

Dementia

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August 2026

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Risk reduction of cognitive decline and dementia: WHO guidelines, second edition.

World Health Organization (WHO); 2026.

[This publication provides updated evidence-based recommendations on interventions to reduce the risk of cognitive decline and dementia. The guidelines are designed to help health-care providers, policy-makers and other stakeholders strengthen action on dementia risk reduction as an essential public health strategy, especially given the absence of widely available curative treatment.]

1. Alert Systems for People Living with Dementia who go Missing: Case Studies in Canada, Scotland, and the United States

Authors: Adekoya, Adebisola;Liu, Lili;Boscart, Veronique and Hirdes, John

Publication Date: 2026

Journal: Canadian Journal of Nursing Research 58(3), pp. 450–462

2. Minimal Comfort Feeding in Advanced Dementia: Attitudes of Hospice and Palliative Care Professionals

Authors: Becker, Clara;Wechkin, Hope;Bern-Klug, Mercedes;Pope, Thaddeus;Levine, Meredith;Shen, Megan J. and Loggers, Elizabeth

Publication Date: 2026

Journal: Journal of Pain and Symptom Management 72(4), pp. e327–e332

Abstract: Context Minimal Comfort Feeding (MCF) is a new approach to providing nutrition and hydration to persons with advanced dementia who have previously indicated (or whose surrogate believes) they would not want to live with advanced dementia. The acceptability of MCF has not been studied. Objectives To assess perceptions of hospice and palliative care (HPC) professionals toward MCF. Methods This cross-sectional exploratory survey study of a convenience sample was conducted at a national conference of HPC professionals in February 2025. During a presentation on MCF's definition and ethical basis, attendees engaged in audience response polling and an optional electronic survey. Descriptive results are presented. Results Fifty-one people attended the presentation. Forty-five attendees (88%) participated in audience polling, and 22 (43%) participated in both polling and the survey. The mean age of survey respondents was 50 (standard deviation 9.58), 19 (86%) identified as White, and 18 (82%) identified as women. Thirty-five of 42 respondents (83%) agreed or strongly agreed that MCF is an acceptable option for persons with advanced dementia (PWAD), and 93% (39/42) agreed or strongly agreed they would be comfortable discussing MCF with persons with early dementia or who are at risk for dementia as a potential future option. Sixty-nine percent (29/42) anticipated MCF would be somewhat or completely acceptable to families of PWAD, but respondents were divided regarding the ease of implementing MCF in clinical practice. Conclusion While MCF was highly acceptable in this study, the sample size was small and the risk of bias was high. Further research is needed.

3. Early-stage dementia and driving: what do older adults want to happen when driving is no longer safe?

Authors: Begde, Ahmet;Hogervorst, Eef;Talbot, Rachel;Wilcockson, Thomas;Gyi, Diane;Fildes, Brian;Charlton, Judith L.;Oxley, Jennifer;Koppel, Sjaan and Morris, Andrew

Publication Date: 2026

Journal: Accident; Analysis and Prevention 236, pp. 108686

Abstract: Driving cessation in older adults with dementia is associated with reduced independence, social isolation, and accelerated cognitive decline, yet determining fitness to drive remains challenging. This qualitative study explored older adults' attitudes toward driving safety decisions and their preferred responses if informed that they may no longer be safe to drive. Twenty-two older adults, including individuals with mild cognitive impairment (MCI) at risk for dementia and cognitively healthy controls, participated in walking-talking interviews following cognitive and hazard perception screening assessments. Interviews explored participants' views on what should happen next if test results suggested they were unsafe to continue driving. Audio-recorded interviews were transcribed verbatim and analysed using thematic analysis. Six themes and sixteen codes were identified. Participants with MCI demonstrated greater acceptance of driving cessation, and sought confirmatory assessments, whereas healthy control participants prioritised transparency about test results, openness to remediation through lessons or vehicle adaptations, and preservation of independence. These findings highlight the importance of personalised interventions and the potential for non-invasive in-car technologies to support safe driving in individuals with early-stage dementia. This study highlights the value of qualitative methods in understanding the nuanced perspectives of older drivers and informs future strategies for managing driving cessation in cognitively impaired individuals at risk for dementia.

4. 124 - Case report on a Churchill Fellowship Project investigating innovative approaches to dementia care internationally...Chartered Society of Physiotherapy (CSP) Annual Conference, November 20-22, 2025, Newport, Wales

Authors: Boswell, M. -J

Publication Date: 2026

Journal: Physiotherapy 132, pp. N.PAG

5. Talking therapies for anxiety and depression in people affected by dementia: A scoping meta-review

Authors: Charlesworth, Georgina; Eastham, Cassie and Morris, Lydia

Publication Date: 2026

Journal: Psychology & Psychotherapy: Theory, Research & Practice 99(3), pp. 870–890

Abstract: Background: Symptoms of anxiety and depression are common in people affected by dementia (people with dementia and family carers). There are many reviews of psychological interventions to reduce stress and distress in people with dementia and family carers, but little cross-fertilisation with the evidence base underpinning NHS Talking Therapies for anxiety and depression (TTad). Objectives: To review the psychological intervention literature for people with dementia and their family carers through the lens of TTad, thus providing a bridge between the two literatures. Methods: We undertook a rapid scoping review of meta-analyses of TTad-recommended therapies used with people with dementia and family carers, including cognitive-behavioural therapies (CBT), behavioural activation, problem-solving, counselling for depression and mindfulness-based cognitive therapy. Results: All meta-analytic reviews of cognitive and behavioural therapies (nine with family carers and a Cochrane review with people with dementia) demonstrated the effectiveness of behavioural activation and CBT-informed interventions in reducing symptoms of depression. Anxiety was less frequently studied, with no positive findings found for people with dementia. Psychoeducation was the most effective approach for anxiety reduction in carers. Evidence from meta-analyses of mindfulness-based interventions (MBIs) for carers showed reduced symptoms of both depression and anxiety. Conclusions: There are ontological and methodological differences in the literatures underpinning TTad and psychological interventions for people affected by dementia. To improve access to TTad for people with dementia and family carers, changes are required to research methodologies, TTad data collection and approaches to service delivery.

6. Does the drug accelerate the decline, or the decline invite the drug? Reverse causation in studies of inappropriate medications and dementia progression...Kersten H, Barca ML, Eldholm RS, et al. Potentially inappropriate medications related to two-year progression of mild cognitive impairment and dementia. European Journal of Clinical Pharmacology. 2026;82(2):1-12

Author: Chen, Wenling

Publication Date: 2026

Publication Details: European journal of clinical pharmacology, 82, (9) pp.1–2. , New York, New York: Springer Nature.

Abstract: In a recent retrospective cohort from Norwegian memory clinics, Kersten and colleagues reported that potentially inappropriate medications for people with cognitive disorders were associated with faster two-year progression of mild cognitive impairment and dementia. We note that this progression signal was confined to exposure measured at the end of follow-up, was absent at baseline, and did not survive multivariable adjustment, a pattern more consistent with reverse causation and confounding by indication than with a drug effect. We further suggest that a simple count of inappropriate medications be refined through burden-weighted and class-specific analyses. Anchoring exposure temporally, applying negative control outcomes or target-trial emulation, and pursuing pragmatic deprescribing trials would help separate genuine drug effects from the clinical trajectory that drives prescribing.

7. Risk factors for suicidal behaviour in people with dementia: A systematic review and meta-analysis

Authors: Chen, Yin-Ting;Kausar, Sobia;Lindenmeyer, Antje and Marshall, Tom

Publication Date: 2026

Journal: Journal of Affective Disorders 411, pp. N.PAG

8. Low-dose lithium vs valproate and incident dementia diagnoses in older adults: A propensity-matched cohort study using electronic health record data

Authors: da Silva, Anderson,Matheus Pereira;Santos, Diogo Haddad;Júnior, Daniel Vicente de,Siqueira Lima;Cardoso, Leonardo Januário Campos;Perry, George and Kishi, Taro

Publication Date: 2026

Journal: Psychiatry Research 364, pp. 117300

Abstract: Background Whether low-dose lithium lowers dementia incidence in older adults, relative to an active comparator, is unestablished in real-world data. We compared incident dementia in older adults receiving low-dose lithium versus valproate using a target trial emulation of multicenter electronic health record data. Methods Adults aged ≥ 60 years receiving lithium carbonate (all serum measurements ≤ 0.40 mmol/L) or valproate between 2015 and 2025 in the TriNetX network, free of prior dementia, mild cognitive impairment, bipolar disorder, Parkinson's disease, or related neurological conditions, were eligible. Cohorts were balanced by 1:1 propensity score matching on 23 covariates. The primary outcome was incident all-cause dementia at 730 days; secondary outcomes were mortality and hospitalization. Cause-specific hazard ratios (HRs), Aalen-Johansen cumulative incidence, and an E-value were computed, with prespecified sensitivity analyses. Results After matching, 853 patients per cohort remained (all standardized mean differences < 0.10). All-cause dementia occurred in 25/795 (3.1%) lithium versus 69/832 (8.3%) valproate users (HR, 0.38; 95% CI, 0.24-0.60; $P < .001$). Mortality was lower with lithium (HR, 0.56; 95% CI, 0.39-0.80), whereas hospitalization did not differ (HR, 0.81; 95% CI, 0.58-1.13). The E-value was 4.69 (2.71 for the upper bound). Sensitivity analyses (90-day lag, 0.36; 180-day lag, 0.40; non-AD subtype, 0.23; 3-year follow-up, 0.47) were directionally consistent. Conclusion Low-dose lithium was associated with a lower observed incidence of dementia diagnoses than valproate. These observational findings cannot distinguish a direct effect from prescribing or surveillance bias, depletion of susceptibles, or differential healthcare engagement; they are hypothesis-generating, and randomized trials are required before causal interpretation.

9. EarlyMind-ID: Co-designing an Early-Signs Informant-Based Checklist and Tracking Framework for Dementia in Adults With Intellectual Disabilities

Authors: Daniel, Acton;Robert, Waites;Caroline, Duncan;Steven, Lane and Sujeet, Jaydeokar

Publication Date: 2026

Journal: British Journal of Learning Disabilities 54(3), pp. 413–423

Abstract: Background: Adults with intellectual disabilities, particularly those with Down's syndrome, are at increased risk of developing dementia, yet early changes are often subtle and first noticed by family members or paid support staff rather than clinicians. While validated diagnostic instruments exist, they are designed for specialist assessment and serve a different purpose from routine caregiver observation and documentation. Methods: Using an iterative co-design approach, we combined an

updated review of existing instruments, secondary analysis of lived-experience data, discussion groups, consensus workshops, and qualitative usability feedback involving people with intellectual disabilities, family carers, paid support staff and clinicians. Findings: Co-design identified priority domains reflecting functional, behavioural, emotional and communication changes that may precede diagnosis, particularly among people with Down's syndrome. A 14-item informant-based checklist and tracking framework were developed. Face and content validity were supported through stakeholder review. Users estimated completion time at 10–15 min and reported good acceptability and usability. Conclusion: EarlyMind-ID represents a co-designed, early-stage checklist and tracking framework intended to support caregiver observation alongside existing diagnostic assessment processes. Further work is required to examine feasibility, implementation and measurement properties before any clinical application. Summary: People with intellectual disabilities are more likely to develop dementia as they get older. Early signs of dementia can be hard to notice. This project co-designed a new with people with intellectual disabilities, family and paid carers and health professionals. The checklist is called EarlyMind-ID. The checklist helps people notice early signs of dementia. People who piloted the checklist found it easy to use. More research is needed to see how well the checklist works in real life.

10. Interventions to support young carers/supporters of people living with dementia: a mixed methods systematic review

Authors: Goodchild, Kirstie; Parkinson, Ellice and Cross, Jane L.

Publication Date: 2026

Journal: International Journal of Qualitative Studies on Health and Well-Being 21(1), pp. 2650367

Abstract: Purpose Despite children being young carers for people living with dementia globally, and evidence suggesting they need more support, there is limited research evaluating best practice for dementia-care related interventions for children. The purpose of this work was therefore to comprehensively summarise the existing literature by synthesising studies appraising existing child-focused and dementia-care relevant interventions. Method A mixed methods systematic review with a convergent integrated synthesis approach. Four databases were systematically searched from 1st January 2013 to 9th February 2024. Qualitative, quantitative, and mixed methods studies evaluating any intervention programme that aimed to improve children's understanding and/or support for people living with dementia were included. Results Seventeen studies, evaluating 15 different interventions (1,345 participants), were eligible for inclusion. Extracted data were inductively synthesised into 18 categories, forming six integrated findings relating to what makes interventions useful for helping children to understand and/or support people living with dementia. Conclusions The findings can inform the development of interventions for children with dementia care responsibilities, and further robust research.

11. The Effect of the Care Ecosystem Collaborative Care Model on End-of-Life Outcomes for People With Dementia and Their Caregivers

Authors: Hunt, Lauren J.; Harrison, Krista L.; Kiekhof, Rachel; Merrilees, Jennifer; Sideman, Alissa B.; Dulaney, Sarah; Allen, I. E.; Lee, Kirby; Chiong, Winston; Hooper, Sarah M.; Bonasera, Stephen J.; Braley, Tamara L.; Miller, Bruce L. and Possin, Katherine L.

Publication Date: 2026

Journal: American Journal of Hospice & Palliative Medicine 43(9), pp. 920–931

Abstract: Context: Collaborative care models that feature care navigation have been found to have a range of benefit for people with dementia (PWD) and their caregivers, but their effect on end-of-life (EOL) outcomes has not been robustly evaluated. Objectives: Our primary objective was to evaluate the effect of the Care Ecosystem—a telephone-based collaborative care model for dementia with care navigation—on EOL outcomes for PWD and their caregivers. Our secondary objective was to use qualitative feedback from participants to identify supports and services that would be helpful at end of

life, including how the Care Ecosystem and other EOL supports could be improved. Methods: Mixed-methods analysis of the Care Ecosystem trial conducted 2015-2022. Pre-mortem and post-mortem surveys included close-ended validated measures (eg, satisfaction with end-of-life care, caregiver self-efficacy) and open-ended questions about EOL care. Results: There were 138/124 dyads randomized to Care Ecosystem and 76/65 randomized to Usual Care in the pre-mortem/post-mortem cohorts. Compared to Usual Care, Care Ecosystem caregivers had higher ratings of caregiver self-efficacy prior to PWD death (Adjusted unstandardized Beta 0.94 95% CI 0.23, 1.65, $P = 0.01$), but caregiver's satisfaction with EOL care did not differ between groups (Adjusted odds ratio 1.42, 95% CI 0.67, 2.99, $P = 0.36$). Qualitative analysis revealed Care Ecosystem provided helpful emotional and practical support, but participants wanted more anticipatory guidance, more information about hospice care and earlier referral, and better coordination with the healthcare team. Conclusion: Our findings highlight opportunities to improve the EOL experience of PWD through collaborative care models and beyond.

12. Proficient nurses' empathy in caring for people with dementia

Authors: Ishii, Yuka;Yao, Li;Oyama, Hitoshi;Fukazawa, Yuri;Toriumi, Yukie and Takayanagi, Chikako

Publication Date: 2026

Journal: International Journal of Qualitative Studies on Health and Well-Being 21(1), pp. 2608193

Abstract: Aim "Empathy" is a key concept in dementia care and considered important to improve the quality of care. However, how empathy should be promoted among dementia care nurses remains unclear. Thus, this study aimed to clarify the role of nurses' empathy in caring for people with dementia. Methods Certified nurse specialists in gerontological and dementia nursing were recruited as participants using snowball sampling. Data were collected from seven participants in March 2023 through focus-group interviews and analyzed qualitatively and inductively. Results Six categories related to care experiences were formed using fifty-six codes in five stages. The categories were as follows: i) Turn toward each other, considering personal diversity; ii) Actively approach them by understanding and acknowledging their thoughts; iii) Experience feelings of warmth after comprehending their personalities; iv) Experience an emotional resonance with them; v) Sharpen own senses to deeply understand their experiences; and vi) Work as a team to provide the most suitable care. Conclusion The results demonstrated that empathy is a key element in the interactions between nurses and people with dementia that contributes to more harmonious relationships. These findings can be used to educate nurses on dementia care, which may help reduce nurses' burnout.

13. Exploring the experiences and needs in everyday life of spouse carers of persons with dementia

Authors: Johansson, Marcus F.;Marmstål Hammar, Lena;Dahlberg, Lena;McKee, Kevin;Williams, Chirstine and Summer Meranius, Martina

Publication Date: 2026

Journal: International Journal of Qualitative Studies on Health and Well-Being 21(1), pp. 2680726

Abstract: Purpose Spouses of persons with dementia often take on caring responsibilities that can be overwhelming and negatively affect their well-being. To support the development of effective services and promote carer well-being, we aim to describe carer experiences and needs in everyday life. Methods Semi-structured phone interviews were conducted with a convenience sample of 24 spouses caring for a partner with dementia in Sweden. The interviews explored experiences of caring for a partner with dementia. Interviews were analyzed with thematic analysis. Results The analysis generated two themes: "Being consumed by caring" and "Longing to be seen and feel supported". The first theme showed that spouse carers experience a transition from spouse to carer and feel confined in their new situation. The second showed that to be supported, spouse carers need to feel acknowledged in their situation, and formal care must meet their partner's needs, as carers' needs are enmeshed with those of their partners. Conclusion Spouse carers of persons with dementia often feel

trapped by caring responsibilities. To feel supported, they need to be acknowledged both as individuals and as part of a couple. Health and social care professionals should focus on maintaining spouses' sense of self and adopt a couple-centred approach

14. Client-as-Partner Care: A Grounded Theory Study of Formal Care Service Providers for Persons With Early-Onset Dementia

Authors: Kuo, Li-Min; Wang, Hsiao-Ping and Huang, Li-Kai

Publication Date: 2026

Journal: Journal of Advanced Nursing (John Wiley & Sons, Inc.) 82(9), pp. 8704–8715

Abstract: Aims: To develop a grounded theory that explains how formal care service providers experience caring for and supporting persons with early-onset dementia (EOD). Design: A grounded theory approach. Methods: Thirty formal care service providers of persons with EOD were recruited from community-based dementia care facilities in northern and central Taiwan from August 2021 and February 2022 using purposive and theoretical sampling. Transcribed face-to-face, semi-structured interview data were analysed with constant comparative analysis. A theoretical framework was constructed from the data to describe the experience of being a formal care service provider for persons with EOD. Results: The core category of 'client-as-partner care' was the theoretical framework that explained the experience of formal care service providers and described how participants met the needs of persons with EOD. Five categories described the components of the process: (1) identifying clients' characteristics; (2) establishing a personal relationship; (3) enhancing self-esteem; (4) maintaining dignity; and (5) the influence of family members and community members. The first four categories were interactive and key to delivering client-as-partner care; the fifth category could alter any key component and reduce or improve the quality of care. Reflections shared by participants offered a window into the outcomes of successful client-as-partner care: quality of life improved for clients and job satisfaction increased for providers. Conclusion: The client-as-partner care model for persons with EOD required knowledge of the client's unique characteristics, a strong provider-client relationship, offering strategies tailored to the client's abilities and interests, and fostering independence. Practice Implications: Client-as-partner care provides a person-centred approach that enhances support quality for persons with EOD and increases job satisfaction for formal care providers. Successful strategies can inform case management, strengthen support for this population and indirectly improve family caregivers' competencies. Patient or Public Contribution: No patient or public contribution. Reporting Method: COREQ (COnsolidated criteria for REporting Qualitative research). What Does This Paper Contribute to the Wider Global Clinical Community?: Interview data revealed 'client-as-partner care' was a model that allowed formal care service providers to support community-dwelling persons with early-onset dementia (EOD) in Taiwan. The care model involved four sequential components: identifying clients' characteristics; establishing a personal relationship; enhancing self-esteem; and supporting dignity. Family members and community members influenced the delivery of care. These components resulted in provider-client relationships built on trust and informed strategies that supported their clients' needs and preferences, which increased quality of life for persons with EOD and job satisfaction for formal care service providers

15. Family Caregivers' Perspectives on Challenges and Support Needs in Hospital-Based Palliative Care for Persons Living With Dementia

Authors: Kwak, Jung; Chary, Anita; Stayer, Sarah; Oppong, Kwaku Duah; Yoon, Sumin; Patel, Snehal and Kvale, Elizabeth A.

Publication Date: 2026

Journal: Journal of Applied Gerontology 45(9), pp. 1696–1702

Abstract: Palliative care needs of hospitalized persons living with dementia (PLWD) and their family

caregivers remain poorly understood. This mixed-methods study explored caregivers' perspectives on challenges and support needs when hospitalized PLWD received specialist palliative care consultations. Thirty-two caregivers were recruited from two hospitals; 18 completed interviews and surveys, and 14 completed surveys only. Participants were racially and ethnically diverse (19% Black or African American, 34% Latino or Hispanic). Most identified as women (65%) and adult children (56%). Commonly reported challenges included managing health issues (59%), emotional distress (56%), and decision-making (47%). Thematic analysis of interviews revealed three themes: the value of palliative care in navigating end-of-life uncertainty in dementia, uncoordinated and reactive care during hospitalization, and lack of guidance for post-hospital transitions. While caregivers valued palliative care for emotional and decision-making support, findings underscore the need for earlier integration and improved coordination across hospital teams to better support families.

16. Artificial intelligence enabled social robotic interventions (PARO) in Australian dementia care: A systematic review and meta-analysis

Authors: Omar, Syed Haris;Ghani, Ahsan;Sanober, Adla and Umar, Abdullah

Publication Date: 2026

Journal: International Journal of Medical Informatics 220, pp. 106627

Abstract: Background Although there is a growing body of research indicating that Personal Robot/Social Robot could be used in various aspects of care for individuals with dementia, little is known about how well these types of interventions work in an actual hospital setting in Australia. Aims & Objectives The objective of the present systematic review and meta-analysis is to assess the effectiveness of PARO-based socially assistive robotic intervention in terms of its effectiveness outcomes towards the reduction of dementia-related behavioural and psychological symptoms in Australian based healthcare settings. Methods A systematic search was conducted across five electronic databases, including MEDLINE (PubMed), EMBASE, CINAHL, PsycINFO, and the Cochrane Library, to identify randomised controlled trials (RCTs) investigating PARO-based socially assistive robotic interventions for dementia in Australian healthcare settings. This review was registered with PROSPERO (CRD420251251916) and followed the PRISMA 2020 guidelines. In addition, the Cochrane Risk of Bias tool (RoB 2) was used to evaluate the risk of bias across all studies. Pooled standardised mean differences (SMD) with 95 % confidence intervals (CI) were calculated for agitation, anxiety, and depression. Heterogeneity across studies was evaluated using the I^2 statistic. Results Six RCTs involving 1444 participants were identified for inclusion in this review. AI-enabled socially assistive robotic interventions, specifically the PARO therapeutic robot, significantly reduced agitation and anxiety when compared to standard treatment or control conditions. The pooled analysis showed that agitation SMD = -0.44 (95 % CI: -0.70, -0.18) $p = 0.0008$] and anxiety SMD = -0.59 (95 % CI: -0.91, -0.27) $p = 0.0003$] were reduced significantly, while the decrease in depression SMD = -0.44 (95 % CI: -0.95, -0.07) $p = 0.09$] scores was non-significant among dementia patients receiving PARO-based socially assistive robotic interventions as compared to the control. The overall risk of bias across all six studies was considered low to moderate. Conclusion PARO-based socially assistive robotic interventions may provide preliminary evidence of effectiveness in reducing agitation and anxiety in individuals with dementia in Australian healthcare, but the evidence regarding the reduction of depression remains unclear. Therefore, additional high-quality trials with consistent methodology and extended follow-up will be necessary to determine both the short-term and long-term clinical efficacy and practicality of implementing these interventions into practice.

17. Does insomnia severity increase the risk of dementia? A 7-year longitudinal study

Authors: Oo, Aung Thet;Yamada, Takuya;Sato, Shinichiro;Takeda, Noriko;Nakamura, Mutsumi;Ueda, Takuya;Kitabatake, Yoshinori;Maruo, Kazushi;Arao, Takashi and Nemoto, Yuta

Publication Date: 2026

Journal: Archives of Gerontology & Geriatrics 148, pp. N.PAG

Abstract: • A 7-year longitudinal study involving 5255 community-dwelling older adults was conducted. • A total of 878 participants (16.7%) developed dementia and tended to have daytime dysfunction. • Dementia risk increased linearly across insomnia severity, with no clear threshold. • The prevention and management of insomnia are essential components of dementia prevention strategies. Although sleep disorders may be a modifiable risk factor for dementia onset, the association between insomnia and dementia remains unclear. The aim of this study was to examine whether the severity of insomnia accelerates the onset of dementia among older adults. This 7-year community-based longitudinal study was conducted in Tsuru City, Yamanashi, Japan. All residents aged ≥ 65 years without functional disability were invited to participate in the baseline survey in January 2016, and 5255 older adults responded. Follow-up data were collected for up to seven years and included in the analysis. Dementia onset was assessed using data from long-term care insurance. Insomnia severity was measured using the Athens Insomnia Scale. Restricted cubic spline models and time-varying Cox proportional hazards models were conducted to examine the association between insomnia severity and dementia onset. During the follow-up period, 878 participants (16.7%) developed dementia. The spline curve indicated a linear dose-response association between insomnia severity and dementia risk. After adjusting for sociodemographic factors and health characteristics, greater insomnia severity was associated with a higher incidence of dementia (hazard ratio 95% confidence interval: 1.02 1.00, 1.04]. Stratified analyses by sex, age, and educational attainment, as well as sensitivity analyses excluding participants who developed dementia within two years of baseline, showed results consistent with the main analyses. We found a linear dose-response relationship, in which greater insomnia severity is associated with a higher risk of dementia. These findings support the importance of prevention and management of insomnia in dementia prevention strategies.

18. Global burden of disease due to young-onset dementia and the forecast for 2050: update from global burden of disease study 2021

Authors: Park, Yoonseo;Jeong, Heejae;Kim, Eun-Ji;Park, Sewon;Lee, Munjae and Jakovljevic, Mihajlo

Publication Date: 2026

Journal: Journal of Medical Economics 29(1), pp. 1012–1026

Abstract: Objective The prevalence of young-onset dementia (YOD) is increasing worldwide, leading to greater economic and social burden, necessitating strategic management and prevention. Materials and Methods Using GBD 2021 data, disability-adjusted life years (DALYs) rates were analyzed by age, sex, and risk factors across five age groups. ARIMA and Bayesian models were applied to predict disease burden through 2050. Results From 1990 to 2021, disease burden increased in both sexes aged ≥ 55 years, with the greatest rise in the 55-59 group. DALYs rates were consistently higher in females, peaking in the 60-64 group. High fasting plasma glucose was the leading risk factor. Model performance varied by sex and age; applying the best-fitting models indicated a continued increase in burden, particularly among females. Conclusions YOD burden has risen over time and is associated with modifiable factors such as high blood glucose and body mass index. The increasing trend is expected to persist, highlighting the need for effective management strategies to reduce future socioeconomic impact.

19. Conductive Hearing Loss is Associated With Dementia in the All of Us Research Program

Authors: Weinstein, Hannah N. W.;Tucker, Lauren H.;Denham, Michael W.;Gurgel, Richard K. and Golub, Justin S.

Publication Date: 2026

Journal: Laryngoscope 136(9), pp. 3973–3979

20. Effectiveness of Nurse-Led Interventions in Older Adults With Mild Cognitive Impairment or

Dementia: A Systematic Review and Meta-Analysis

Authors: Xu, Wei;Zhang, Guangwei;Bai, Xuechun;Zhang, Sitao;Zhao, Mingzhu;Liu, Haoying;Duan, Wenxi;Bai, Jiali;Chen, Yingying;Luo, Ye;Chen, Li and Yin, Huiru

Publication Date: 2026

Journal: Journal of Clinical Nursing (John Wiley & Sons, Inc.) 35(9), pp. 3650–3669

Abstract: Background: The rising prevalence of cognitive impairment has made it a critical public health priority. Nurses are central to chronic disease management, yet the efficacy of the interventions in older adults with cognitive disorders remains uncertain. Objective: To evaluate the efficacy of nurse-led interventions in older adults with cognitive disorders. Methods: A comprehensive search was conducted across seven electronic databases from their inception to August 2025. This meta-analysis focused on nurse-led interventions. The primary outcome was cognitive function, and secondary outcomes included depressive symptoms and quality of life. Due to the heterogeneity of the studies, we employed a random effects model for the meta-analysis. Results: The results indicated that nurse-led interventions significantly improved cognition (SMD = 0.64; 95% CI, 0.39–0.88; $p < 0.05$), substantially alleviated depressive symptoms (SMD = -0.32; 95% CI, -0.53–0.11; $p < 0.05$) and enhanced quality of life (QoL) (SMD = 0.40; 95% CI, 0.17–0.64; $p < 0.05$). Conclusions: The results of this study indicate that nurse-led interventions are highly beneficial for elderly individuals with mild cognitive impairment (MCI) or dementia. In future research, it is necessary to comprehensively consider the roles that nurses undertake. They should play an active role in the recovery from chronic diseases. These findings provide an important basis for policymakers and clinicians. Trial Registration: PROSPERO Registration number: CRD42024619016 Summary: What Is Known About the Topic?: Nurses play a key role in providing comprehensive care for MCI or dementia. While nurse-led interventions are crucial in managing MCI or dementia, their efficacy remains unclear. What Additional Information Does This Article Add?: Nurse-led interventions have been significantly beneficial to cognitive function, depressive symptoms and quality of life in older adults with MCI or dementia. This review categorizes nurse-led interventions and synthesizes existing evidence. Further research is needed to identify the most effective strategies for this population.

21. Comparison of sleep characteristics between Alzheimer's disease dementia and Parkinson's disease dementia

Authors: Zhao, Beiyu;Shang, Suhang;Zhang, Meng;Guo, Xiaojuan;Zhou, Rong;Qu, Qiumin and Cao, Hongmei

Publication Date: 2026

Journal: Sleep Medicine 147, pp. N.PAG

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