engagement in such activities, procrastination could contribute to the acceleration of cognitive decline. Therefore, while apathy has already been established as a significant risk factor for dementia, the role of procrastination, especially when chronic, may represent an overlooked behavioural trait that warrants similar attention.

Although current research on procrastination in relation to dementia is non-existent, this possible association warrants exploration. Identifying procrastination as a potential risk factor could expand the scope of early interventions aimed at preventing or slowing the progression of dementia. As such, the purpose of this study was to test the hypothesis that higher levels of procrastination would be associated with an increased probability of transitioning from normal cognitive function or MCI to dementia.

# Method

## Data and study population

Analyses were conducted using a secondary data source; a multi-wave prospective cohort study called the Health and Retirement Study (HRS; ([Fisher & Ryan, 2018](#ref-Fisher2018))), which tracks the health, economic, and social well-being of over American adults primarily aged . The HRS is managed by the Institute for Social Research at the University of Michigan, with data collected every two years. Initial data collection of a participant is conducted through a face-to-face interview, with follow-up biennial interviews conducted either by phone or face-to-face. The average re-interview response rate ranges from to ([Health and Retirement Study, 2017](#ref-HRS2017)). At the time of writing, fifteen years of HRS data are currently archived.

For this study, we focused on four waves of HRS data (from 2016 to 2022). Specifically our study sample consisted of respondents who participated in an experimental module assessing procrastination during the 2020 wave. These experimental modules, administered at the end of the core HRS interview, consist of concise questionnaires designed to explore new topics or supplement existing core survey data. Each respondent receives only one experimental module, with sample sizes for each module constituting approximately 10% of the core sample. As a result, while the core HRS sample includes approximately respondents, our initial sample of interest consisted of respondents. We excluded respondents with missing cognitive assessment data for any wave and those under 50 years of age . This resulted in a final analytic sample of respondents.

## Measures

### Outcome: Cognitive Function and Cognitive Category

Cognitive function in the HRS is assessed using a series of tests adapted from the Telephone Interview for Cognitive Status (TICS; ([Brandt et al., 1988](#ref-Brandt1988); [Fong et al., 2009](#ref-Fong2009))). These tests include an immediate and delayed -noun free recall test, a serial seven subtraction test, and a backward count from test. Based on these assessments, Crimmins et al. ([2011](#ref-Crimmins2011)) developed both a -point cognitive scale and validated cut-off points to assess and classify cognitive status. Using these points, respondents who scored were classified as having normal cognition, as having MCI, and as having dementia.

### Predictor: Procrastination

Procrastination was measured using the Pure Procrastination Scale ([Steel, 2010](#ref-steel2010)), which consists of 12 items rated on a Likert scale ranging from (strongly disagree) to (strongly agree). The total procrastination score ranges from to , with higher scores indicating greater procrastination. The Pure Procrastination Scale conducted in 2020 (wave 3) had a Cronbach’s score of in this sample, indicating high internal consistency. An example of a question from the scale includes “I delay making decisions until it’s too late”.

### Confounders

To account for potential confounding, we controlled for variables with established associations with cognitive function and procrastination. These included baseline measures conducted in 2016 (wave 1) of age, sex, educational attainment, number of cardiovascular risk factors (history of hypertension, stroke, or heart disease, and a classification on “overweight" on a body mass index (BMI) scale ), and depressive symptoms ([Abner et al., 2012](#ref-Abner2012); [Freedman & Cornman, 2024](#ref-Freedman2024); [Monaghan et al., 2024](#ref-monaghan2024a); [Yu et al., 2013](#ref-Yu2013)). Educational attainment was classified into three categories: no formal education, GED (General Educational Development)/high school diploma, and college/further education. Depressive symptoms were measured using an eight-item version of the Center for Epidemiological Studies Depression (CES-D) scale ([Briggs et al., 2018](#ref-Briggs2018)), with scores ranging from 0 to 8, demonstrating good internal consistency .

# References

Abbasi, I. S., & Alghamdi, N. G. (2015). The prevalence, predictors, causes, treatment, and implications of procrastination behaviors in general, academic, and work setting. *International Journal of Psychological Studies*, *7*(1), 59–66.

Abner, E. L., Kryscio, R. J., Cooper, G. E., Fardo, D. W., Jicha, G. A., Mendiondo, M. S., Van Eldik, L. J., Wan, L., & Schmitt, F. A. (2012). Mild cognitive impairment: Statistical models of transition using longitudinal clinical data. *International Journal of Alzheimer’s Disease*, *2012*(1), 291920.

Brandt, J., Spencer, M., & Folstein, Marshal. (1988). The telephone interview for cognitive status. *Neuropsychiatry Neuropsychol Behav Neurol*, *1*(2), 111–117.

Briggs, R., Carey, D., O’Halloran, A. M., Kenny, R. A., & Kennelly, S. P. (2018). Validation of the 8-item centre for epidemiological studies depression scale in a cohort of community-dwelling older people: Data from the irish longitudinal study on ageing (TILDA). *European Geriatric Medicine*, *9*, 121–126.

Cao, Q., Tan, C.-C., Xu, W., Hu, H., Cao, X.-P., Dong, Q., & Lan Tan, and J.-T. Y. (2020). The prevalence of dementia: A systematic review and meta-analysis’. *Journal of Alzheimer’s Disease*, *73*(3), 1157–1166. <https://doi.org/10.3233/JAD-191092>

Chowdhary, N., Barbui, C., Anstey, K. J., Kivipelto, M., Barbera, M., Peters, R., Zheng, L., Kulmala, J., Stephen, R., Ferri, C. P., Joanette, Y., Wang, H., Comas-Herrera, A., & Alessi, C. S. (2022). (Dy), k., mwangi. *K. J., Petersen, R. C., Motala, A. A., Mendis, S., ... Dua, T. Reducing the Risk of Cognitive Decline and Dementia: WHO Recommendations. Frontiers in Neurology*, *12*. <https://doi.org/10.3389/fneur.2021.765584>

Cooper, C., Sommerlad, A., Lyketsos, C. G., & Livingston, G. (2015). Modifiable predictors of dementia in mild cognitive impairment: A systematic review and meta-analysis. *American Journal of Psychiatry*, *172*(4), 323–334.

Crimmins, E. M., Kim, J. K., Langa, K. M., & Weir, D. R. (2011). Assessment of cognition using surveys and neuropsychological assessment: The health and retirement study and the aging, demographics, and memory study. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *66*(suppl\_1), i162–i171.

Dalen, J. W. van, Wanrooij, L. L. van, Charante, E. P. M. van, Brayne, C., Gool, W. A. van, & Richard, E. (2018). Association of apathy with risk of incident dementia: A systematic review and meta-analysis. *JAMA Psychiatry*, *75*(10), 1012–1021.

Fahed, M., & Steffens, D. C. (2021). Apathy: Neurobiology, assessment and treatment. *Clinical Psychopharmacology and Neuroscience*, *19*(2), 181.

Ferrari, J. R. (2010). *Still procrastinating: The no regrets guide to getting it done*. Turner Publishing Company.

Fisher, G. G., & Ryan, L. H. (2018). Overview of the health and retirement study and introduction to the special issue. *Work, Aging and Retirement*, *4*(1), 1–9.

Fong, T. G., Fearing, M. A., Jones, R. N., Shi, P., Marcantonio, E. R., Rudolph, J. L., Yang, F. M., Kiely, D. K., & Inouye, S. K. (2009). Telephone interview for cognitive status: Creating a crosswalk with the mini-mental state examination. *Alzheimer’s & Dementia*, *5*(6), 492–497.

Freedman, V. A., & Cornman, J. C. (2024). Dementia prevalence, incidence, and mortality trends among US adults ages 72 and older, 2011–2021. *The Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*, *79*(Supplement\_1), S22–S31.

Fresnais, D., Humble, M. B., Bejerot, S., Meehan, A. D., & Fure, B. (2023). Apathy as a predictor for conversion from mild cognitive impairment to dementia: A systematic review and meta-analysis of longitudinal studies. *Journal of Geriatric Psychiatry and Neurology*, *36*(1), 3–17.

Fridén, I. (2020). *Procrastination as a form of self-regulation failure: A review of the cognitive and neural underpinnings*.

Health and Retirement Study. (2017). *Sample sizes and response rates*. <https://hrs.isr.umich.edu/sites/default/files/biblio/ResponseRates_2017.pdf>

Kirova, A. M., Bays, R. B., & Lagalwar, S. (2015). Working memory and executive function decline across normal aging, mild cognitive impairment, and alzheimer’s disease. *BioMed Research International*, *2015*(1), 748212.

Monaghan, C., Avila-Palencia, I., Han, S. D., & McHugh Power, J. (2024). Procrastination, depressive symptomatology, and loneliness in later life. *Aging & Mental Health*, 1–8. <https://doi.org/10.1080/13607863.2024.2345781>

Nichols, E., Steinmetz, J. D., Vollset, S. E., Fukutaki, K., Chalek, J., Abd-Allah, F., Abdoli, A., Abualhasan, A., Abu-Gharbieh, E., Akram, T. T., et al. (2022). Estimation of the global prevalence of dementia in 2019 and forecasted prevalence in 2050: An analysis for the global burden of disease study 2019. *The Lancet Public Health*, *7*(2), e105–e125.

Okura, T., Plassman, B. L., Steffens, D. C., Llewellyn, D. J., Potter, G. G., & Langa, K. M. (2010). Prevalence of neuropsychiatric symptoms and their association with functional limitations in older adults in the united states: The aging, demographics, and memory study. *Journal of the American Geriatrics Society*, *58*(2), 330–337.

Palmer, K., Di Iulio, F., Varsi, A. E., Gianni, W., Sancesario, G., Caltagirone, C., & Spalletta, G. (2010). Neuropsychiatric predictors of progression from amnestic-mild cognitive impairment to alzheimer’s disease: The role of depression and apathy. *Journal of Alzheimer’s Disease*, *20*(1), 175–183.

Prince, M., Bryce, R., Albanese, E., Wimo, A., Ribeiro, W., & Ferri, C. P. (2013). The global prevalence of dementia: A systematic review and meta analysis. *Alzheimer’s & Dementia*, *9*(1), 63–75. <https://doi.org/10.1016/j.jalz.2012.11.007>

Radakovic, R., & Abrahams, S. (2018). Multidimensional apathy: Evidence from neurodegenerative disease. *Current Opinion in Behavioral Sciences*, *22*, 42–49.

Richard, E., Schmand, B., Eikelenboom, P., Yang, S. C., Ligthart, S. A., Moll van Charante, E. P., Gool, W. A. van, & Initiative, A. D. N. (2012). Symptoms of apathy are associated with progression from mild cognitive impairment to alzheimer’s disease in non-depressed subjects. *Dementia and Geriatric Cognitive Disorders*, *33*(2-3), 204–209.

Ruthirakuhan, M., Herrmann, N., Vieira, D., Gallagher, D., & Lanctôt, K. L. (2019). The roles of apathy and depression in predicting alzheimer disease: A longitudinal analysis in older adults with mild cognitive impairment. *The American Journal of Geriatric Psychiatry*, *27*(8), 873–882.

Salem, H., Suchting, R., Gonzales, M. M., Seshadri, S., & Teixeira, A. L. (2023). Apathy as a predictor of conversion from mild cognitive impairment to alzheimer’s disease: A texas alzheimer’s research and care consortium (TARCC) cohort-based analysis. *Journal of Alzheimer’s Disease*, *92*(1), 129–139.

Sanz-Blasco, R., Ruiz-Sánchez de León, J. M., Ávila-Villanueva, M., Valentí-Soler, M., Gómez-Ramírez, J., & Fernández-Blázquez, M. A. (2022). Transition from mild cognitive impairment to normal cognition: Determining the predictors of reversion with multi-state Markov models. *Alzheimer’s & Dementia*, *18*(6), 1177–1185. <https://doi.org/10.1002/alz.12448>

Shigemizu, D., Akiyama, S., Higaki, S., Sugimoto, T., Sakurai, T., Boroevich, K. A., Sharma, A., Tsunoda, T., Ochiya, T., Niida, S., & Ozaki, K. (2020). Prognosis prediction model for conversion from mild cognitive impairment to alzheimer’s disease created by integrative analysis of multi-omics data. *Alzheimer’s Research & Therapy*, *12\**, 1–12.

Skogseth, R., Mulugeta, E., Ballard, C., Rongve, A., Nore, S., Alves, G., & Aarsland, D. (2008). Neuropsychiatric correlates of cerebrospinal fluid biomarkers in alzheimer’s disease. *Dementia and Geriatric Cognitive Disorders*, *25*(6), 559–563.

Steel, P. (2007). The nature of procrastination: A meta-analytic and theoretical review of quintessential self-regulatory failure. *Psychological Bulletin*, *3*(1).

Steel, P. (2010). Arousal, avoidant and decisional procrastinators: Do they exist? *Personality and Individual Differences*, *48*(8), 926–934.

Stopford, C. L., Thompson, J. C., Neary, D., Richardson, A. M., & Snowden, J. S. (2012). Working memory, attention, and executive function in alzheimer’s disease and frontotemporal dementia. *Cortex*, *48*(4), 429–446.

Tschanz, J. T., Welsh-Bohmer, K. A., Lyketsos, C. G., Corcoran, C., Green, R. C., Hayden, K., Norton, M. C., Zandi, P. P., Toone, L., West, N. A., & Breitner, J. C. S. (2006). And the cache county investigators. *Conversion to Dementia from Mild Cognitive Disorder: The Cache County Study. \*Neurology*, *67*(2), 229–234.

Yu, H. M., Yang, S. S., Gao, J. W., Zhou, L. Y., Liang, R. F., & Qu, C. Y. (2013). Multi-state Markov model in outcome of mild cognitive impairments among community elderly residents in mainland China. *International Psychogeriatrics*, *25*(5), 797–804.

Zhang, S., Liu, P., & Feng, T. (2019). To do it now or later: The cognitive mechanisms and neural substrates underlying procrastination. *Wiley Interdisciplinary Reviews: Cognitive Science*, *10*(4), e1492.