

EDITORIAL

PREVENTION OF DEMENTIA



More than a century ago, neurologists discovered that the brain had inherent qualities for rewiring itself and re-organizing itself. In other words, although the term 'neuroplasticity' was not yet coined, research pointed in the direction. But traditional neurologists refused to believe it and continued with the old thought that the adult brain was a 'fixed' entity and was only open to decline and degeneration with the aging process. Not any longer. The modern generation is convinced of the '**neuroplasticity**' of the **brain** and promotes it liberally. Neurological researchers say

today that the brain is remarkably resilient. **Cognitive reserve**—built through education, intellectually stimulating activities, meaningful occupations and lifelong learning—may help some individuals **tolerate greater brain pathology before functional impairment becomes evident**. This is amazing that patients continue to function well in spite of the pathology being present but not being 'visible' in daily functioning!

The most encouraging development in recent dementia research is the growing recognition that **prevention is possible**—not prevention of every case, but reduction or delay of risk. **The 2024 Lancet Commission identified 14 potentially modifiable risk factors**, including hypertension, high LDL cholesterol, diabetes, obesity, physical inactivity, smoking, excessive alcohol consumption, depression, social isolation, hearing loss, visual impairment, traumatic brain injury and lower educational attainment. Together, these factors are estimated to account for **approximately 45% of dementia cases globally, which is preventable!**

The increasingly hopeful message emerging is that **dementia is not necessarily an inevitable consequence of aging**. The emphasis is increasingly on **brain health across the life course**, rather than waiting until old age. In other words, take care of your brain health from an early age and do not wait for age to take over! **Start young and not when you turn 50 years!**

The latest **WHO guidance, issued in 2026**, similarly emphasises physical activity, management of cardiovascular risk, cognitive stimulation and engagement in social activities for people with normal cognition as well as those experiencing mild cognitive impairment.

Perhaps the most important psychological message is that **prevention begins long before old age. We should think of brain health as a lifelong investment**. A child's education, an adult's blood pressure, a middle-aged person's hearing loss, an older person's social relationships and everyone's opportunities for movement, learning and purpose may all contribute to cognitive resilience. A healthy brain needs more than good blood circulation. It needs **purpose, stimulation, relationships and emotional wellbeing**.

Neurologists talk of an activity called '**neurobics**', similar to aerobics for physical health. These are simple exercises you can do to keep your brain healthy and they are absolutely free! If you are over 50 years of age you can dedicate just 10 minutes a day to do them. For example, brushing your teeth with the non-dominant hand, eating, writing, drawing with the non-dominant hand, breaking a habit and engaging in an annoying new activity helps the brain re-fire and rewire itself. Reading, learning a new skill, making music, solving problems, meaningful conversation, volunteering and remaining socially connected

continually engage the brain. **The psychological environment matters too**. Depression, chronic stress, loneliness, social isolation and loss of purpose can affect cognitive wellbeing and may interact with other dementia risks.

This does not mean that dementia can simply be "prevented" by healthy living. Genetics, aging and biological processes remain important. Rather, the evidence suggests that protecting brain health throughout life can change the odds. **Prevention therefore begins much earlier than we traditionally imagined.**

Rita Aggarwal
-Editor

KNOW YOURSELF: SESSION ON SELF AWARENESS IN COLLABORATION WITH HEARTFULNESS

An experiential self-awareness workshop was conducted on September 06, 2026 in collaboration with the 'Youth United' wing of Heartfulness, at VCMDWA hall, Abhyankar Nagar, Nagpur. 70 young adults aged between 18-30 years participated in the session, facilitated by Rtr Devika Gokhale, psychologist at Chaitanya. The session focused on helping participants understand themselves beyond labels and expectations. The session began with an engaging icebreaker, followed by an art activity where participants explored experiences, relationships, values, influences, qualities and aspirations that have shaped them. The participants then identified aspects of themselves they wanted to strengthen, reconsider or develop further and translated these reflections into one practical action. The session concluded with a Heartfulness meditation, offering participants an opportunity to pause, connect inwardly, and integrate their reflections.



DEMENTIA - DIAGNOSIS PROGNOSIS AND TREATMENT ADVANCES

American Psychiatric Association classifies dementia as **Major Neurocognitive Disorder (NCD)** in Diagnostic and Statistical Manual (DSM-5), diagnosis of which formally requires **significant decline in at least one of six cognitive domains** – complex attention (speed processing/ sustained or selective attention), executive function (planning, decision making, mental flexibility), learning/ memory (recent memory, recognition), language (fluency, grammar, comprehension), perception-motor function (visual and movement coordination), and social cognition (recognising emotions, empathy). Contrary to popular belief, it does not mandate memory loss for a dementia diagnosis; some types (vascular or fronto-temporal dementia) primarily present with language/ executive dysfunction or personality changes.

Before diagnosing Alzheimer's (AD), specialists conduct detailed clinical assessment and neuro-psychological evaluation, followed by tests (including MRI brain) to detect any modifiable (reversible) neuro-degenerative factors (Vit B12 deficiency, hypothyroidism, infections). Usually seen after 65 years of age, AD risk increases two-fold every five years. Family history of dementia and Down's syndrome also adds to the risk. Uncommonly, dementia starts before 45 years of age – early onset; especially if risk factors (sedentary lifestyle, smoking, alcohol use, cardiac problems) are present.

Sometimes, dementia presents with behavioural/ psychiatric symptoms like depression, agitation, delusions, hallucinations, aggression and insomnia. Often **triggered by small changes** in routine, environment, medication, or people around – they make a vulnerable person further feel stressed from trying to make sense of their increasingly confusing world. FDA has approved two kinds of medication for dementia – one slows disease progression, and other helps mitigate abovementioned symptoms. As **neuronal death is irreversible**, medication cannot stop brain damage; but helps lessen the degeneration temporarily. Generally well tolerated, these drugs are **more effective when initiated earlier in the course of illness**.

Non-pharmacological interventions like regularising sleep, food/water

intake and bladder/bowel movement, checking for skin concerns, pain, constipation or extremes of temperature, also **help in providing physical/emotional comfort**. It is important for caregivers to be calm and consistently supportive, and also participate in treatment planning, including addressing their own caregiving burden.

Neurodegeneration is progressive; hence patients eventually need assistance with most daily living activities (brushing, bathing, grooming, eating, using the washroom, managing meals or finances). That is largely why **prevention** – by minimising risk factors, regular health screening, engaging in activities promoting cognitive capabilities, learning new skills, and healthy ageing – **is key to treating dementia**. Over time, overall health in dementia declines despite interventions; only hope being a possibility of prolonged lifespan and intact functioning - when treatment is started much earlier in the illness course. Interventions are aimed at improving quality of life and prevention of risks/ complications like fire/flooding at home due to forgetfulness, falls, fractures, elderly abuse of any kind or being lost from home. Hence, **routine implementation of supportive aids** (non-slip mats, washroom handles, identity card with personal details, meals-on-wheels service, prepacked weekly medicine box) **and community intervention remains important in the long-term**.

Recent medical advancements in dementia care include the use of monoclonal antibodies that specifically address AD pathology at cellular level. Research is in process for making certain implants that can monitor/ stimulate brain signals, and even blood tests to identify protein markers specific to dementia risk.

-Dr Bhakti Murkey

Associate Professor in Psychiatry

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WHEN BEHAVIOUR BECOMES A LANGUAGE: UNDERSTANDING THE EMOTIONAL WORLD OF DEMENTIA

Dementia is often described in terms of **memory loss**. But for the person living with dementia, the experience is much more than forgetting names, dates or familiar places. It can change how a person feels, communicates, responds to others and makes sense of the world around them.

Behind every behaviour is an emotion - and behind every emotion is a need.

A person with dementia may become **anxious, irritable, withdrawn, restless or unusually suspicious**. They may repeatedly ask the same question, refuse help, become upset during bathing or insist on going "home" even when they are already at home. To an observer, these behaviours can appear **unreasonable or challenging**. But for the person **experiencing dementia**, they may be a meaningful response to **confusion, fear, discomfort or loss of control**.

Imagine waking up in an **unfamiliar place, surrounded by people you cannot fully recognise, unable to find the words** to explain what you need. What might look like anger could actually be fear. What looks like **stubbornness** could be an attempt to retain **independence**. What looks like withdrawal could be sadness, fatigue or sensory overload.

This is why **responding to the emotion rather than correcting the behaviour** can make a profound difference.

If someone repeatedly asks, **"When are we going home?"**, simply repeating, **"This is your home,"** may not address what they are really expressing. Perhaps they are seeking safety, familiarity or reassurance. Sitting beside them, **acknowledging** their feelings and saying, **"You seem**

worried. You're safe here. I'm with you," may be far more comforting.

The emotional world of dementia also includes **grief**. People may gradually experience the loss of **abilities, independence, familiar roles and social connections**. Families and caregivers experience their own grief as they adjust to changes in someone they love. Both deserve compassion.

Communication therefore becomes more than words. **Tone of voice, facial expression, touch, music, familiar routines and a calm presence can communicate safely when language becomes difficult.**

Caregivers also need emotional care. Constant responsibility can lead to **exhaustion, frustration and guilt**. **Asking for help is not failure; it is responsible caregiving.**

Perhaps the most important shift is this: **do not ask only, "How do we stop this behaviour?" Ask, "What might this person be trying to tell us?"**

When we look beyond the behaviour and listen for the emotion underneath, dementia becomes less about managing a condition and more about supporting a person.

Because even when memories fade, **the need to feel safe, respected, heard and loved remains.**

- Sourish Choudhury

Director, Sound N Mind Foundation

Hon. Secretary, RAGMHI (Global)

A DEMENTIA-FRIENDLY WORLD: CREATING SAFE, SUPPORTIVE AND INCLUSIVE ENVIRONMENTS

I used to think safety for someone with dementia meant locks, alarms, supervision. Then I watched a neighbour's mother ask my name three times in one afternoon, smiling warmly each time. She wasn't confused in a way that needed fixing. She was living in a different rhythm and the people simply let her.

That made me sit back and really consider what safety actually means for someone living like this. It's not about preventing harm. It's about preserving dignity.

Safe spaces for people living with dementia usually mean grab bars and locked doors. Those matter. But the deeper safety is emotional: the family that doesn't snap when she calls her son by his father's name. The neighbour who walks her home instead of calling the police.

A truly inclusive space doesn't demand that the person fit into our world. It meets them in theirs.

What does that look like in practice?

When someone says they need to pick up their child from school and that child is now forty years old, the instinct might be to correct them. But correction only creates confusion and shame. Instead, you can gently reassure them and redirect their attention to something comforting in the present moment. You're not lying. You're entering their reality and offering comfort.

Speak slowly and give them space to answer without rushing, one at a time. Nothing shuts a person down faster than someone finishing their sentences for them.

Keep things familiar. Routine and known faces are anchors in a world that can feel increasingly confusing. Even a small change like rearranging a room or moving a familiar chair can be deeply disorienting.

If someone wants to walk, instead of locking doors, make wandering safe. A calm path, a garden, a reason to move that doesn't lead to danger.

Never talk about them as if they aren't there. Address the person directly, not the caregiver beside them. That small act of recognition is itself a form of safety.

This isn't just a family's burden. It's a community's responsibility. Think about the local shopkeeper who knows Amma's been coming to his store for thirty years and when she hands over a crumpled fifty instead of a hundred, settling the shortfall later. The colony watchman gently steers her back if she wanders, instead of shouting or calling the family in panic. The neighbours who don't whisper about "that woman who's gone senile" but quietly keep an eye out.

The safe space begins in our minds before it exists in our homes. It starts with seeing a person, not a diagnosis. Someone whose dignity matters, even when memory fades.

-Anjali Anil Salani
Therapist

EDITORIAL TEAM

- Rita Aggarwal
- Sripriya Shaji
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WHEN MEMORY BEGINS TO LET GO

Our memory is a thread, constantly weaving together who we were, who we are, and the people we love. Dementia begins by loosening that thread, sometimes so quietly that we notice it only after something familiar has become strange. There are many films that have addressed this unraveling.

We will talk about three films (three languages, three very different journeys) that have a beautiful progression across them: **Ageing → Memory → Identity**

Astu – So Be It

In Sumitra Bhavé and Sunil Sukthankar's *Astu*, dementia is approached not with drama, but with tenderness. Dr. Mohan Agashe, a leading psychiatrist plays Professor Chakrapani Shastri, an elderly Sanskrit scholar whose carefully ordered world begins to dissolve as his memory slips away.

When he wanders from home and comes into the care of Durga, a working woman, the film quietly crosses boundaries of class, privilege and circumstance. Yet the deepest concern here is dignity.

Shastri may forget where he is, but he does not cease to be a person. *Astu* looks at the person from the outside and gently asks us to respond with dignity and compassion.

Three of Us

If *Astu* asks us to see the person behind dementia, *Three of Us* takes us backwards, into the fragile landscape of memory and unfinished lives of the protagonists.

Shailaja knowing that her memories may one day become inaccessible, she returns to the Konkani of her childhood with her husband.

There, she encounters Pradeep, an old friend and first love. But this is not simply a story of a love remembered. It is about a woman returning to the unfinished corners of her own life—to grief, longing and the person she once was.

The film moves slowly at the pace of memory, in fragments. Familiar landscapes become repositories of another life. And we understand that sometimes we revisit the past because we need to make peace with it before we can no longer find the way back.

Still Alice

Then comes *Still Alice*, perhaps the most frightening of the three because it takes us inside the mind of someone watching parts of herself disappear.

Alice Howland, a brilliant linguistics professor, is diagnosed with early-onset Alzheimer's at fifty. For a woman whose life is built around words, the gradual loss of language becomes a particularly cruel betrayal.

The movie captures not simply forgetfulness, but the terror of watching oneself change. Names disappear. Words falter. Familiar places become uncertain. Independence becomes fragile.

And yet Alice remains Alice. Her family must learn to see the woman beyond the disease, just as she struggles to hold on to herself.

None of these films offers an easy answer to what remains when memory fades. Perhaps there isn't one.

But together they remind us of something important: **memory may be part of who we are, but it is not all that we are.**

A name may be forgotten. A face may become unfamiliar. A sentence may disappear before it is spoken. But a voice can still bring comfort. A hand can still offer reassurance. Love can still be recognized without being named.

When memory begins to let go, perhaps our task is to hold on—not to the person they used to be, but to the person who is still here.

Because even when memory forgets, dignity must be remembered.

Dr. Aabha Pimprikar
Co-Editor



AGEING GRACEFULLY

A flower does not fail when it begins to wither.

Before the petals fall, it has bloomed fully, through sunshine and rain, through seasons we barely noticed. Perhaps ageing deserves the same tenderness. Ageing is not a disease to be defeated but a biological process to be lived.

The question is not how to stop aging, but **how to age with a healthy brain for as long as possible.**

Consider Meera, 68. She has begun forgetting appointments and avoiding social gatherings. Her family worries about dementia. But memory does not exist in isolation. Hearing loss, depression, poor sleep, medication effects and vascular problems can all influence cognitive function. Dementia involves a progressive decline in cognition that interferes with everyday functioning; it is **not an inevitable part of normal aging**. Instead of being afraid, one should go for a professional assessment or correct diagnosis.

Now consider Rajan, 52. His blood pressure has been high for years, his glucose is creeping upward, and exercise remains permanently scheduled for "next Monday." This kind of attitude will not help prevent dementia. He has to take it seriously and act appropriately.

Brain health is closely connected to cardiovascular and metabolic health. Hypertension, diabetes, obesity, physical inactivity, smoking and several other modifiable factors are associated with increased dementia risk. Current evidence supports a **life-course approach** to reducing that risk.

And the **mind needs nourishment too**. Social connection, meaningful activity and cognitive stimulation contribute to healthy aging. Reading, learning, conversation, music, creativity and participation in community are not merely pleasant pastimes—they keep us engaged with the world.

Nutrition matters, but not through a magical "brain food". A dietary pattern rich in vegetables, fruits, whole grains, legumes, nuts and other nutrient-dense foods supports overall cardiometabolic health. If one does not have any nutritional deficiencies, avoid taking supplements unnecessarily.

Then **there is movement. Walking. Dancing. Gardening. Strength training. Cycling. The brain benefits from a body that keeps moving.**

Hearing and vision deserve attention too. Sensory loss can make one socially isolated because of poor communication and social engagement, which becomes a high risk for dementia. We cannot change every risk factor. Genetics and ageing itself remain powerful influences, and no lifestyle guarantees that dementia will never occur.

But **risk reduction is not the same as a promise of prevention.**

Healthy aging is built quietly: one walk, one nourishing meal, one conversation, one night of good sleep, one medical check, one meaningful activity at a time.

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DEMENTIA INDIA ALLIANCE (DIA)

'Bringing Help and Hope to Persons with Dementia and their Family Caregivers'

A Response Born of Lived Experience

India is home to an estimated 10 million people aged 60+ living with dementia, yet only 1 in 10 ever receives a diagnosis, treatment, or structured care. Globally, 57 million people were living with dementia in 2021, with nearly 10 million new cases every year, and over 60% of people with dementia live in low- and middle-income countries. In India, this translates into a silent crisis of millions of undiagnosed individuals and families navigating care without guidance, income protection, or policy support.



Founded in 2023 and headquartered in Bengaluru, DIA was born from lived experience and hard-won expertise — co-created by organisations with over a decade of frontline experience in dementia awareness, clinical care, research and community support, along with family carers who have walked the most difficult road of all. Today, DIA unites people living with dementia, their families, healthcare professionals, researchers and policymakers under one national platform, because no one should face dementia alone, and no government can afford to look away.

Seven Programmes, One Continuum of Care

DIA delivers care through seven interlinked programmes:

1. The Blue Button Movement - a visible symbol that lets caregivers signal "we need support" and reduces stigma
2. DemClinic - an online multilingual memory screening platform, adapted for Indian community
3. DemCounsel - a national dementia helpline providing guidance for families at diagnosis
4. DemSupport - India's first structured post-diagnostic support programme, run with NIMHANS
5. DemLearn - Training of various stakeholders building India's dementia care workforce
6. DemResearch - building a body of India-specific evidence
7. DemConnect - an outreach partnership platform extending into under-served areas, across the country

Together, these programmes form a spectrum of care tailored to Indian realities: multilingual, low-cost, scalable, and community-embedded.

Three Years of Impact, Five Fronts at Once

Dementia care in India rarely fails at one point — it fractures at multiple weak links:

1. Recognition, 2. Screening, 3. Training, 4. Support, 5. Policy

DIA works on all these fronts simultaneously. In three years (2023-2026) DIA has sensitised over 1,08,000 people, screened 26,000 for cognitive concerns, trained 16,000 people, and supported 1,998 family caregivers through dedicated groups.

DIA has

- led Dementia Policy Consultations in four states — Karnataka, Tamil Nadu, Andhra Pradesh and Puducherry
 - signed MoUs with the Department of Rural Development and Panchayat Raj, Karnataka, and the Department of Health and Family Welfare, Tamil Nadu
 - conducted a national consultative meet on dementia strategy - and authored India's first Integrated National Dementia Plan
 - published Minimum Standards for Dementia Care Homes (under the aegis of the Ministry of Social Justice and Empowerment) creating the first national benchmark for safe and dignified dementia-care
 - co-developed Dementia-Friendly Hospital Standards with the National Accreditation Board for Hospitals & Healthcare Providers (NABH) - embedding dementia-sensitive practices into hospital accreditation and quality frameworks
- DIA's work spans across 18 states, 604 old age homes, and 70+ partner organisations

-Ramani Sundaram

Executive Director, Dementia India Alliance

www.dementia-india.org and www.demcon2026.com

National Dementia Support Line: 8585 990 990

Annual Conference DemCon is being held on 17-19 September 2026 at IIT Madras.