

Risk Reduction and Delaying Progression Focus Area

Focus Area	Patient Perspective	Operational Details
1 Risk Reduction & Delaying Progression	<i>I and my family know how and have the ability to maintain brain health and cognitive resilience throughout our lives. We have spoken to our healthcare team about how to reduce our risk of dementia at different ages through healthy behaviors, like exercise, a healthy balanced diet, and socialization, management of health conditions, such as high blood pressure or diabetes, and reducing exposure to environmental risks like air pollution. We feel supported to ask for help from our care team and our community.</i>	Current State: While some providers routinely screen for or address modifiable risk factors for dementia, many patients are either unaware of—or unable to act on—these risk factors to prevent or delay progression of dementia. Competing clinical priorities, social drivers of health, therapeutic inertia, and other system-level barriers hinder effective control of hypertension, diabetes, obesity, and hyperlipidemia, as well as routine screening for hearing and vision loss. These prevention efforts are rarely framed in terms of brain health or dementia risk reduction, and providers may lack clarity about which risk factors have the strongest evidence, how to prioritize prevention across the life course, or how to emphasize risk reduction in the uncertainty of individual brain health outcomes. Intermediate Steps: Practices work to integrate dementia risk reduction across chronic disease prevention and management and understand the connection between modifiable risk factors and brain health. Clear guidelines are available on how to counsel patients and their families about risk reduction across the life course, and how to accurately discuss prevention strategies without promising brain health outcomes. The healthcare system supports patients and caregivers in routinely accessing care. Optimal Care: - The patient has an identified primary care provider as early as possible and across the life course. Patients and provider have easy access to historical health records. - Emphasize resilience to maintain brain health and strengths-based approach to risk reduction - Dementia risk reduction is embedded into routine care rather than treated as a standalone initiative - Healthcare teams routinely frame healthy behaviors, management of chronic conditions and reduction of environmental risk factors part of brain health and dementia risk reduction across the life course. Providers feel comfortable discussing cognitive resilience and dementia risk reduction with patients and their families, including acknowledging uncertainty and emphasizing actions that support overall health and functioning <i>Hearing and vision are routinely assessed and appropriately addressed</i>

Commented [GU1]: As the caregiver for my 88 yo mother with vascular dementia and Alzheimers, it is often difficult to get her to eat right and exercise (walking around the grocery store and going to her class at senior center). What really helps is if she hears it from her doctor or sees it in writing as a reminder that "the doctor said..." She respect that authority.

Also, sometimes I am not comfortable talking about an issue in front of my mom with the doctor. While I know I can send a note via MYChart, sometimes it is better to have a conversation yet the provider feels limited in having those conversations.

Finally, now that GLP meds are often covered under Medicare, is there guidance related to those and possible impact on memory.

Commented [GU2]: It may be important to clearly identify what type(s) of dementia is the primary target of this document.

Commented [BB3R2]: Put this lower down

Commented [BB4]: •Integration of modifiable risk factors for dementia in chronic disease prevention and care.

- Aggressive treatment of hypertension, diabetes, and hyperlipidemia in midlife and beyond.
- Routine screening and referral for hearing loss and visual impairment; Routine screening and treatment for depression and anxiety
- Universal? referral to community programs (physical activity, nutrition, community building)
- Community level prevention
 - Air pollution
 - Traumatic brain injury

Educational attainment

Commented [GU5R4]: This is looking great!!!

Commented [GU8]: This is Emily T, not sure why listing as "guest user". For this sentence, perhaps consider making all terms lay terms or all terms medical - e.g., could use hypertension in place of blood pressure.

Commented [GU6]: I don't understand why there is only this specific pt. perspective.

Commented [BB7R6]: This would be the 'ideal' scenario, but curious as to what other patient perspectives should be included?

			• <i>Depression, anxiety and social isolation are proactively identified and addressed through integrated behavioral health, care management, and community partnerships</i>
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Commented [BB9]: Not sure if this is too detailed, because then we might want to list out everything like in the appendix

Background and Evidence Review

It is never too early or too late to preserve brain health and reduce risk of cognitive impairment. Opportunities to reduce risk of cognitive impairment exist across the life course. For those without cognitive impairment, preservation of cognitive reserve can be done through healthy behaviors and lifestyle (e.g., physical activity, balanced diet), management of chronic conditions (e.g., hypertension, diabetes, dyslipidemia, obesity), and reducing exposure to environmental risk factors (e.g., indoor and outdoor air pollution). Brain health is a vital part of healthy aging and should be incorporated into routine health maintenance and clinical care.

About 30-50% of people living with mild cognitive impairment (MCI) will develop Alzheimer’s dementia.ⁱ Therefore, for those living with MCI, it is important to continue risk reduction through with the added goal of delaying progression and preserving independence. **This time period can be a critical window for intervention, especially multimodal approaches targeting 3 or more risk factors simultaneously.**ⁱⁱ Particular priorities include aggressive management of vascular risk factors, screening and treatment of hearing and vision impairment, engagement in exercise programs or physical activity, screening and treatment of depression and/or anxiety, participation in social activities, and structured cognitive engagement.

Similar activities support those living with dementia, maintaining function, quality of life, and well-being. This is aligned with principles of high-quality dementia care models to help individuals and families maintain their best possible level of cognition, physical, social, and emotional health. Risk reduction activities include continued management of cardiovascular and metabolic conditions, treatment for sensory impairments, encouragement of appropriate, and if necessary adapted, physical activity, social engagement and participation, management of depression and neuropsychiatric symptoms, caregiver support, education and training, and low-barrier, wrap-around support for the individual-family unit.

Audience	Goal	Key Message
Normal cognition	Delay and/or reduce risk of developing cognitive decline	Address modifiable risk factors and build cognitive resilience throughout the life course
Mild Cognitive Impairment (MCI)	Delay progression, preserve independence, and reduce risk of developing dementia	MCI is a critical opportunity for multidomain intervention and risk factor management

Dementia	Maintain function and quality of life	Emphasize cognitive resilience through continual management of risk factors , adapting to meet individual and family needs, providing caregiver support, and couched in person-centered care.
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As many as 45% of cases of Alzheimer’s and other vascular dementias might be preventable.

In recent years, many studies have identified risk factors associated with increased incidence of Alzheimer’s and other dementias. As many as 14 modifiable risk factors were identified by the Lancet report in 2024, spanning the entire life-course.ⁱⁱⁱ Risk reduction is important to begin as early and for as long as possible; while addressing risk factors earlier is ideal, there is benefit to reducing risk throughout life. All identified risk factors have potential for scale through changes in systems and policy; however, midlife and later life health interventions are also important to reduce risk at the community, family, and individual levels. The table below is adapted from the Lancet report on dementia prevention, intervention and care 2024:

Risk Factor	Percent	Risk Factor	Percent
Hearing loss	7%	Smoking	2%
High LDL	7%	Hypertension	2%
Less Education	5%	Obesity	1%
Depression	3%	Excessive alcohol	1%
Traumatic brain injury	3%	Social isolation	5%
Physical inactivity	2%	Air pollution	3%
Diabetes	2%	Visual loss	2%

Green = early life (<18 years old), Yellow = midlife (18-65 years), Blue = later life (>65)

The Lancet commission also provides several recommendations for specific actions to reduce dementia risk across the life course:

- Ensure good quality education is available for all and encourage cognitively stimulating activities in midlife to protect cognition
- Make hearing aids accessible for people with hearing loss and decrease harmful noise exposure to reduce hearing loss
- Treat depression effectively
- Encourage use of helmets and head protection in contact sports and on bicycles
- Encourage exercise because people who participate in sport and exercise are less likely to develop dementia
- Reduce cigarette smoking through education, price control, and preventing smoking in public places and make smoking cessation advice accessible

Commented [GU10]: I'm not seeing sleep and diet.

Commented [GU11]: It's important to note that many of the metabolic risk factors produce or are influenced by a physiological response which may be a significant precursor for dementia or diminished brain health. Treatment of these risk factors may not address the root cause.

Commented [GU12]: There is some emerging data around the "critical window" for HRT and dementia. Not sure if it's prime time enough yet - would love thoughts on this

Commented [BB13R12]: Some large observational studies suggest potential benefit (Pourhadi, N., Mørch, L. S., Holm, E. A., Torp-Pedersen, C., & Meaidi, A. (2023). Menopausal hormone therapy and dementia: Nationwide, nested case-control study. *BMJ*, 381, e072770.) but Lancet review article from 2025 concluded overall neutral effect (Melville, M., He, L., Desai, R., Nyamayaro, P., Fox, C., Kothari, K. U., & Sommerlad, A. (2025). *Menopause hormone therapy and risk of mild cognitive impairment or dementia: A systematic review and meta-analysis*. *The Lancet Healthy Longevity*, 6(5), e326–e338. [https://doi.org/10.1016/S2666-7568\(25\)00057-0](https://doi.org/10.1016/S2666-7568(25)00057-0))

Commented [GU14]: How was this defined in the Lancet pub? could be useful to include that in this document and carry it forward consistently (next section has "45+?")

Commented [BB15R14]: The definition from the Lancet pub was 18-65, which is pretty broad.

- Prevent or reduce hypertension and maintain systolic blood pressure of 130 mm Hg or less from age 40 years
- Detect and treat high LDL cholesterol from midlife
- Maintain a healthy weight and treat obesity as early as possible, which also helps to prevent diabetes
- Reduce high alcohol consumption through price control and increased awareness of levels and risks of overconsumption
- Prioritize age-friendly and supportive community environments and housing and reduce social isolation by facilitating participation in activities and living with others
- Make screening and treatment for vision loss accessible for all
- Reduce exposure to air pollution

Interventions to reduce dementia risk can be separated into specific categories, organized by the World Health Organization's (WHO) updated guidelines for risk reduction of cognitive decline and dementia:

- Promoting healthy behaviors to reduce risk of cognitive decline and dementia
- Managing specific health conditions and biological factors that are associated with dementia risk, and
- Targeting environmental factors that are associated with cognitive decline and dementia

The following is a summary of recommendations from the 2026 guidelines:

Category	Domain	Status	Recommendations
Healthy behaviors	Cognitive activity	Updated	To reduce the risk of cognitive decline and/or dementia specifically, cognitive training may be offered to older adults with normal cognition or mild cognitive impairment. Strength: conditional Certainty of Evidence: low
		New	To reduce the risk of cognitive decline and/or dementia specifically, engagement in cognitive stimulation may be encouraged Strength: conditional Certainty of Evidence: very low
	Social Activity	Updated	To reduce the risk of cognitive decline and/or dementia specifically, engagement in social activity interventions may be recommended to adults with normal cognition or mild cognitive impairment Strength: conditional Certainty of Evidence: very low
	Physical Activity	Validated	To reduce the risk of cognitive decline specifically, physical activity should be recommended to adults with normal cognition.

			Strength: strong Certainty of Evidence: moderate
		Validated	To reduce the risk of cognitive decline specifically, physical activity may be recommended to adults with mild cognitive impairment Strength: conditional Certainty of Evidence: low
	Reduce harmful use of alcohol	Validated	To reduce the risk of cognitive decline and/or dementia specifically, interventions aimed at reducing or ceasing hazardous and harmful drinking (including providing support to people with alcohol dependence) may be offered to adults with normal cognition or mild cognitive impairment. Strength: conditional Certainty of Evidence: moderate
	Tobacco Cessation	Validated	To reduce the risk of cognitive decline and dementia specifically, interventions for tobacco cessation should be offered to adults who use tobacco. Strength: strong Certainty of Evidence: low
	Healthy, balanced diet and nutrition	Updated	To reduce the risk of cognitive decline and/or dementia specifically, a healthy, balanced dietary pattern may be recommended to adults with normal cognition or mild cognitive impairment. Strength: conditional Certainty of Evidence: moderate
		Validated (AGAINST)	To reduce the risk of cognitive decline and/or dementia specifically, supplementation of vitamins B and E, omega-3 polyunsaturated fatty acids (PUFA) and multivitamins/ minerals is not recommended. Strength: strong Certainty of Evidence: moderate
Manage physical conditions or biological states	Management of obesity	Updated	To reduce the risk of cognitive decline and/or dementia specifically, interventions for reducing midlife overweight or obesity may be offered. Strength: conditional Certainty of Evidence: low to moderate
		New	To reduce the risk of cognitive decline and/or dementia specifically, dietary restriction interventions may be offered to adults who are overweight or obese Strength: conditional Certainty of Evidence: low to moderate

	Management of diabetes	Updated	To reduce the risk of cognitive decline and/or dementia specifically, management of diabetes may be offered to adults with diabetes. Strength: conditional Certainty of Evidence: very low
	Management of hypertension	Updated	To reduce the risk of cognitive decline and/or dementia specifically, management of hypertension may be offered to adults with hypertension. Strength: conditional Certainty of Evidence: very low
	Management of dyslipidemia	Validated	To reduce the risk of cognitive decline and/or dementia specifically, management of dyslipidaemia at midlife may be offered. Strength: conditional Certainty of Evidence: low
	Management of hearing loss	Updated	To reduce the risk of cognitive decline and/or dementia specifically, hearing aids may be offered to adults with hearing loss Strength: conditional Certainty of Evidence: low
	Use of menopausal hormone therapy (MHT)	New (AGAINST)	Menopausal hormone therapy is not recommended for specifically reducing the risk of cognitive decline and/or dementia in postmenopausal women aged 65 years and older Strength: conditional Certainty of Evidence: very low
		Insufficient Evidence	For women aged below 65 years – including those experiencing premature ovarian insufficiency, early menopause or perimenopause – and for the specific purpose of reducing the risk of cognitive decline and/or dementia, there is currently insufficient evidence to advise for or against the use of menopausal hormone therapy
	Management of depression	Insufficient Evidence	For the specific purpose of reducing the risk of cognitive decline and/or dementia, there is currently insufficient evidence to recommend the management of depression.
	Management of stroke		For the specific purpose of reducing the risk of cognitive decline and/or dementia, there is currently insufficient evidence to recommend pharmacological interventions typically used to reduce the risk of recurrent stroke.
	Management of traumatic brain injury (TBI)	Insufficient Evidence	For the specific purpose of reducing the risk of cognitive decline and/or dementia, there is currently insufficient evidence to recommend specific

	Management of vision impairment	Insufficient Evidence	For the specific purpose of reducing the risk of cognitive decline and/or dementia, there is currently insufficient evidence to recommend vision impairment intervention
	Management of sleep	Insufficient Evidence	For the specific purpose of reducing the risk of cognitive decline and/or dementia, there is currently insufficient evidence to recommend interventions to treat sleep wake disorders
		Insufficient Evidence	For the specific purpose of reducing the risk of cognitive decline and/or dementia, there is currently insufficient evidence to recommend interventions to improve sleep(quality or duration).
	Management of HIV	Insufficient Evidence	For the specific purpose of reducing the risk of cognitive decline and/or dementia, there is currently insufficient evidence to recommend one anti-retroviral therapy (ART) combination over another; therefore, ART regimens should be used according to disease control needs and patient preferences
Environmental risk factors	Reduce exposure to air pollution	New	Reducing exposure to household air pollution may reduce the risk or incidence of cognitive decline and/or dementia Strength: conditional Certainty of Evidence: very low
		New	Reducing exposure to ambient air pollution (especially PM2.5) may reduce the risk or incidence of cognitive decline and/or dementia. Strength: conditional Certainty of Evidence: very low
Interventions targeting multiple risk factors	Multidomain interventions	New	To reduce the risk of cognitive decline and/or dementia specifically, tailored, multidomain interventions may be offered Strength: conditional Certainty of Evidence: moderate to high

Some risk factors for cognitive decline are more able to be directly influenced by the healthcare system. Risk factors such as air pollution and in early life educational attainment, are less easily impacted by hospital systems and clinicians. However, several conditions or behaviors that are associated with higher risk for dementia area already addressed as part of the primary care system: hypertension, hypercholesterolemia, diabetes, obesity, depression, sensory loss, smoking and excessive alcohol intake. Within the current landscape, **efforts in risk reduction in Washington state should revolve around existing initiatives to prevent chronic disease, address behavioral health, protect public safety, and create healthy living environments for**

all, including targeted support and intervention for those underserved and marginalized. Many people may experience multiple risk factors at once, requiring multicomponent interventions to protect brain health holistically.

Draft Guidelines

The following are potential guidelines for our report audiences to address and promote risk reduction and delaying progression

Primary Care Systems

1. Provide brain health education at every annual wellness visit anchored in the Dementia Action Collaborative's "[Keep Your Brain Healthy](#)" resource
2. At all routine care visits, identify and address modifiable risk factors for cognitive decline and dementia. See table [here](#) for details.
3. Refer to programs that provide multimodal risk reduction for those living with multiple risk factors. Include programs such as but not limited to:
 - a. Diabetes Prevention Program (DPP)
 - b. Self-Monitoring Blood Pressure (SMBP) Programs
 - c. Older adult exercise programs (e.g. Silver Sneakers)
4. Consider development of system to identify adults at higher risk of cognitive impairment or dementia through identification of documented risk factors (e.g., hypertension, diabetes, dyslipidemia, hearing loss, depression, smoking, obesity, prior TBI, etc) starting at midlife (e.g., age 45-50+)
 - a. Flag the health record before routine care and chronic condition management visits to provide brain health education resource

Residential Care Facilities

1. Give residents and family members/caregivers the Dementia Action Collaborative's resource "[Keep Your Brain Healthy](#)" to emphasize importance of brain health and how to maintain cognitive resilience
2. Offer opportunities for daily physical activity, cognitive stimulation (e.g., reading, playing games), and social engagement adapted to meet individual residents' needs and abilities (e.g., mobility, sensory impairment)
3. Require medication reconciliation and fall-risk assessment upon intake and after hospitalization or transfer from another facility
4. Help residents access hearing and visual aids

Hospitals

1. Obtain baseline cognition from family members/caregivers whenever possible upon admission
2. Incorporate information about brain health in discharge instructions, using the Dementia Action Collaborative's "[Keep Your Brain Healthy](#)"

Health Plans

1. Send educational material to members about the importance of brain health and how to reduce risk of cognitive impairment and dementia utilizing the Dementia Action Collaborative's "[Keep Your Brain Healthy](#)". Include a notice of potentially unused available benefits (e.g., nutrition counseling, behavioral healthcare coverage, smoking cessation, etc.)
2. Include incentives such as covering physical activity programs or gym membership fees
3. Integrate coverage for fruit and vegetable prescription programs for those at risk.
4. Consider methods to identify members with multiple risk factors (e.g., hypertension, diabetes, obesity)
5. Offer navigation or coordination support to connect members with community based organizations (CBOs) to address social drivers of health

Commented [BB16]: Curious about the ability of health plans to identify folks with multiple risk factors and the utility of this

Employers

1. Incorporate brain health into work promotion activities and education, utilizing the Dementia Action Collaborative's "[Keep Your Brain Healthy](#)".
2. Maintain workplace wellness programs, especially those aligned with brain health. These include but are not limited to:
 - a. Interventions for physical activity
 - b. Provision of healthy, fresh foods onsite
 - c. Enforcing non-smoking work environments
 - d. Promoting access to employee assistance programs, especially those offering behavioral health support

State Agencies

1. Align with national and state-level plans for risk reduction of Alzheimer's and other dementias
 - a. [Healthy Brain Initiative](#)
 - b. [WA Alzheimer's State Plan](#)
2. OIC/HCA: Aspirational goal?: a "Brain Health Prevention Program" similar to the Diabetes Prevention Program offered and covered through Medicare that is more comprehensive of all risk factors – consider directive to the legislature to develop a

Commented [BB17]: This would require further delineation - what could this look like? Based on the POINTER study?

workgroup at OIC to develop “Brain Health Prevention Program” with similar structure to DPP, available to midlife health adults?

Washington Health Care Authority

1. Require in contracting requirements the delivery of brain health messaging once annually to all primary enrollees; consider incorporating/utilizing the Dementia Action Collaborative’s [“Keep Your Brain Healthy”](#).
2. Consider requesting a decision package to investigate benefit design of a Dementia Prevention Program modeled off the Diabetes Prevention Program, inclusive of modifiable risk factors for dementia including healthy behaviors, management of chronic conditions, and reducing exposure to environmental risk factors for dementia.

Department of Health

3. Collaborate with partners to develop a public health prevention model that promotes systems, policies, and environmental changes to establish and build efforts to treat and prevent dementia.
4. Convene public health leadership in chronic disease prevention, injury prevention, substance use prevention, healthy aging, air quality, and others to align and amplify messaging around maintaining brain health. Consider utilizing the Dementia Action Collaborative’s [“Keep Your Brain Healthy”](#) resource as a starting point.
 - a. Integrate the message of dementia risk reduction across programs linked to modifiable risk factors (e.g., diabetes, hypertension, injury prevention, etc.)
 - b. Integrate healthy aging considerations across programs linked to dementia risk

Evidence Review

Resources

[Healthy Brain Initiative](#)

[Race, Ethnicity, and Alzheimer's in America](#)

[Non-Medical Factors that Affect Alzheimer's Disease and Related Dementias Risk | Alzheimer's Disease and Dementia | CDC](#)

[Brain Health At Work™ | Alzheimer's Association](#)

[Talking About Brain Health and Aging: The Basics](#)

Literature

Citation	Findings
Livingston G, Huntley J, Liu KY, Costafreda SG, Selbæk G, Alladi S, Ames D, Banerjee S, Burns A, Brayne C, Fox NC, Ferri CP, Gitlin LN, Howard R, Kales HC, Kivimäki M, Larson EB, Nakasujja N, Rockwood K, Samus Q, Shirai K, Singh-Manoux A, Schneider LS, Walsh S, Yao Y, Sommerlad A, Mukadam N. Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission. Lancet. 2024 Aug 10;404(10452):572-628. doi: 10.1016/S0140-6736(24)01296-0. Epub 2024 Jul 31. PMID: 39096926.	The 2024 Lancet Commission identifies 14 modifiable dementia risk factors across the life course, including newly emphasized vision loss and high LDL cholesterol, and estimates that up to 45% of dementia cases may be preventable or delayed through risk reduction. The findings support using a life-course prevention frame; prioritizing vascular risk control, smoking cessation, hearing loss treatment, and other scalable interventions; and aligning clinical, community, and policy strategies to address multiple risks simultaneously.
World Health Organization. (2026). Risk reduction of cognitive decline and dementia: WHO guidelines (2nd ed.). World Health Organization. https://www.who.int/publications/i/item/9789240123557	The WHO guideline synthesizes evidence on interventions to reduce risk of cognitive decline and dementia across healthy behaviors, management of physical and biological risk factors, environmental exposures, and multidomain approaches. Recommendations generally support physical activity, tobacco cessation, healthy dietary patterns, hearing aids for hearing loss, midlife cardiometabolic risk management, reduced air pollution exposure, and tailored multidomain interventions, while noting that evidence strength varies across domains.

World Health Organization. (2026). Risk reduction of cognitive decline and dementia: WHO guidelines: Web annex P: Evidence profile and evidence-to-decision table for multidomain interventions. World Health Organization. https://iris.who.int/items/7f81e7f5-4ee5-4754-80fd-4dd947eb52b6	This WHO evidence annex reviews the evidence base and decision-making considerations for multidomain interventions designed to reduce cognitive decline and dementia risk. The findings suggest that multidomain interventions are most relevant for people with multiple risk factors and should be tailored to individual needs, combining lifestyle, cognitive, and vascular risk management components rather than relying on a single intervention.
Sabbagh, M. N., Perez, A., Holland, T. M., Boustani, M., Peabody, S. R., Yaffe, K., Bruno, M., Paulsen, R., O'Brien, K., Wahid, N., & Tanzi, R. E. (2022). Primary prevention recommendations to reduce the risk of cognitive decline. <i>Alzheimer's & Dementia</i>, 18(8), 1569–1579. https://doi.org/10.1002/alz.12535	This consensus-based article provides practical primary prevention recommendations to reduce risk of cognitive decline, focusing on topics with sufficient evidence and clinical actionability. The guidance emphasizes neurovascular risk management, physical activity, sleep, nutrition, social connection, and cognitive stimulation, and supports translating recommendations into concrete counseling and referral pathways for primary care.
Walsh S, Klee M, Hui EK, Saeed U, Waters S, Kuhn I, Siette J, Orgeta V, Stafford J, Smith LJ, Tamburin S, Jensen DEA, Mantovani E, Chandra A, James SN, Tang EYH, Llewellyn DJ, Foote IF, Chiesa ST, Geraets AFJ; DEMON SDOH International Research Group. Social determinants of dementia: A scoping review. <i>Alzheimer's Dement</i>. 2025 Jul;21(7):e70524. doi: 10.1002/alz.70524. PMID: 40717690; PMCID: PMC12301702.	This scoping review maps evidence on social determinants of dementia, finding stronger evidence for factors such as education, air pollution, socioeconomic status, and ethnicity, with emerging or limited evidence for other determinants. The findings indicate that dementia risk reduction should account for upstream social and environmental conditions, recognize that evidence is concentrated in high-income countries, and avoid treating social determinants as isolated factors because they are highly interrelated.
Baker LD, Espeland MA, Whitmer RA, et al. Structured vs Self-Guided Multidomain Lifestyle Interventions for Global Cognitive Function: The US POINTER Randomized Clinical Trial. <i>JAMA</i>. 2025;334(8):681–691. Doi:10.1001/jama.2025.12923	The US POINTER randomized clinical trial compared structured and self-guided multidomain lifestyle interventions and found that both improved cognition over two years, with greater gains in the structured intervention group. The results suggest that structured, supported multidomain programs may produce larger cognitive benefits than self-guided approaches, with effects observed across participant subgroups, supporting scalable

	models that include coaching, accountability, and multiple lifestyle targets.
Ngandu T, Lehtisalo J, Solomon A, Levälahti E, Ahtiluoto S, Antikainen R, Bäckman L, Hänninen T, Jula A, Laatikainen T, Lindström J, Mangialasche F, Paajanen T, Pajala S, Peltonen M, Rauramaa R, Stigsdotter-Neely A, Strandberg T, Tuomilehto J, Soininen H, Kivipelto M. A 2 year multidomain intervention of diet, exercise, cognitive training, and vascular risk monitoring versus control to prevent cognitive decline in at-risk elderly people (FINGER): a 13 randomized controlled trial. Lancet. 2015 Jun 6;385(9984):2255-63. Doi: 10.1016/S0140-6736(15)60461-5. Epub 2015 Mar 12. PMID: 25771249.	The FINGER trial was a landmark randomized controlled trial testing a two-year multidomain intervention that combined diet, exercise, cognitive training, and vascular risk monitoring among older adults at elevated risk. The intervention improved overall cognition compared with control, with benefits in executive function, processing speed, and memory, supporting comprehensive rather than single-factor prevention strategies for at-risk older adults.
Reuben DB, Kremen S, Maust DT. Dementia Prevention and Treatment: A Narrative Review. JAMA Intern Med. 2024;184(5):563–572. doi:10.1001/jamainternmed.2023.8522	This narrative review summarizes evidence on dementia prevention and treatment, highlighting prevention strategies with the strongest current support and the need for integrated care approaches. The review suggests that prevention should prioritize vascular risk control, physical activity, and multidomain interventions, while recognizing that dementia risk reduction is most effective when addressed through coordinated, multimodal strategies rather than one isolated behavior or treatment.
Sabayan B, Boden-Albala B, Rost NS. An Ounce of Prevention: The Growing Need for Preventive Neurologists. Neurology. 2025 Jul 8;105(1):e213785. Doi: 10.1212/WNL.0000000000213785. Epub 2025 Jun 12. PMID: 40505079.	This preventive neurology perspective argues that growing evidence on modifiable neurologic risk factors creates a need to integrate prevention into routine care and population health systems earlier in life. The article emphasizes that dementia prevention overlaps substantially with cardiovascular and chronic disease prevention and that health systems should redesign workflows to identify risk earlier, support behavior change, and implement population-level risk reduction strategies.

Appendix A. Modifiable Risk Factors in Primary Care

Risk Factor for Cognitive Decline	Guidance for Primary Care Systems	Population	Resources
Social engagement	- Assess social isolation and loneliness - Connect individuals to opportunities for meaningful social engagement and community participation (e.g., Area Agencies on Aging)	Adults, especially older adults (65+)	World Health Organization 2026 Guidelines Surgeon General Social Connection Advisory
Air pollution	- Encourage reducing exposure to indoor air pollutants by maintaining a smoke free environment, increasing indoor ventilation, using air filtration, limit solid fuel burning indoors (e.g., wood, coal), test for radon, and prevent moisture and mold - Encourage reducing exposure to poor outdoor air quality by monitoring AQI, limiting outdoor activities during pollution events (e.g., wildfire smoke), and wear a respirator when exposure can't be avoided	Across the life course	Environmental Protection Agency Indoor Air Quality King County Indoor Air Pollution King County Wildfire Smoke Preparedness
Hearing Loss	- Screen for hearing impairment according to current Bright Futures/AAP recommendations for Preventive Pediatric Health Care - Regularly assess for hearing impairment in older adults, - Throughout the life course, encourage prevention of harmful noise exposure and timely access to hearing rehabilitation or hearing aids	Across the life course	WHO Hearing Screening AAP Bright Futures USPSTF Hearing Loss in Older Adults: Screening
Vision Loss	- Screen for vision impairment according to current Bright Futures/AAP recommendations for Preventive Pediatric Health Care - Regularly assess visual acuity in older adults and encourage use of visual aids as appropriate	Across the life course	AAP Bright Futures USPSTF Impaired Visual Acuity in Older Adults: Screening

High Cholesterol	Assess ASCVD risk and prescribe a statin for primary prevention of CVD for adults 40-75 who have 1 or more CVD risk factors (e.g., dyslipidemia, diabetes, hypertension, smoking) and estimated ASCVD risk $\geq 10\%$	Adults to older adults	USPSTF Statin Use for the Primary Prevention of Cardiovascular Disease in Adults
Diabetes	- Screen nonpregnant adults 35-70 years old for prediabetes and type 2 diabetes who have overweight or obesity. Offer or refer patients with prediabetes to effective preventive interventions (e.g., Diabetes Prevention Program) - Screen pregnant persons for gestational diabetes at 24 weeks or after	Adults to older adults	Prediabetes and Type 2 Diabetes Screening Gestational Diabetes: Screening ACOG Gestational Diabetes Practice Bulletin
Hypertension	- Screen for hypertension in adults 18+ (annually for those 45+) with office blood pressure measurement and obtain measurements outside the clinical setting for diagnostic confirmation - General treatment goal for adults is a blood pressure $<130/80$mmHg; individualize treatment goals based on patient goals and preferences, age, comorbidities, cardiovascular risk, and other risk factors	Adults to older adults	Hypertension in Adults: Screening AHA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults
Overweight and Obesity	- Provide or refer children and adolescents 6+ years old with a high BMI to comprehensive, intensive behavioral interventions - Offer or refer adults with BMI 30+ to intensive multicomponent behavioral interventions	Across the life course	Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions High Body Mass Index in Children and Adolescents: Interventions
Behavioral Health	Screen for tobacco use using validated tools, assess readiness to quit, and offer cessation to adults	Across the life course	Tobacco Smoking Cessation in Adults, Including

	• Screen for unhealthy alcohol use in adults, including pregnant persons, and provide brief behavioral counseling interventions (SBIRT) • Screen for unhealthy drug use in adults using validated tools when able and provide brief intervention • Screen adults for depression using validated tools (e.g., PHQ-9) • Screen for anxiety disorders in adults, including pregnant and postpartum persons • Screen for mental health concerns in children according to Bright Futures and USPSTF guidelines (depression screening 12 and older, anxiety screening 8 and older)		Pregnant Persons: Interventions Unhealthy Alcohol Use in Adolescents and Adults: Screening and Interventions Unhealthy Drug Use: Screening AAP Guidelines for Adolescent Depression in Primary Care Depression and Suicide Risk in Adults: Screening Recommendation: Anxiety in Children and Adolescents: Screening United States Preventive Services Taskforce
Physical Activity	• Encourage children 6-17 years old to engage in at least 60 minutes/day of moderate-vigorous exercise • Encourage adults to engage in minimum 150 minutes/week of moderate-intensity activity plus muscle strengthening 2+ days/week	Across the life course	Physical Activity Guidelines OASH
Diet	• Recommend a healthy, balanced diet that is nutrient dense, emphasizes fruit, vegetables, whole grains, lean protein, and healthy fats while limiting added sugars, sodium and saturated fat; diet can and should be tailored to be culturally appropriate and sustainable	Across the life course	USPSTF

	• Offer or refer adults with elevated risk of cardiovascular disease to nutritional counseling and support (e.g., registered dietitian nutritionist)		
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ⁱ Alzheimer’s Association. (2022). *2022 Alzheimer’s disease facts and figures: Special report: More than normal aging: Understanding mild cognitive impairment*. Alzheimer’s Association. <https://www.alz.org/getmedia/257803ff-0335-4882-a37b-c4acb77b1a66/alzheimers-facts-and-figures-special-report-2022.pdf>.

ⁱⁱ World Health Organization. (2026). Risk reduction of cognitive decline and dementia: WHO guidelines (2nd ed.). World Health Organization. <https://www.who.int/publications/i/item/9789240123557>

ⁱⁱⁱ Livingston, G., Huntley, J., Liu, K. Y., Costafreda, S. G., Selbæk, G., Alladi, S., Ames, D., Banerjee, S., Burns, A., Brayne, C., Fox, N. C., Ferri, C. P., Gitlin, L. N., Howard, R., Kales, H. C., Kivimäki, M., Larson, E. B., Nakasujja, N., Rockwood, K., ... Mukadam, N. (2024). Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission. *The Lancet (British Edition)*, 404(10452), 572–628. [https://doi.org/10.1016/S0140-6736\(24\)01296-0](https://doi.org/10.1016/S0140-6736(24)01296-0)