

A photograph of two women dancing joyfully in a community center. The woman on the left is an older Black woman with curly grey hair, wearing a white long-sleeved shirt and a blue patterned skirt. The woman on the right is a younger woman with long dark hair, wearing a light green long-sleeved top and a blue patterned skirt. They are both smiling broadly and holding hands. In the background, other people are visible, including a man in a purple shirt and a man in a blue shirt, suggesting a social gathering.

Dementia Prevention & Diversity

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Dementia prevention in diverse populations

Dementia awareness & prevention

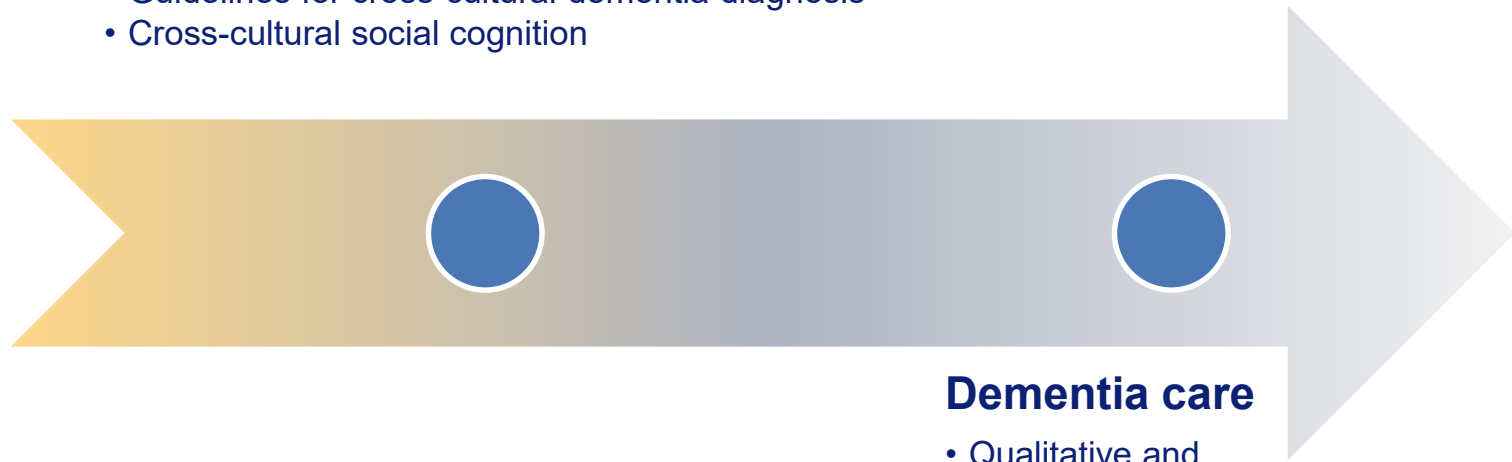
- Community education & awareness program (2017, 2019)
- Netherlands Dementia Prevention Initiative (NDPI)

Dementia diagnosis

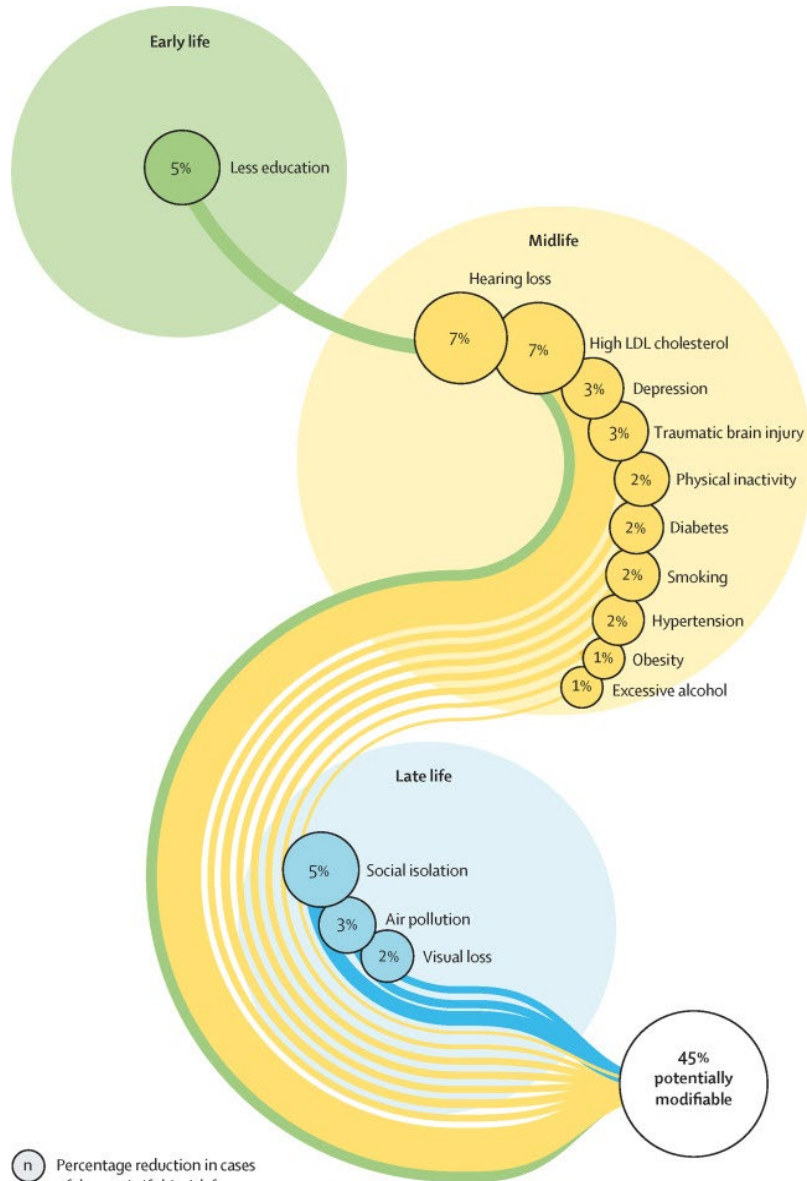
- TULIPA battery, incl.
 - NAME (naming test)
 - Modified Visual Association Test (memory)
 - Literacy screening test
- Guidelines for cross-cultural dementia diagnosis
- Cross-cultural social cognition

Dementia care

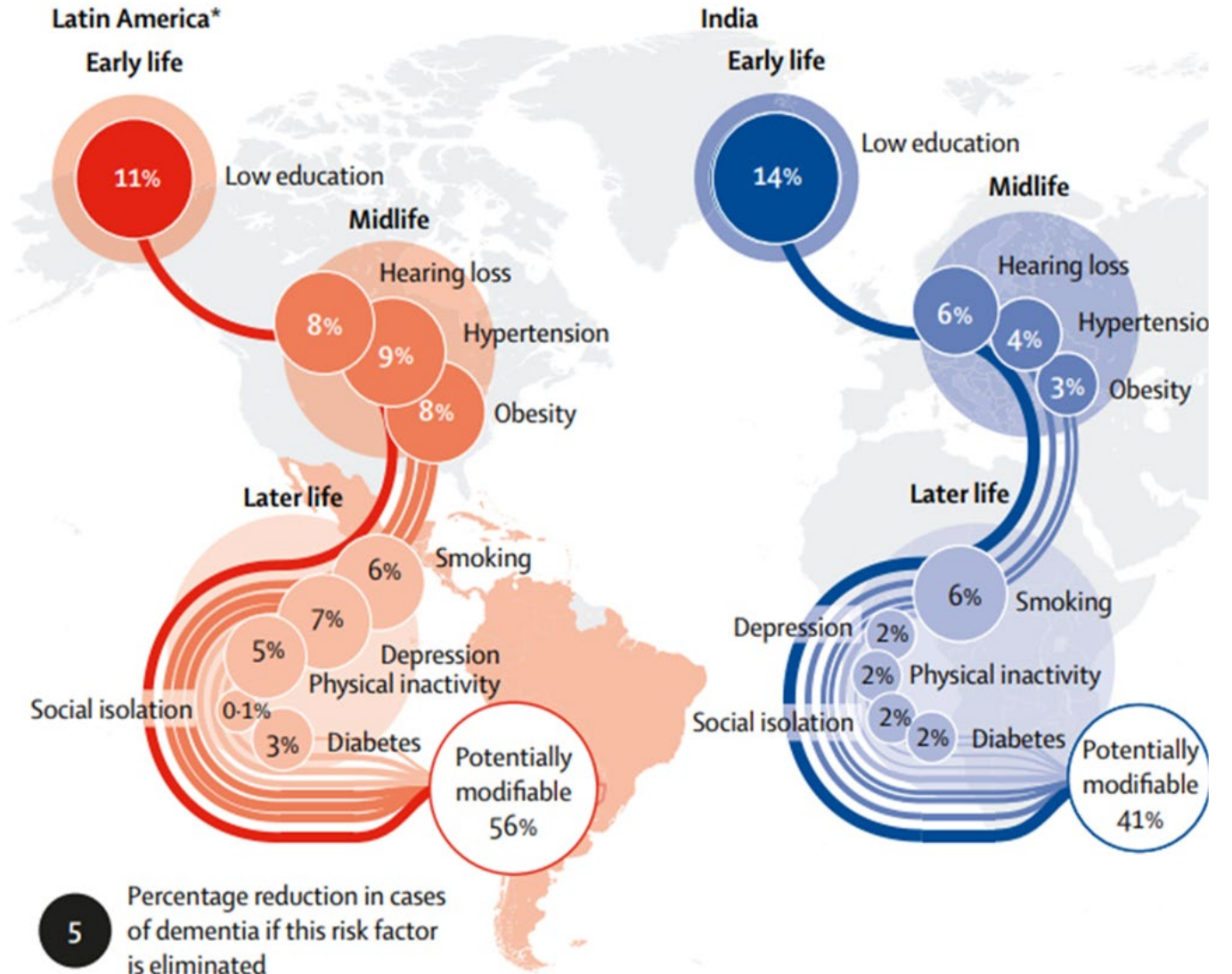
- Qualitative and quantitative caregiver burden



Dementia prevention in diverse populations



ⁿ Percentage reduction in cases of dementia if this risk factor is eliminated



Dementia prevention in diverse populations



KEEP ACTIVE

Aim for at least 150 minutes of physical activity each week.



DO NOT SMOKE

If you smoke, quitting is one of the best things you can do for your brain health.



CUT DOWN ON ALCOHOL

Drink less than 14 units of alcohol per week.



LOOK AFTER YOUR MENTAL HEALTH

Speak to your GP or somebody you trust if you have concerns.



PROTECT YOUR HEAD

Wear a helmet during sports or when riding a bike.



TAKE CARE OF YOUR HEARING

Get your hearing checked regularly, and wear a hearing aid if you've been given one. Wear ear defenders in noisy environments.



LOOK AFTER YOUR EYES

Get any concerns about your vision checked by a professional.



MANAGE CHOLESTEROL LEVELS

Try to keep your cholesterol level below 200 mg/dL. Many of the other steps listed here may help you do this.



PREVENT OR MANAGE DIABETES

By eating healthily and managing your weight, you can reduce your risk and manage symptoms of diabetes.



KEEP SOCIALLY CONNECTED

Take part in regular social activities like dance classes and game nights.



STAY SHARP

Keep challenging your brain throughout your life.



MANAGE YOUR BLOOD PRESSURE

Get your blood pressure checked regularly. Try to keep your systolic blood pressure at 130 mm Hg or less from age 40 years.

Cultural background may impact:

- Preferred physical, mental, and social activities
- Approaches to mental health
- Dietary advice (e.g. two slices of bread)



Education may impact:

- Understanding of medical conditions/risk factors and their management

Some risk factors not included here may be specific to some cultural groups (e.g. perceived discrimination)

Adapting dementia prevention interventions

Original: FINGER study (multidomain intervention Finland)

- In MIND-China: emphasis on reducing salt intake + traditional Chinese grains/brown rice
- In India: yoga as physical exercise
- In Latin America: fish, dried fruits and nuts not always available/affordable; salsa or tango as exercise; assistance to use computerized rehabilitation program

Several conditions need to be met for healthy lifestyle (social determinants of health), e.g.:

- Safe and clean environment to exercise in
- Access to healthy foods
- Access to health check ups (blood pressure, cholesterol)



Healthy aging course in community (2017, 2019)

Where: community centers;
mosques

Participants: migrants with varying
literacy levels

Trainers: trained nurses speaking
different languages, sometimes with
a neuropsychologist or MD

The courses included:

- Information on the topic tailored
to low health literacy level
- Interactive exercises
- Learning key words and phrases
in Dutch

Module
The human body
Healthy lifestyle
Mental health
Dementia
Incurable illness & palliative care
The Dutch healthcare system
Health-related language skills
Taking care of yourself while aging
Medication & treatment fidelity
Dutch rules, forms and money matters in aging



New research in diverse populations

Qualitative research, Najoua Lazaar & Awaale Rirash (Lazaar et al. In press JAD)

What: Qualitative interviews with people from Morocco, Somalia, Suriname, Turkey, Indonesia, Iraq, China, and the Antilles

How: Open questions about dementia/risk and barriers/facilitators; subsequently going through the list of risk factors

Dementia awareness in diverse populations is generally low

- *To be honest I'm very unfamiliar with it. [...]*

Lack of awareness risk is modifiable

- *Yes, that being overweight or having few social contacts increases your risk of getting dementia — that really surprised me. (...)*

Biological risk factors (heredity, deficiencies in nutrients):

- *I think it's hereditary. Just bad luck really — like a sudden mutation in your genes.*
- *Well, I don't think it really has a cause. It's something natural, and as far as I know, it's also hereditary.*
- *A risk factor that hasn't been taken into account is malnutrition at a young age. (...) That this can delay the development of your brain. Or the malnutrition can slow down the growth potential of your brain.*



New research in diverse populations

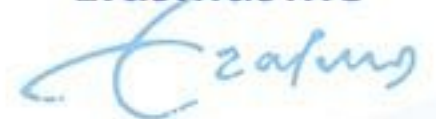
Modern lifestyles?

- *People in Morocco have a much healthier lifestyle than here. They don't have money for fast-food and they don't eat out every day. [...] they grow their own food. They eat a lot of organic things.*
- *[...] I think it has to do with the way we live. More stress, more speed, and we want so much. At a certain point, the upstairs [mind] just can't handle it anymore, I think.*

Stress, trauma, sleep

- *One possible risk factor could be the traumas experienced at a young age.*
- *What I especially miss in this list is stress. It's striking that it isn't mentioned. It's the cause of almost everything.*
- *I'm actually surprised that sleep isn't included [in the list of risk factors].*

Erasmus MC



New research in diverse populations

Barriers and facilitators to healthy aging / preventing dementia

Personal health experiences or in family motivate change

- *When a close family member of mine became ill and had a heart attack. It was really a wake-up call for me. [...] Since seeing that, I've been paying more attention to my diet and exercise.*

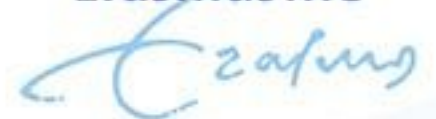
Mindset:

- *Uhm to stick with it, I think you actually have to change your way of thinking. I think you need to change your mind set in order to really be able to keep it up. (...) The way you think about things can determine whether something goes well or not.*

Social determinants of health:

- *Cristiano Ronaldo, for example. You can see that his financial freedom allows him to fully focus on his work. It also means he can afford healthy food. That's why he looks the way he does at his age. He has the means to invest in himself.*

Erasmus MC



New research in diverse populations

Social environment and cultural norms helpful or harmful?

- *If no one checks on me, I'll just stay on the couch. But if someone calls and persuades me [to go and exercise], it starts to feel more like an obligation*

Vs:

- *I try to talk about it as little as possible with my friends, because what if it doesn't work out, and then I've failed again. With my parent, my mother, she looks forward to it so much that it will work, that I think I would disappoint her too.*
- *... because of the cultural differences, he didn't dare to run in the streets and didn't want to go to the gym either. So secretly, he would drive deep into the forest to work out there. He wanted to avoid people looking at him strangely—like, "why is a man of over 50 running around in shorts?" Because what we'd say is, "What are you doing? Have you really gone all Dutch [lit.: become "cheesed"]?*

Eating & (cultural) customs

- *And in a way, it's also about hospitality. In our culture, people like to put effort into cooking for you. It's not that they're deliberately trying to push you toward an unhealthy lifestyle. In our culture, when you visit someone, food is offered, and then it can come across as rude to say no*
- *Everything we eat is carbohydrates – canjeero [Somali pancake], rice, meat, or those kinds of oils – and that doesn't really change here. In Somalia, some people don't think you're sick, you know? Because if you're bigger and heavier, people think you're doing well.*

Conclusions on diversity and dementia prevention

- Awareness of dementia and risk reduction is lacking > more awareness campaigns/activities necessary
- Prevention interventions need to consider limited health literacy and be framed around topics identified as relevant to these groups > e.g. stress reduction or improved sleep
- Cultural/social norms act as considerable barriers and facilitators, but have been insufficiently addressed in prevention interventions to date
- Our new study in 2026 in NDPI 2.0 will also focus on better screening of social determinants of health that may impact uptake/use of prevention intervention

Thank you for your attention



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