

Prevention and management of dementia: a priority for public health



Today, nearly 50 million people worldwide have dementia, with this figure projected to increase to 75 million by 2030 and to 132 million by 2050,¹ largely driven by population ageing. Dementia causes not only disability and dependency for individuals affected by the disorder, but can also have a profoundly detrimental effect on family and other carers, who are at high risk of developing depression and anxiety disorders.² The cost of caring for people with dementia is more than US\$800 billion per year globally, rising to \$2 trillion by 2030.¹ With no disease-modifying treatments for dementia currently available, health-care systems are in danger of becoming overwhelmed by the future costs of caring for people with dementia.

After decades of neglect, dementia was thrust into the international spotlight in 2013 with the G8 Dementia Summit in London, UK,³ followed 2 years later by the First WHO Ministerial Conference on Global Action Against Dementia.⁴ Against this background, *The Lancet* launched a Commission⁵ to review the available evidence and produce recommendations about how best to manage—or even prevent—dementia. Led by Gill Livingston, Professor of Psychiatry of Older People at University College London, and in partnership with the Alzheimer’s Society, the Economic and Social Research Council, Alzheimer’s Research UK, and University College London, 24 international experts assessed the evidence, undertook new research, and generated evidence-based recommendations on dementia prevention, management, and care. While low-income and middle-income countries face the greatest predicted burden of dementia in the coming decades, as Martin Prince highlights in his accompanying Comment,⁶ given the paucity of evidence from these countries, evidence considered in the Commission comes mostly from high-income countries.

Although the symptoms of dementia generally occur in later life, the underlying brain pathology develops many years earlier. As outlined in the *Lancet* Commission, dementia is likely to be a clinically silent disorder that begins at midlife (about age 40–65 years) and the terminal stage manifests as

symptoms of dementia. This hypothesis suggests a window of opportunity to intervene by addressing dementia risk factors in middle age. The Commission adopts a life-course approach and identifies nine potentially modifiable risk factors at different stages of life that, if eliminated, might prevent more than a third of cases of dementia: low educational level in childhood, hearing loss, hypertension, obesity, smoking, depression, physical inactivity, social isolation, and diabetes.

Diagnosis is often delayed due to the mistaken belief that dementia is a natural consequence of ageing or because of an individual’s reluctance to seek help about their memory problems. Fewer than half of patients with dementia have a formal diagnosis,⁷ and diagnosis typically occurs late in the disease process, when it is too late for patients to make their own choices about treatment. Screening all older people is not recommended because the benefits are uncertain, but case finding among those at high risk of dementia might be beneficial. Although therapies to modify the course of dementia are not currently available, much can be done to manage its manifestations—for example, pharmacological treatments such as cholinesterase inhibitors and memantine have clinically important

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	Global target
Dementia as a public health priority	75% of countries will have developed or updated national policies, strategies, plans, or frameworks for dementia, either stand-alone or integrated into other policies/plans, by 2025
Dementia awareness and friendliness	100% of countries will have at least one functioning public awareness campaign on dementia to foster a dementia-inclusive society by 2025 50% of countries will have at least one dementia-friendly initiative to foster a dementia-inclusive society by 2025
Dementia risk reduction	The relevant global targets defined in, and in keeping with, the global action plan for prevention and control of non-communicable diseases 2013–20 and any future revisions are achieved
Dementia diagnosis, treatment, care, and support	In at least 50% of countries, as a minimum, 50% of the estimated number of people with dementia are diagnosed by 2025
Support for dementia carers	75% of countries provide support and training programmes for carers and families of people with dementia by 2025
Information systems for dementia	50% of countries routinely collect a core set of dementia indicators through their national health and social information systems on which they report every 2 years by 2025
Dementia research and innovation	The output of global research on dementia doubles between 2017 and 2025

Table: Action areas in the WHO Global Action Plan on the Public Health Response to Dementia (2017–2025)¹⁰

effects on cognition, and psychological, environmental, and social interventions can help to alleviate behavioural and psychiatric symptoms.

Public health strategies targeting the main lifestyle, clinical, and social risk factors identified in this Commission could reduce the incidence of dementia or substantially delay its onset. Naturally, prevention of all potentially modifiable cases of dementia will not be feasible, but pushing back the age of dementia onset would bring enormous benefits: estimates suggest that even a delay in onset of 1 year could prevent more than 9 million cases of dementia by 2050⁸ and delaying onset by 5 years could halve the prevalence of dementia globally.⁹

The key messages of the Commission accord with the WHO Global Action Plan on the Public Health Response to Dementia (2017–2025), endorsed at the 2017 World Health Assembly (table).¹⁰ We call on all governments to generate updated action plans for dementia, drawing on the latest evidence and incorporating awareness strategies and public health campaigns, to tackle the impending dementia crisis. This *Lancet* Commission will help inform the development and implementation of these strategies.

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