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AgeTech Insights

Unlocking Dementia Prevention: The Role of Technology in Supporting Brain Health

Report | July 2026

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Foreword

The publication of this report comes at a remarkable moment. For decades, dementia was widely viewed as an inevitable consequence of aging. In many of those same decades, our most advanced technologies, such as televisions and personal computers, were only found in offices or living rooms, while artificial intelligence (AI) remained largely a subject of science fiction.

Today, years of research and scientific progress have transformed our understanding of dementia. A growing body of evidence indicates that up to 45% of dementia cases may be linked to modifiable risk factors that can be reduced through lifestyle and other interventions across the lifespan. At the same time, smartphones, wearable devices, digital health platforms, and AI tools are increasingly becoming part of our everyday lives. Together, these developments offer new ways to help people adopt and sustain behaviours that support their brain health. Realizing that potential, however, requires a deeper understanding of how people view dementia prevention, what motivates action, and the barriers that stand in the way.

Our latest AgeTech Insights Report explores these important questions. It examines public awareness of dementia prevention, the challenges people face in adopting behaviours that support their brain health, and the evolving role that new technologies can play in helping to bridge the gap between knowledge and action.

We are grateful to our valued partners, including the National Institute on Ageing, Alzheimer's Society of the United Kingdom, and the Toronto Dementia Research Alliance, for generously sharing their expertise for this publication.

This report exemplifies CABHI and our partners' commitment to advancing healthy aging through research, collaboration, and knowledge sharing. We hope that the findings presented help inform policy, innovation, and practice, while sparking conversations and partnerships that improve brain health and quality of life as people age.

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About AgeTech Insights

AgeTech Insights is a market intelligence initiative supporting end users, researchers, entrepreneurs, innovators, investors, ecosystem leaders, and policymakers working at the intersection of aging, brain health, and technology. It serves as a national and global knowledge hub that centres the lived experiences of older persons and care partners while identifying opportunities within the rapidly growing agetech market.

Grounded in lived experience through the Centre for Aging + Brain Health Innovation's (CABHI) Leap service, alongside market research, user insights, and demographic trends, AgeTech Insights generates actionable intelligence to:

- Influence innovation design, uptake, investment, and policy
- Support the development of technologies, services, and business models that reflect the real needs of older persons and care partners
- Ensure lived experience remains central to how agetech priorities are identified, developed and advanced

This report is a collaborative effort between CABHI and **Alzheimer's Society of the United Kingdom**, Toronto Metropolitan University's **National Institute on Ageing**, and the **Toronto Dementia Research Alliance**. It is further supported by the expertise of CABHI's AgeTech Insights Fellow, **Dr. Samir K. Sinha,** Geriatrician and Clinician Scientist at Sinai Health System and the University of Toronto, and Director of Health Policy Research at the National Institute on Ageing.

Who is the target audience for this report?

This report is designed for end users, researchers, entrepreneurs, innovators, investors, non-governmental organizations, and policymakers seeking to better understand the aging and brain health market, and who are interested in the potential application of technology to improve dementia prevention and support brain-healthy lifestyles.

How to cite this report

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Contact us

Are you interested in conducting your own market research or gathering insights about the agetech landscape? Contact the AgeTech Insights team at agetechinsights@cabhi.com to discuss how you can work with our team to build comprehensive market research surveys and reports.

Findings at a Glance

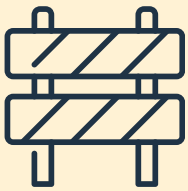
Based on an international survey of 2000+ respondents in Canada and the United Kingdom (UK), this report examines how much people know about **lifestyle choices that can support brain health** and **reduce dementia risk,** the perceived barriers to adopting these behaviours, and the role **technology** can play in helping people **overcome those barriers** to live healthier lives.

Awareness around lifestyle changes that lower dementia risk is rising, but people **do not feel equipped** to make those changes.

The **lifestyle changes** that support brain health are typically made to **improve general health** rather than prevent dementia.

Recognition is strongest for well-known lifestyle factors that can reduce dementia risk, such as **physical activity** and **social engagement**, but notably lower for other clinically significant risks, such as **hearing loss** and **vision loss.**

Barriers to implementing lifestyle choices that support brain health differ—ranging from **lack of motivation** to **difficulty changing routines** and **lack of time**—suggesting **no single solution will work.**



Digital technologies are already widely used and are helping many people adopt healthier behaviours.

Market Context

Why This Matters Now

The global population is aging at an accelerating rate, with corresponding increases in age-related health conditions. Amongst these, dementia—the leading cause of which is Alzheimer's disease—is projected to more than double in prevalence by 2050 [1], bringing the total projected number of people living with dementia to more than 150 million worldwide.

This trend is particularly relevant for countries such as Canada and the United Kingdom, which are experiencing similar demographic shifts. In both countries, adults aged 65 years and older now account for approximately **20%** of the population, with that figure expected to approach **25%** in the coming decades. This pattern places growing pressure on health and social care systems, community and long-term care services, and care partners. Dementia is already among the leading causes of dependency, disability, and death in older populations, with the societal and economic burden expected to rise substantially. These shared challenges—including workforce shortages in health and social care, increasing demands on family caregivers, and the need to support healthy aging in the community— have elevated dementia prevention and brain health to national priorities in both countries.

The scale of this challenge, however, also presents a meaningful opportunity: *dementia risk is not set in stone.* Research increasingly suggests that a substantial share—up to **45%**—of dementia cases could be meaningfully altered or prevented through lifestyle changes earlier in life. [2]. These brain-healthy behaviours include seeking out greater education, correcting hearing and vision impairments, managing chronic conditions (such as hypertension, high LDL cholesterol, diabetes, and obesity), reducing alcohol consumption, quitting smoking, increasing physical activity and social engagement, avoiding traumatic brain injuries, minimizing exposure to air pollution, and receiving treatment for depression.

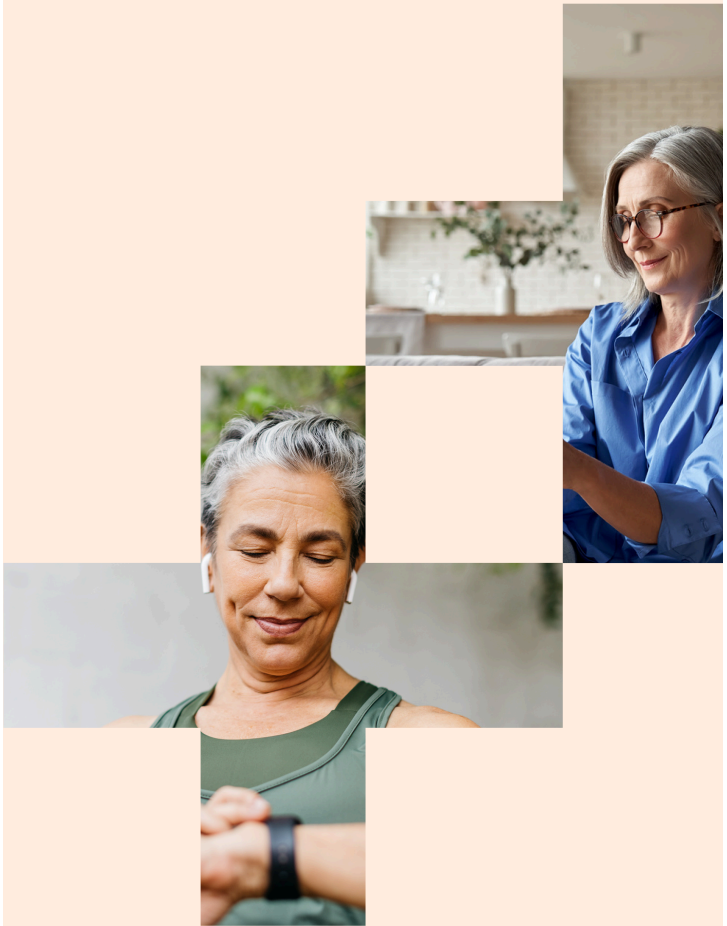
Health agencies, healthcare organizations, civil society organizations, and other advocacy groups have now begun championing dementia risk reduction (e.g., Alzheimer's Society's dementia risk awareness campaigns, Baycrest's Defy Dementia initiative, and Canada's National Dementia Strategy) and major clinical trials are underway to assess the efficacy of multidomain lifestyle interventions after promising early results [3].

This shift—from viewing dementia as solely an inevitable part of aging or an unavoidable hereditary condition, to recognizing it as a condition with modifiable risk factors and prevention pathways—opens significant market and commercial opportunities. It promises to create demand for products, services, and technologies that help people understand their risk, adopt and maintain healthier behaviours, manage chronic and mental health conditions, improve sensory health, and access timely support.

Importantly, this shift is happening amidst the widespread adoption of digital consumer technologies —such as smartphones and wearable devices—that allow individuals to track their day-to-day activities and provide feedback to support habit formation and reinforcement. Simultaneously, the past years have brought a proliferation of AI tools, which individuals are increasingly using to seek out personalized health or medical advice [4].

For innovators and investors in the space, the emerging dementia prevention market is a growing opportunity to deliver scalable solutions with measurable societal and economic benefits; delaying the onset of dementia by just 1 year, on average, could avoid nearly half a million cases over the next 30 years in Canada. Delaying the onset by 10 years could avoid up to 4 million cases [5].

The critical question is no longer whether risk can be reduced, but how technology can better support people to act on their knowledge. While awareness of lifestyles that support brain health is increasing, meaningful behaviour change remains constrained by real-world barriers. Against this backdrop, this report examines awareness, motivations, and barriers related to behaviours that support brain health among over 2,000 aging adults in Canada and the United Kingdom, identifies where gaps between knowledge and action persist, and examines the role technology plays in bridging the gaps between them.



Methodology

What did we do?

CABHI, in collaboration with participating report partners, surveyed **2,090 respondents** aged **40+** in **Canada** and the **United Kingdom**. The survey was designed to examine how much people know about behaviours that can support brain health and reduce dementia risk, and the barriers they face to making such lifestyle changes. We also investigated how Canadian and UK populations use technologies to support lifestyles that promote brain health and reviewed relevant market trends to contextualize and build on survey data.

This report combines the survey data with market research to contextualize findings within the broader brain health and dementia prevention landscape. Together, these inputs provide a more complete view, offering readers across the innovation ecosystem insight into where demand, societal impact, and market opportunity converge.

How did we do it?

The survey was administered online and available to individuals in Canada and the United Kingdom. It was open for two weeks and disseminated through CABHI and partner channels to reach a wide audience of adults aged 40+. Respondents were surveyed at one point in time and were asked to complete a 15–20-minute survey.

Who did we survey?

Survey respondents were adults aged 40+ and represented 10 Canadian provinces, 2 Canadian territories, and the 4 United Kingdom countries. 62% of respondents completed the survey in Canada, with the remaining 38% in the UK.

2,090 respondents aged 40+ in Canada and the United Kingdom

2-week dissemination period

15-20 minute survey

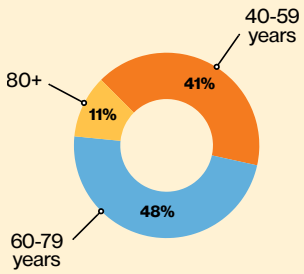
Health Canada and Public Health Agency of Canada Research Ethics Board (REB) approved

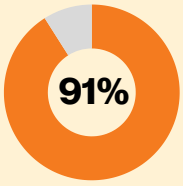
Respondents varied in age from 40 to 96 years, with approximately 20-25% between 40-49 (**21%**), 50-59 (**20%**), 60-69 (**24%**), 70-79 (**24%**), and **11%** above 80. **59%** identified as female, and **58%** reported living in a city, while **32%** lived in a town, and **10%** in a rural area. More than **48%** of Canadian respondents and **40%** of UK respondents reported completing a university degree.

This report takes a life-course approach to dementia prevention, recognizing that brain health and dementia risk are shaped across the lifespan. Throughout the report, the term “aging adults” refers to individuals aged 40+, consistent with the survey population.

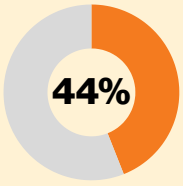
FIGURE Respondent Demographics and Psychographics

Respondents ranged in age from 40 to 96+





Have a close personal connection to dementia



Say they are unsure if they’ll develop dementia in their lifetime

Market Signals: What We Learned

Signal 1

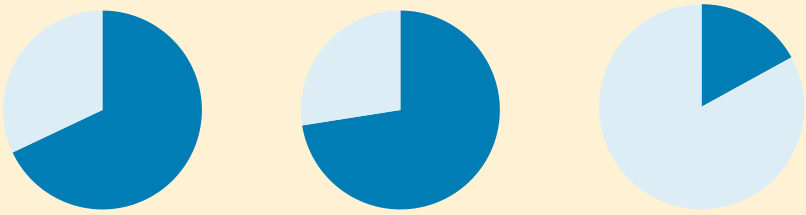
There are persistent gaps between knowledge, action, and confidence

The 2024 update to the Lancet standing Commission on Dementia Prevention, Intervention and Care [2] estimated that up to **45%** of dementia cases are potentially modifiable through lifestyle choices that support brain health. For example, one of the most impactful factors is correcting hearing loss in midlife (40-65 years of age), which is believed to account for up to **7%** of avoidable dementia diagnoses. Managing chronic health conditions is linked to another **12%**, while reducing social isolation, limiting exposure to air pollution, and correcting vision loss are believed to collectively account for another **10%**.

Our survey results indicate that public knowledge of the ability to delay or prevent dementia has reached a meaningful level, but a clear knowledge-to-action gap remains in translating awareness into confidence and action. Two-thirds of adults surveyed agreed that dementia risk can be reduced, while only a small minority disagreed **(5%)**. **72%** believed that actions taken during midlife or earlier have the greatest impact on dementia risk, and **65%** correctly recognized at least **5 of the 10** examined protective behaviours that support brain health. However, just **43%** felt informed about how to reduce their own risk, and only **17%** expressed more than moderate confidence in their ability to do so.

FIGURE The Knowledge-to-Action Gap

Our data indicate relatively high levels of awareness that dementia risk can be reduced (far left) and that actions taken early in life can have a meaningful impact (middle), but low confidence in one's ability to reduce dementia risk (far right).



68% agree that dementia risk can be reduced

72% believe that actions during midlife or earlier have the greatest impact

17% are more than moderately confident in their ability to reduce their dementia risk

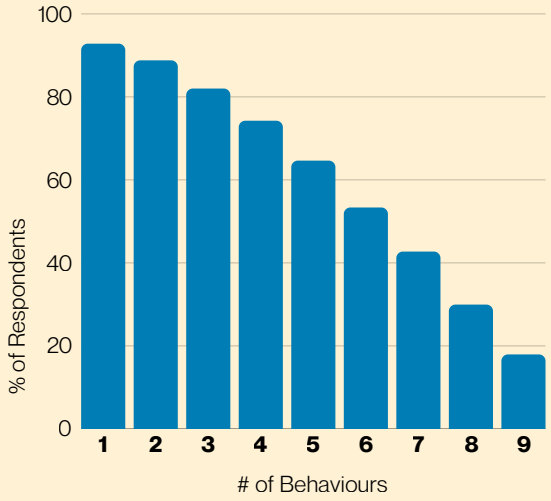
The data indicate that awareness is strongest for behaviours that are already embedded in broader healthy aging narratives, such as the value of exercise and social engagement, which were recognized for their dementia prevention benefits by **4 out of every 5** adults surveyed.

In contrast, there was much weaker awareness of lower-profile modifiable risk factors, such as hearing and vision loss, depression, and exposure to air pollution, which were only recognized as dementia risk factors by **55%** or fewer respondents. This suggests that important opportunities remain to increase awareness of these less recognized modifiable risk factors, reinforcing the need for continued, targeted public health campaigns.

These findings further highlight the continued need to support education and empowerment, as many individuals still lack the know-how and confidence to act on dementia prevention knowledge. This remains a core driver of successful end-user adoption, while also representing a growing market opportunity, which is two-fold: to offer prevention-enabling solutions, and to reframe behaviours that are less intuitively related to dementia prevention to illustrate their relevance to brain health.

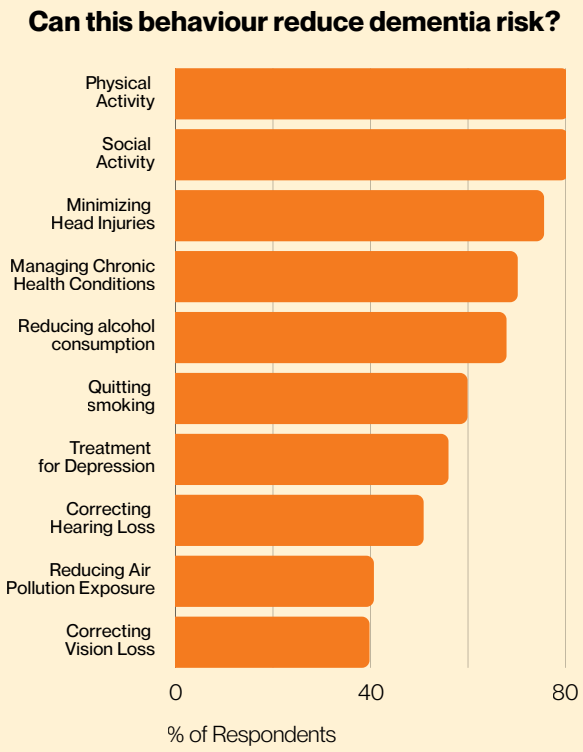
FIGURE

Percentage of respondents based on the number of brain health behaviours *correctly recognized* (0–9)



FIGURE

Percentage of respondents endorsing each brain health supporting behaviour as also being beneficial for dementia risk reduction.



+ State of the Science

How effective are lifestyle interventions?

Over the past decade, dementia prevention research has increasingly recognized the many interacting lifestyle, chronic health, social, and environmental risk factors that occur across the life course. This has been cemented in the influential *Lancet* standing Commission's reports on dementia prevention, intervention and care, which currently estimate that up to **45%** of dementia cases could be theoretically prevented or delayed by addressing 14 modifiable risk factors [2]. The Finnish FINGER Trial [3] was a landmark study, demonstrating that a combination of exercise, nutrition, brain training, social engagement, and heart health monitoring could improve or maintain cognitive health in older persons at risk of dementia. This became the first major randomized controlled trial to show that various lifestyle changes could meaningfully alter cognitive health before dementia onset.

Subsequent large-scale European trials offered more nuanced findings, indicating that the greatest promise of various lifestyle changes may be in adults who are already at risk of developing dementia. Similarly, the US-based POINTER trial found that structured lifestyle programs improved cognitive outcomes in at-risk older persons [6].

Today, this field of research is expanding globally through the World-Wide FINGERS Network [7], which aims to conduct similar trials in more than 25 countries. These studies are being adapted to different health care systems, cultures, and economic contexts, and increasingly including medical interventions and digital health tools.

Together, the trials signal that lifestyle interventions are becoming one of the most promising approaches for reducing the risk of cognitive decline and potentially delaying, or protecting against, dementia. Yet the research finds itself at an important transition: early studies have demonstrated that cognition can be preserved in at-risk older persons, but many of the largest and most diverse trials are still ongoing. Therefore, the next decade of evidence will be critical in determining whether these interventions can truly reduce dementia rates, which combinations of interventions are most effective, and how such programs can be implemented across diverse healthcare systems and communities—*without placing disproportionate burden on individuals.*

Signal 2

Dementia prevention is not one, but several, distinct behavioural challenges

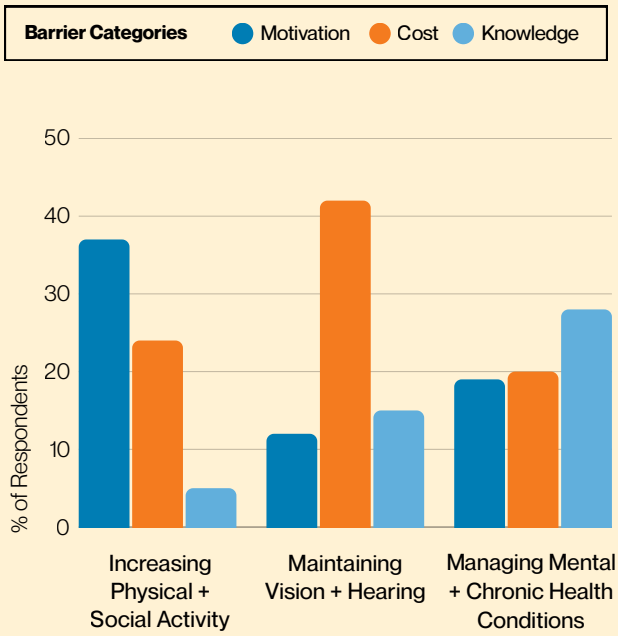
The Lancet Commission's 14 modifiable risk factors for dementia cover a wide span of behaviours, ranging from avoiding traumatic brain injuries to correcting sensory losses, to increasing physical activity and social engagement. Each of these behaviours requires a unique set of resources, guidance, and social infrastructure, suggesting that a one-size-fits-all approach that simply says "make brain healthier decisions" will fall short.

Our findings reinforce this idea, demonstrating that dementia prevention is shaped by multiple distinct behavioural challenges, each requiring different types of interventions and solutions. This shows that innovators, health systems, governments, and advocacy groups cannot rely on a single narrative or engagement strategy to harness the growing awareness of dementia prevention.

For lifestyle-oriented behaviours, such as physical activity and social engagement, the dominant barriers were motivational rather than related to awareness or understanding. Adults 40+ most commonly identified lack of motivation **(34-40%)**, difficulty changing routines **(22-26%)** and lack of time **(24-26%)** as barriers to becoming more active or socially engaged. Importantly, physical activity and social engagement are among the most widely recognized prevention factors, suggesting that awareness alone is insufficient to drive change. This shifts the priority away from pure education and toward engagement-oriented solutions: products or services that create habit loops, increase accessibility, and integrate prevention into everyday routines. Community-integrated platforms, gamified wellness tools, and technologies that combine social and physical activity may be well-positioned in this area.

FIGURE

Barriers by Behaviours



In contrast, sensory health interventions appear constrained primarily by affordability and access. Hearing and vision loss generated the highest levels of cost-related barriers (selected by **42% of respondents)** across all surveyed prevention factors, despite the growing scientific recognition of their importance for dementia risk. This creates a second type of challenge—one shaped less by engagement and more by accessibility, reimbursement, and care delivery. Companies offering or developing lower-cost hearing technology, vision care, remote diagnostics, or assistive devices may benefit from growing public attention to brain health (see *Trend Watch* on page 16). Similarly, governments considering market innovations or affordability measures should examine the longer-term benefits that these measures could provide, in the form of reduced dementia prevalence and a corresponding reduction in dementia-related economic costs to the public—projected to be approximately $16 billion in Canada by 2031 [8].

A third set of barriers was found in helping individuals manage mental and chronic health conditions, such as depression, diabetes, obesity, hypertension, and high LDL cholesterol—conditions that each rely on specialized medical guidance from trusted experts. Adults surveyed reported uncertainty about which actions are effective at reducing these risk factors **(28%)**, as well as having insufficient access to expert advice **(21%)**.

This indicates a need for solutions that can increase access to trusted guidance. In Canada and the UK, these solutions could take the form of improved access to publicly-funded primary care. For example, England's Primary Care Networks (PCNs) are groups of general practitioners working together with community mental health, social care, pharmacy, hospital, and voluntary services to enable greater provision of proactive, personalized, coordinated, and integrated health and social care for people close to home.

Outside of the public system, innovators could also support improved management of mental and chronic health conditions through digital platforms that provide personalized guidance, mental health support, or clinical recommendations. In this context, the emergence of AI tools has been a development of great interest—with the market for AI-assisted behavioural therapy projected to reach $2.7 billion USD by 2035 [9]—while also warranting great caution [10]. Importantly, Canadians do not yet appear ready to fully adopt AI-provided medical advice, with recent polling indicating that **68%** of those surveyed would prefer to wait up to 2 weeks for a diagnosis from a human provider rather than receive an immediate AI-based assessment [4].

TREND WATCH

Over-the-counter (OTC) hearing aids

In 2022, the United States Government passed the OTC Hearing Aid Act: a major (de)regulatory change that now allows hearing aid manufacturers to sell directly to consumers, rather than through audiologists [11]. This means that hearing aids are still regulated medical devices—distinct from personal sound amplification products (PSAPs) that offer more limited support—but consumers can self-assess and fit the devices using apps, software, and hearing tests. This effectively brings prescription or clinical-grade hearing aids closer to becoming another consumer technology.

While the change is believed to have led major technology companies to enter the hearing aid market [12], suggesting lower prices might be on the horizon, the reception to the deregulation has been mixed, with critics arguing that it will result in a class of subpar devices at a lower price point and that it will increase the potential for misuse.

In Canada, Ontario is currently considering a similar deregulatory move through the Health Innovation Pathway, an initiative that also supports AI-powered screening for vision loss [13]. In contrast, the United Kingdom currently supports many patients with free access to digital hearing aids through the National Health Service (NHS), after assessment by an audiologist.

The varied approaches raise important questions for dementia prevention: should these priorities be entrusted to market competition? Or should publicly-funded systems invest in guaranteeing access to the best available solutions, even if they come at a higher overall cost?

Signal 3

The strongest digital health opportunities in dementia prevention are tied to behaviour tracking and ongoing support

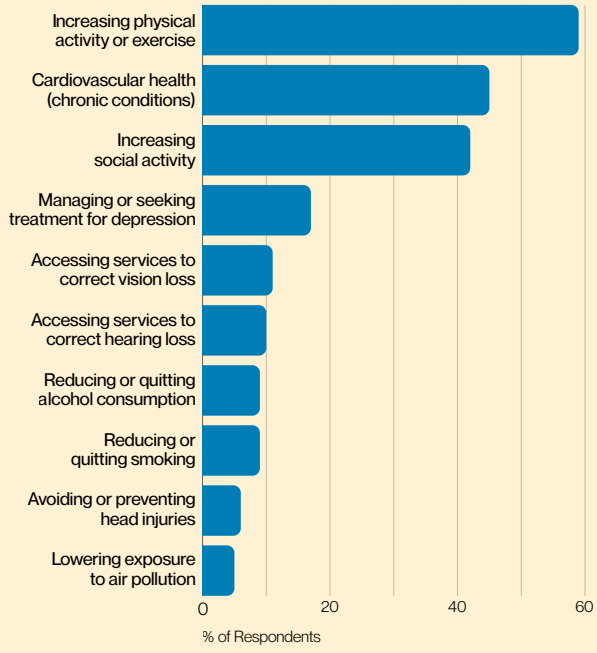
Aging adults are increasingly using digital tools, such as smartphones and wearable devices, in their daily lives. Consistent with our AgeTech Insights **95%** of current respondents reported this type of daily technology use, including **97%** of adults aged 75+.

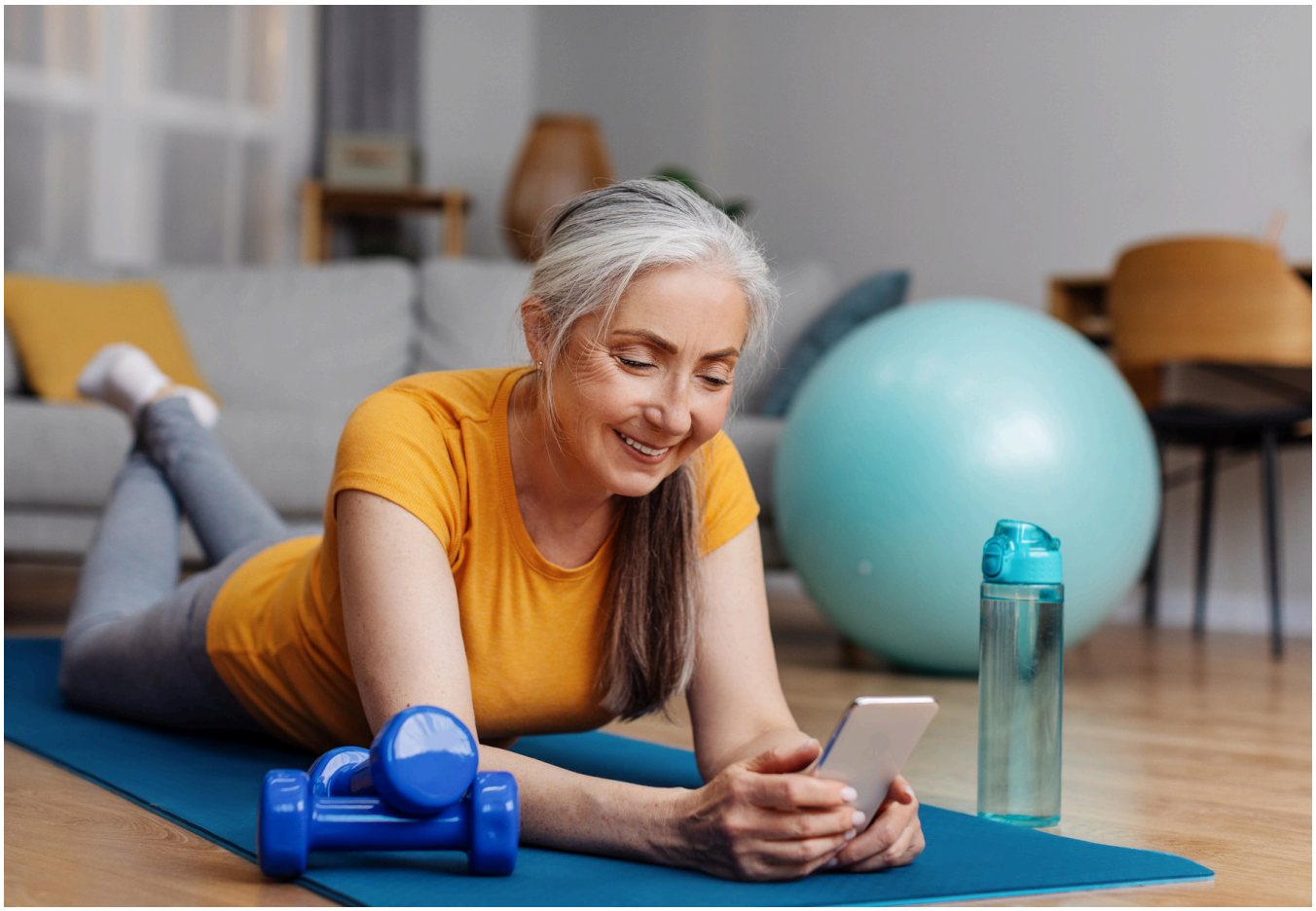
With regard to dementia prevention, our findings suggest that aging adults see the greatest value in harnessing the tools that they already use in their day-to-day lives.

The clearest opportunities emerged around physical activity, chronic disease management, and social engagement. These were the most endorsed areas where digital tools could provide support for leading brain-healthy lifestyles, indicating an existing understanding of the link to dementia prevention.

FIGURE

Use Cases for Digital Tools





When asked how they would use digital tools to increase physical activity and social engagement, respondents endorsed wearable devices **(26%)** and online social connection **(27%)**, suggesting that technologies providing real-time feedback, progress monitoring, and behavioural reinforcement resonate strongly among aging adults.

This aligns with broader trends in consumer health technology use, where wearable devices such as smartwatches increasingly support long-term habit formation and individual fitness and/or wellness goals. It also highlights an opportunity to tap into growing interest around dementia prevention and brain health to drive further wearable technology adoption. Aging adults are already spending upwards of $750 USD a year on digital technologies, with an estimated **13%** of US adults aged 50+ purchasing a wearable device in 2024/2025 [14]. Emphasizing the connection between dementia prevention, physical activity, and social engagement—along with the support that wearable technologies can provide—could further increase adoption.

> **[Technology helps me by] providing confirmation and motivation about health knowledge and activity levels, as well as access to scientific information and guidance.**
>
> *-Survey respondent*

In contrast, respondents expressed less confidence in digital tools for addressing behaviours tied to addiction, environmental exposure, and injury prevention. Smoking cessation, alcohol reduction, and lowering exposure to air pollution were among the least-endorsed use cases (endorsed by less than 10% of respondents), indicating the perception of current technologies as failing to address socially

entrenched behaviours, or behaviours that are outside an individual's control. This suggests that future innovation in these categories may require education about the potential of smartphone-based solutions (see *Trend Watch* on page 19), or integration into broader healthcare and community supports to increase uptake in the face of these perceptions.

One additional finding stands out as an early market signal: **26%** of those surveyed reported using AI systems such as chatbots in their daily lives, and **8%** consistently identified conversational AI systems as a support for each brain-healthy lifestyle change. The only exception to this was when respondents were asked about increasing physical activity and social engagement, where just **4%** endorsed conversational AI as helpful.

Unlike wearables or fitness applications, AI tools were not associated with a single behavioural change, suggesting that consumers may increasingly view conversational AI as a flexible, general-purpose support tool. 2026 Canadian polling indicates that as many as 46% of adults have used AI chatbots to find health information [4]. As these systems become more integrated into the healthcare and consumer technology ecosystems, they are poised to emerge as scalable general-purpose interfaces for education, coaching, and personalized dementia prevention support—similar to the emergence of internet search engines. Importantly, innovators focused on AI systems for brain or general health must prioritize safety and trustworthiness; just 27% of Canadians trust AI systems to provide accurate health information, and those who followed health advice from AI were 5 times more likely to report experiencing harms as a result [10].

TREND WATCH

Digital innovations for smoking and alcohol cessation

Our survey results indicate that alcohol reduction and smoking cessation are currently perceived as among the weakest use cases for digital support in lifestyles that promote brain health. However, broader market activity suggests that this may be an untapped opportunity.

Over the past two decades, smoking and alcohol reduction have remained active areas of digital health development, with smartphone-based interventions steadily evolving. Recent evidence points to new momentum: leading smoking cessation apps now report approximately 70,000 new users each month [15], while newer app-based interventions have outperformed standard quitting supports in some studies [16]. Combined with the near-universal use of smartphones, computers, and tablets among adults aged 50 and older, these trends suggest that digital behaviour-change tools may be better positioned for scale than the current survey perceptions imply.

A related signal is the growing relevance of vaping within prevention markets. While e-cigarettes may have contributed to declines in cigarette smoking, their uptake among people who did not previously smoke introduces new concerns. Early evidence that indicates exposure to neurotoxic substances through vaping [17] suggests that future dementia prevention efforts may need to expand toward a broader nicotine and inhalation-risk reduction market. This points to a potential opportunity for more targeted digital supports that address both conventional smoking and emerging vaping-related risks.

+ Canada vs. the UK

Awareness is similar; market readiness is not.

As outlined in the introduction to this report, both Canada and the UK are facing similar demographic trends in aging populations and the growing prevalence of aging-related health conditions, such as dementia. Comparison of our survey data from the two countries indicates different stages of development in the dementia prevention market.

At a high level, the two countries look similar: respondents report comparable levels of perceived dementia risk, comfort with digital tools, and views on the usefulness of technology for supporting brain-healthy habits. The stronger signal emerges in action. Canadian respondents were more likely to believe that they can reduce their own dementia risk (71 vs. 63%) and more likely to report making prevention-oriented lifestyle changes across exercise (67 vs. 55%), diet (50% vs. 44%), social engagement (34 vs. 25%), and sensory health (15% vs. 10%). Additionally, UK respondents were more likely to report that they have not made a behavioural change to support their brain health (30% vs. 37%).

From an innovation and investment perspective, this may indicate two different kinds of opportunities: a more behaviourally activated Canadian market ready for scaling solutions, and a UK market where there may be greater need—and potential —for offerings that build motivation and confidence, and translate knowledge into action.

Signal 4

People are making brain-healthy lifestyle choices for general health benefits

Behavioural changes that support brain health offer benefits beyond dementia prevention alone, and several of them—such as increasing physical activity and managing hypertension—have been long associated with other healthy lifestyle campaigns. For example, the British Heart Foundation's Heart Matters campaign encourages people to increase exercise and monitor cardiovascular risk factors. Similarly, Canada's Heart and Stroke Foundation has run several national campaigns focused on physical activity and blood pressure awareness to reduce the risk of heart disease and stroke.

Our survey asked respondents to select the areas of their lives where they have made lifestyle changes to improve their general health (e.g., to reduce the risk of heart disease or stroke) and where they have made lifestyle changes to specifically reduce their dementia risk. This offers another means to examine how much people are doing in their day-to-day lives for the purpose of improving their brain health.

When selecting changes they've made to support their general health, **63%** of people reported participating in physical activity or exercise programs, **48%** reported improving their diet or nutrition, and **44%** reported managing chronic health conditions, such as high cholesterol, diabetes, hypertension, and obesity. Other common answers included correcting vision loss **(41%)**, improving sleep **(40%)**, and reducing or eliminating alcohol consumption **(32%)**, with **93%** of respondents indicating that they had made at least one lifestyle choice to improve their general health.

In contrast, only **66%** of respondents reported making a lifestyle change to specifically reduce their dementia risk. The most common lifestyle

> **I've made many changes to maintain and improve my general health, and if they reduce the risk of dementia, that's also a strong motivation.**
>
> *-Survey respondent*

choices motivated by dementia risk were similar to those motivated by general health, but less common overall. These were participating in physical activity or exercise programs **(36%)**, improving diet or nutrition **(25%)**, and improving sleep **(23%)**. When asked what motivated them to make brain-healthy lifestyle choices, the most common answers were maintaining quality of life **(73%)**, staying independent **(66%)**, fear of memory loss or cognitive decline **(42%)**, and living longer **(32%)**. Only **11%** of respondents indicated that their desire to maintain their brain health was based on the advice of a doctor or another healthcare professional.

This pattern points to a final market opportunity: people are already investing in behaviours that support brain health, but most are not yet connecting those actions to dementia prevention. This creates room for solutions that reframe existing wellness behaviours as brain health interventions, unlocking new or enhanced demand and reinforcing behaviours that reduce dementia risk.

TREND WATCH

Sleep as a new brain health category

Sleep is becoming an increasingly important area within the broader brain health market, particularly amidst consumer adoption of digital sleep tools. It is expected that the global smart sleep tracker market will show a compound annual growth rate of **12.4%** between 2026 and 2032 [18]. Smartwatches, rings, and mobile applications make sleep tracking accessible, giving users ongoing feedback through features such as sleep scores and personalized insights. As a result, sleep is now in a commercial category where consumer wellness, digital technology, and brain health overlap.

Our survey findings reinforce this signal: **23%** of respondents reported trying to improve their sleep specifically to reduce dementia risk. While sleep is not currently recognized as a formal modifiable risk factor in the Lancet Commission's framework, it remains one of its promising areas to watch. The evidence is still evolving, particularly whether sleep disruption is a cause of neurodegeneration, a symptom, or both [19], but sleep stands out from several other risk factors because it is a measurable, necessary component of everyday life. Innovators should therefore closely watch the evolving scientific evidence. If definitive links between sleep and dementia risk can be established, whether as a symptom or a preventative behaviour, they may offer another avenue for the promotion and adoption of wearable technologies that can support healthy aging.

Looking Ahead

Taken together, the signals in this report suggest that dementia prevention is entering a new phase. Respondents broadly recognize that their dementia risk can be reduced, and many are already engaging in behaviours that support their brain health. Yet awareness remains uneven across preventative factors, confidence is limited, and each behavioural change that supports brain health has a distinct set of barriers to adoption.

The immediate priority, therefore, is to close the knowledge-to-action gap: support people to act on their intention to improve brain health in ways that are practical, sustainable, and convenient.

Our survey data indicate that technology can provide meaningful assistance, particularly through behaviour tracking, access to trusted guidance, and ongoing support, using tools aging adults already own: smartphones, and increasingly, wearable devices. In the near term, the biggest opportunities may be found in areas where user motivations, perceived usefulness, and digital uptake already exist: increasing physical activity, promoting social engagement, and supporting chronic disease management. These are areas where respondents already see value in digital tools, and where solutions can tap into existing motivations such as maintaining quality of life, preserving independence, and supporting healthy aging.

For innovators and investors, this suggests that the most scalable offerings may be those that position dementia prevention within broader wellness and

aging-in-place strategies, rather than as a standalone proposition. In practice, this means solutions may gain traction more easily when they are framed with the top brain health motivators in mind: helping people stay active, socially engaged, and independent later in life, while also contributing to lower, long-term dementia risk.

A second opportunity lies in prevention factors that remain clinically important but underrecognized. Hearing and vision loss, depression, smoking, alcohol use, and exposure to air pollution all point to areas where the gap between scientific relevance and public understanding remains substantial. Innovators in this space can thus benefit from supporting broader public health campaigns to raise awareness of these modifiable risk factors for dementia. Capturing this opportunity, however, will require more than just awareness building; it will depend on making solutions affordable, trusted, and easy to integrate into existing care pathways and daily life.

This report's findings also suggest that future leaders in this market will be those who match solution design to specific barriers individuals face to prevention behaviours:

- **Motivational barriers**, such as those related to increasing physical activity and social engagement, **call for reinforcement and habit-forming experiences**.
- **Cost-related barriers**, such as those related to sensory care and correction, **call for new delivery models, market innovations, pricing strategies, and reimbursement pathways**.
- **Guidance-intensive challenges**, such as managing chronic and mental health conditions, **call for trusted information, coaching, and stronger connections to expert medical support**.

Looking ahead, the dementia prevention market may prove especially important because it aligns social and economic value. Technology solutions that help people stay active, connected, informed, and supported will improve quality of life, while also reducing long-term strain on families, care systems, and public resources. For governments, innovators, investors, and individuals with an interest in the aging and brain health ecosystem, there is a larger opportunity ahead: to build a market where better outcomes for people and stronger long-term economic potential reinforce, rather than compete with, one another.

Conclusion

Dementia prevention is a rapidly growing public health priority, as well as an evolving market segment shaped by a demand for tools, services, and technologies that support healthy aging. Based on over 2,000 survey responses, this report demonstrates that adults across Canada and the United Kingdom increasingly recognize the impact lifestyle choices have on dementia risk, yet gaps remain between awareness, confidence, and action; and each behaviour change brings its own unique barriers to adoption.

Importantly, aging adults themselves believe that digital technologies can play a meaningful role in bridging these gaps, and our data highlight the most promising solutions: tools that provide continuous support and habit reinforcement, enable access to trusted guidance, and offer easy integration into daily life through devices that are already in use. This highlights the current opportunity for new technologies to promote and reinforce lifestyles that support brain health at scale and enable broader public health initiatives in countries with aging populations, such as Canada and the United Kingdom. Taken together, these findings underscore both the urgency and opportunity in closing the gap between knowledge and action, and in leveraging technology to better support brain health and healthy aging across populations.

Partners

Alzheimer's Society, United Kingdom

Alzheimer's Society is the UK's leading dementia charity. With over 45 years' experience, it gives vital support to those who need it, funds ground-breaking research and innovation, and campaigns to make dementia a priority. It is leading the way to create a future where dementia no longer devastates lives, bringing together people from all the spheres of life dementia touches.

Toronto Dementia Research Alliance

Established in 2012, the Toronto Dementia Research Alliance (TDRA) is a collaboration among the University of Toronto, Baycrest, the Centre for Addiction and Mental Health, Ontario Shores Centre for Mental Health Sciences, Sunnybrook Health Sciences Centre, and the University Health Network. TDRA works to better understand, prevent, and treat dementia by creating a stronger link between basic science and clinical research, embedding research into care, improving outreach and education to the community, and increasing the efficacy of collaborative research processes across the city of Toronto.

Toronto Metropolitan University's National Institute on Ageing

Founded in 2016, the National Institute on Ageing (NIA) is celebrating a decade of impact in its mission to improve the lives of older adults and the systems that support them. Over the past 10 years, the NIA has become Canada's leading voice on ageing policy — convening stakeholders, conducting research, advancing policy solutions and practice innovations, sharing information and shifting attitudes. Its vision remains clear: a Canada where older adults feel valued, included, supported and better prepared to age with confidence.

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