

World Alzheimer Report 2014 Key Messages

This report has been produced to inform health promotion and disease prevention strategies. We have examined critically the evidence for the existence of modifiable risk factors for dementia. We have focused upon sets of potential modifiable risk factors in four key domains; developmental, psychological and psychosocial, lifestyle and cardiovascular risk factors.

The report shows that:

In summary

- There is persuasive evidence that the dementia risk for populations can be modified through reduction in tobacco use and better control and detection for hypertension and diabetes, as well as cardiovascular risk factors. A good mantra is "What is good for your heart is good for your brain".
- Based on the evidence, brain health promotion messages should be integrated in public health promotion campaigns such as anti-tobacco or non-communicable disease (NCD) awareness campaigns, with the message that it's never too late to make these changes.
- This report strongly suggests that dementia needs to be included on World Health Organization (WHO) and national NCD planning.

In detail

- The strongest evidence for possible causal associations with dementia are those of low education in early life, hypertension in midlife, and smoking and diabetes across the life course.
- Improved detection and treatment of diabetes and hypertension, and smoking cessation, should be prioritised, including for older adults who are rarely specifically targeted in prevention programs. Increased physical activity and reduction in levels of obesity are also important.
- There is considerable potential for reduction in dementia incidence associated with global improvements in access to secondary and tertiary education. There is also consistent evidence from several studies for an inverse association between cognitive activity in later-life and dementia incidence. However, this association may not be causal, and the benefits of cognitively stimulating activities need to be tested in randomised controlled trials.
- While cardiovascular health is improving in many high income countries, it is deteriorating elsewhere. Many low and particularly middle income countries show a pattern of increasing cardiovascular conditions, hypertension and diabetes. The largest increase in dementia prevalence in the coming decades will be in the low and middle income countries, where the risk factors identified in this report present an increasing problem.

- There is no evidence strong enough at this time to claim that lifestyle changes will prevent dementia on an individual basis. However, combining efforts to tackle the global burden and threat of NCDs is important.
- Research should test hypotheses on lifestyle and control of risk in randomised controlled trials when feasible, and explore other sources of evidence when it is not. The quality and relevance from observational studies should be enhanced (include any dementia as an outcome, harmonise exposure/outcomes, careful reviewing of systematic reviews and creation publicly accessible archives of data).
- The future course of the global dementia epidemic is likely to depend crucially upon the success or otherwise of continuing efforts to improve global public health. Combining efforts to tackle the increasing global burden of NCDs will be strategically important, efficient and cost-effective.
- If we can all enter old age with better developed, healthier brains we are likely to live longer, happier and more independent lives with a much reduced chance of developing dementia. With an estimated global societal economic cost of dementia of over US \$600 billion, and rising, the stakes could hardly be higher.