

Dementia

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January 2026

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1. Can Partnerships Between Hospitals and Older Adult Centers Impact Healthcare Utilization and Medicare Costs Among People Living With Dementia?

Authors: Bhagianadh, Divya;Scher, Clara J.;Greenfield, Emily A.;Pope, Natalie E.;Somerville, Ceara;Coyle, Caitlin and Akincigil, Ayse

Publication Date: 2026

Journal: Journal of Applied Gerontology 45(2), pp. 342–352

Abstract: This study explored associations between hospital-older adult center (or senior centers) partnerships, healthcare utilization, and Medicare costs among community-dwelling older adults with dementia. Using a novel statewide dataset in Massachusetts (U.S.), we estimated multilevel mixed-effects generalized linear models, with individuals nested in the geographic catchment areas of older adult centers that did or did not report partnerships with hospitals. Individuals with dementia living in communities where older adult centers engaged in partnerships with hospitals had fewer hospital stays, on average. This association and those for other outcomes (e.g., readmissions, total costs) were especially robust for older adults with multiple chronic conditions and those dually eligible for health services through Medicare and Medicaid. Our findings indicate the importance of continued research, policy, and practice on the interfaces across health and social care settings to improve environments for people aging in place with dementia.

2. Exploring the Role of a Dietitian in an Early Intervention Program for People With Dementia and Their Care Partners: A Composite Case Series

Authors: Bull, Caitlin;Low, Elizabeth;Holloway, Helen;Kellett, Jane;Roberts, Emilia;Chelberg, Georgina;Wiseman, Lara;Chau, Angela;Mitterfellner, Rachael;Isbel, Stephen;Bail, Kasia;Gibson, Diane and D'Cunha, Nathan,M.

Publication Date: 2026

Journal: Journal of Applied Gerontology 45(2), pp. 237–248

Abstract: Symptoms of dementia can impact the nutritional status and quality of life of people with dementia, but there is limited research exploring the dietitian's role in post-diagnostic care. This study aims to explore the role of a dietitian in a multidisciplinary dementia program for people living in the community. Participants in a twelve-week multicomponent, multidisciplinary post-diagnostic intervention for people with dementia and care partners were offered three consultations with a dietitian to receive dietary assessment, education and advice. Key clinical findings from dietetics case notes of 40 people with dementia were analyzed using a composite case series approach. Of these, 39 required ongoing nutrition support and intervention. Common issues identified include insufficient energy and/or nutrient intake, unintentional weight loss, poor management of comorbidities and difficulties with coordination of care. Dietitians are an integral part of a multicomponent intervention for dementia. Future work is needed to optimize dietetic care models. Running headline. Dietetics in an early intervention for dementia

3. Genetic counseling and testing for dementia - A scoping review of patient and relatives experiences and outcomes

Authors: Chen, Gary and Sexton, Adrienne

Publication Date: 2026

Journal: Patient Education and Counseling 143, pp. 109424

Abstract: Objective: This scoping review aims to map the experiences and outcomes of patients and their families undergoing genetic testing and counseling regarding dementia to inform future research directions and clinical practice.; Methods: Rigorous scoping review methodology was followed. Ovid Medline, Embase, PsycINFO, and CINAHL were searched with keywords and MeSH terms related to "genetic testing", "genetic counseling", "dementia", "decision making", and "patient outcomes" for peer-reviewed studies with adult participants published over the last ten years.; Results: Thirty-six articles met inclusion criteria. Narrative synthesis organized findings into temporal categories including motivations for genetic testing, experiences during the testing/counseling process, and outcomes after testing. Common motivators included reducing uncertainty, reproductive planning, life planning, and the prospect of a treatment becoming available in the future. A lack of current treatments and fear that knowledge of genetic risk would be difficult to cope with were common barriers to testing. Patient-centered communication improved satisfaction. Genetic testing was generally psychologically well tolerated, and a wide range of practical responses were reported including changes to lifestyle, diet, advanced care and financial planning, and engaging in clinical trials.; Conclusion: This review maps the experiences and outcomes of genetic testing or counseling for people with or at potentially increased genetic risk of dementia. Genetic testing and counseling for directly causal dementia genes and APOE genotype appears well tolerated but long-term outcome data is lacking. Motivations, concerns and perceived benefits of knowing genetic results vary depending on personal, familial and cultural viewpoints. Genetic counseling can help patients and families prepare, reduce decisional regret, and adapt to results.; Practice Implications: Motivations varied, and a patient-centered approach addressing both information and psychological aspects improves satisfaction. Future longitudinal research should ascertain ways to support individuals from a wide range of demographics with understanding and adjusting to genetic risk information regarding dementia. (Copyright © 2025 The Authors. Published by Elsevier B.V. All rights reserved.)

4. Treating Hearing Loss With Hearing Aids for the Prevention of Cognitive Decline and Dementia

Authors: Cribb, Lachlan;Moreno-Betancur, Margarita;Pase, Matthew Paul;Wolfe, Rory;Britt, Carlene;Zhou, Zhen;Shah, Raj C.;Rance, Gary;Sheets, Kerry M.;Chong, Trevor T. -J;Woods, Robyn L.;Murray, Anne M.;Owen, Alice and Ryan, Joanne

Publication Date: 2026

Journal: Neurology 106(3), pp. e214572

Abstract: Background and Objectives: Hearing loss is a risk factor of cognitive decline and dementia. We sought to investigate the effect of hearing aid (HA) use on cognition and dementia risk in older adults with hearing impairment.; Methods: We emulated a target trial using data from Australian participants of the ASPirin in Reducing Events in the Elderly study. In the target trial, eligible participants were dementia-free, had moderate hearing impairment, and had no previous HA use. The treatment strategies were "use HAs" and "do not use HAs." Outcomes included overall cognition, dementia (DSM-IV criteria), and cognitive impairment (cognitive decline or dementia). The emulation used new HA prescription and frequency-of-use data measured by questionnaire, as well as cognition data from semiannual assessments over 7 years. Self-reported hearing problems were used as a proxy for moderate hearing impairment. Using the parametric g-formula, we estimated observational analogs of the intention-to-treat effect, using HA prescription to emulate allocation. Analyses for cognition outcomes were restricted to survivors. Multiple imputation was used for missing covariate and cognitive outcome data. We also emulated a second target trial with treatment strategies of (1) never, (2) rarely/sometimes, and (3) often/always use HAs.; Results: Across imputed data sets, a median of 2,777 eligible individuals were included, with a median of 664 receiving a new HA prescription. The mean age was 75 years, and 48% were female. The estimated 7-year mean overall cognition scores among survivors were similar under HA prescription and no HA prescription (mean difference 0.03 SDs; 95% CI -0.14 to 0.21). The estimated 7-year risk of dementia was 5.0% under HA prescription and 7.5% under no HA prescription (risk ratio RR] 0.67; 95% CI 0.37-0.97), and that of cognitive impairment was 36.1% under HA prescription and 42.4% under no HA prescription (RR 0.85; 95% CI 0.70-1.00). The risks of dementia and cognitive impairment were inversely associated with the frequency of HA use.; Discussion: We found that HA use in older people with hearing impairment may reduce dementia risk, although differences in age-related cognitive change were insubstantial. We cannot rule out residual confounding as an explanation for our findings. Long-term randomized trials of HAs for dementia risk are justified.; Classification of Evidence: This study provides Class III evidence that the use of hearing aids did not change overall cognitive scores in people 70 years and older with moderate hearing impairment as compared to those who used hearing aids.

5. Acceptance and Commitment Therapy Tele-Counselling Program With Care Partners of Persons Living With Dementia: A Pilot Feasibility RCT

Authors: Durepos, Pamela;Ricketts, Nicole;Olthuis, Janine V.;Gould, Odette N.;Boamah, Sheila A.;McCloskey, Rose;Lanteigne, Makayla;Giberson, Emma R.;Caverhill, Katelyn;Pickford, Karrie;MacBean, Chandra and Kaasalainen, Sharon

Publication Date: 2026

Journal: Journal of Applied Gerontology 45(2), pp. 225–236

Abstract: We evaluate the feasibility, acceptability, and potential effect of an acceptance and commitment therapy (ACT) tele-counselling program offered by a non-profit organization for care partners of persons with dementia (PWD) in a bilingual rural province. Thirty participants enrolled and one withdrew. Intervention group participants (n = 14) received 6–8 individual counselling sessions via telephone, videoconference, or text. Control group participants (n = 15) received two general support telephone calls from Alzheimer Society staff. Results indicated limited recruitment and adherence (completion) feasibility, although acceptability and usability were high. Significant within-group reductions in anxiety and stress symptoms (DASS-21) and burden (ZBI-12) in the intervention group were demonstrated, although the groups were not significantly different post-intervention. ACT tele-counselling may increase care partner access to mental health services, improve symptoms, and alleviate strain on Alzheimer Society staff, though a larger trial is needed with a longer duration, multiple ACT therapists, and additional recruitment efforts. Protocol registered at <https://clinicaltrials.gov/study/NCT05385458>.

6. Palliative Care for People With Very Severe to Extreme Behavioural and Psychological Symptoms of Dementia (BPSD): A Scoping Review

Authors: Gallop, Maree;Ford, Jenny;Bowman, Alexandra;Mullen, Antony;Schwebel, Debbie;Johnson, Amanda and Fernandez, Ritin

Publication Date: 2026

Journal: Journal of Advanced Nursing 82(2), pp. 1076–1090

Abstract: Aim: To explore current evidence regarding the provision of palliative care for individuals with very severe to extreme behavioural and psychological symptoms of dementia (BPSD) in a hospital setting.; Design: Scoping review.; Reporting Method: The PRISMA-ScR reporting guideline.; Methods: The JBI guidelines for scoping reviews were followed. A data extraction form assisted in the identification of key findings via a process of content analysis.; Data Sources: Studies were obtained from bibliographic databases of PubMed, CINAHL, and PsycINFO.; Results: This review included six articles, and nine categories emerged from the findings. Symptom assessment and management, pain assessment challenges, atypical presentation of end-stage dementia, complex prescribing and treatment practices, principles of person-centred care, collaboration; training for health care professionals; emotional impact on staff; and family and caregivers.; Conclusions: This scoping review highlighted a significant gap in the literature regarding palliative care for people living with very severe to extreme BPSD in hospital settings. This review highlighted key differences in the presentation of people with BPSD needing palliative care. There is a need for tailored models of care, specialised training and education for health professionals, families, and carers, and recognition of dementia as a terminal illness.; Implications for the Profession And/or Patient Care: The results of this review provide valuable insights into the level of understanding about the unique palliative care needs for people experiencing very severe to extreme BPSD, making an important contribution to the planning and development of future models of care.; Impact: Mapping the available literature highlights a paucity of research in palliative care for people with very severe to extreme BPSD in hospital settings. There is a need for rigorous research studies and models of care developed and informed by the evidence for this small population necessitating unique care needs.; Patient or Public Contribution: No patient or public contribution. (© 2025 The Author(s). Journal of Advanced Nursing published by John Wiley & Sons Ltd.)

7. Prevalence of Feeding Difficulty Among Persons Living With Dementia: A Systematic Review and Proportional Meta-Analysis

Authors: Ho, Mu-Hsing;Wang, Lizhen;Lee, Jung Jae;Liu, Megan F. and Chang, Chia-Chi

Publication Date: 2026

Journal: Research in Nursing & Health 49(1), pp. 28–38

Abstract: To estimate the pooled prevalence of feeding difficulties among persons with dementia and to explore heterogeneity, including regional differences and study characteristics. Feeding difficulties, including impaired ability to feed oneself, swallowing problems, reduced appetite, and behavioral resistance to eating, are common among individuals with dementia, leading to malnutrition, and caregiver burden. Evidence on the prevalence of feeding difficulties is fragmented, with no prior meta-analysis available. Six databases were searched until April 2025 for observational studies. This systematic review and meta-analysis followed MOOSE and PRISMA guidelines with PROSPERO registration (CRD420251024333). Studies were included if they reported feeding difficulty prevalence in dementia using validated instruments or clinical observation. Two reviewers independently screened studies, extracted data, and assessed quality using the Newcastle-Ottawa Scale. Pooled prevalence and 95% prediction intervals were calculated using a random-effects model with Freeman-Tukey double arcsine transformation. Subgroup analyses and meta-regression explored heterogeneity. Fifteen studies involving 3175 participants were included. The pooled prevalence of feeding difficulties

among persons with dementia was 48% (95% PI: 38%-59%), with significant heterogeneity ($I^2 = 97\%$). Prevalence was notably higher in studies conducted in Asia (59%) compared to non-Asian regions (32%). Neither publication year nor mean participant age significantly moderated prevalence estimates. Nearly half of individuals with dementia experience feeding difficulties, with particularly high prevalence in Asia. This regional disparity stresses the importance of routine assessment. High heterogeneity and inconsistent disease staging reporting call for standardized assessments and further research across dementia stages to improve care globally. (© 2025 Wiley Periodicals LLC.)

8. Influential Factors when Making Decisions About Dementia Medications in Memory Assessment Services; a Focused Ethnography and Interview Study

Authors: Kelley, Rachael;Surr, Claire A.;Russell, Gregor;Crowther, George;Dickinson, Rebecca;Dooley, Jemima;Griffiths, Alys W.;Knapp, Peter and Smith, Sarah J.

Publication Date: 2026

Journal: Journal of Geriatric Psychiatry & Neurology 39(2), pp. 145–160

9. What Is an Identifier Good for? Issues in Using Visual Identifiers to Improve Care for People With Dementia in Hospital

Authors: Kuberska, Karolina and Martin, Graham

Publication Date: 2026

Journal: Journal of Advanced Nursing 82(2), pp. 1827–1835

Abstract: Aims: To examine practical, ethical, and organisational implications of the use of a key technology deployed in the care of hospitalised people with dementia-visual identifiers-through a comparative analysis with parallel interventions in other spheres of healthcare and social activity.; Design: Discursive paper.; Methods: We contrast visual identification systems used for hospitalised patients with dementia with other, ostensibly similar, systems to understand how they differ in key characteristics: what they disclose, to whom and with what intended consequence.; Results: Certain distinctive features of the ways identifier systems are used to improve dementia care appear particularly consequential for their impact. Given how much is expected of such identifiers, they are likely to fail at least a proportion of patients.; Conclusion: We argue that it is important to critically evaluate the interests served by visual identifiers, identifying the dimensions of quality they can enhance and those that may be negatively impacted.; Implications for the Profession And/or Patient Care: Visual identifiers for people with dementia can contribute to the 'taskification' of nursing care, implying that achieving person-centred care is a matter of following defined protocols rather than an emergent, relational, time-consuming process. Staff may end up prioritising risk avoidance and hospital routines (tasks that are measurable and auditable) rather than embracing the unpredictability of developing relationships with patients.; Impact: Visual identifiers are a part of well-established strategies to improve hospital care for those with cognitive impairment. While these identifiers aim to prompt healthcare professionals to deliver individually tailored care, research suggests that they are unable to consistently ensure the desirable quality of care. Understanding influences on how they are deployed can help reshape the expectations placed on such low-tech interventions and inform more reflective use.; Patient or Public Contribution: Patients and public were not directly involved in the development of this discursive paper. (© 2025 The Author(s). Journal of Advanced Nursing published by John Wiley & Sons Ltd.)

10. Development of a Prognostic Model for Poststroke Dementia Using Multiple International Cohorts: A STROKOG Collaboration Study

Authors: Lo, Jessica W.;Crawford, John D.;Desmond, David W.;Godefroy, Olivier;Roussel, Martine;Bordet, Régis;Dondaine, Thibaut;Mendyk, Anne-Marie;Bae, Hee-Joon;Lim, Jae-Sung;Ojagbemi, Akin;Bello, Toyin;Chen, Christopher P. L. H.;Chong, Eddie J.;Venketasubramanian,

Narayanaswamy;Klimkowicz-Mrowiec, Aleksandra;Traykov, Latchezar;Mehrabian, Shima;Chung, Chih-Ping;Chi, Nai-Fang, et al

Publication Date: 2026

Journal: Neurology 106(3), pp. e214574

Abstract: Background and Objectives: Dementia risk prediction models developed for the general population perform poorly in stroke cohorts. Existing stroke-specific models are few and limited by short prediction horizons or reliance on neuroimaging. The aim of this study was to develop a clinically practical model for predicting 5-year dementia risk after stroke using commonly available variables and individual participant data from the Stroke and Cognition Consortium (STROKOG).; Methods: Data were pooled from 12 studies across 10 countries. Dementia was diagnosed mainly by expert panel consensus and algorithmic classification. Fine-Gray subdistribution hazard models estimated dementia probability, accounting for death as a competing event. Candidate predictors included routinely collected baseline clinical and stroke-related variables, selected through backward stepwise elimination. Model performance was evaluated using discrimination (C-index) and calibration for prediction up to 5 years after stroke. Internal-external cross-validation (IECV) assessed generalizability across studies, regions, and study periods.; Results: A total of 2,663 participants (mean age 67.0 years SD 11.1]; 40% female) were followed for a median of 2.0 years (IQR 1.0-5.0), during which 655 developed dementia (8.7 per 100 person-years). The final model included age, sex, education, history of previous stroke, diabetes, stroke severity, 2 interactions (age × sex; age × stroke severity), and study-level variables including national current health expenditure. An Excel-based risk calculator is available in the Supplement (eAppendix 1). The model demonstrated strong discrimination (C-index: 0.81; 95% CI 0.75-0.87) and excellent calibration in the full data set used for development. In IECV, discrimination was acceptable across individual studies (pooled C-index: 0.70 0.67-0.73]) and higher in recent (post-2010; 0.79 0.76-0.82]) and European (0.74 0.71-0.78]) cohorts. Risks were slightly overestimated in Asian cohorts. Case numbers were too small for reliable assessment in other regions.; Discussion: We developed and internally-externally validated a 5-year dementia risk model for stroke survivors using routinely available clinical variables. The model showed strong performance in the full development data set and generalized well to recent and European cohorts, although external validation in diverse populations is needed. This tool can help identify high-risk individuals for targeted cognitive monitoring and follow-up. By informing clinical decision making and resource planning, it offers a practical means to improve long-term outcomes.

11. A Systematic Review and Meta-Analysis of Randomised Controlled Trials on the Effect of Cognitive Behavioural Therapy for People With Dementia

Authors: Saragih, Ita Daryanti;Susanto, Herry;Saragih, Ice Septriani;Chen, Ping-Jen;Lee, Bih-O and Lopez, Ruth Palan

Publication Date: 2026

Journal: Journal of Clinical Nursing 35(2), pp. 585–601

Abstract: Background: Cognitive Behavioural Therapy (CBT) has demonstrated positive effects on emotional well-being and quality of life in individuals with dementia. Limited evidence constrains the generalisability of these findings.; Methods: This review was conducted in accordance with PRISMA guidelines. Randomised controlled trials (RCTs) that implemented CBT and assessed cognitive function, depressive symptoms, anxiety and quality of life in individuals with dementia were included. Seven databases-APA PsycINFO, CINAHL, Cochrane Library, Embase, MEDLINE, PubMed and Web of Science-were searched up to 10 October 2024. The Risk of Bias 2 (RoB-2) tool was used to evaluate the methodological quality of included studies. Pooled standardised mean differences (SMDs) with 95% confidence intervals (CIs) were calculated using random-effects models for each outcome.; Results: A total of 10 RCTs, involving 1412 individuals with dementia and published between 2011 and 2024, were included in the analysis. CBT was associated with a reduction in anxiety (pooled SMD = -0.94; 95% CI = -1.33 to -0.55; I² = 0.00%; p < 0.04). No significant differences were found in cognitive

function, depression or quality of life between those receiving CBT and those in the control groups.; Conclusions: This study suggests that CBT alleviates anxiety in people with dementia. However, further investigation is required to clarify its effects on cognitive function, depressive symptoms and quality of life. Future research should focus on the development of CBT protocols, alongside the exploration of relevant outcome measures.; Relevance to Clinical Practice: CBT has shown potential in improving emotional well-being and quality of life in individuals with dementia. The findings inform healthcare professionals about its clinical utility and effectiveness in dementia care.; Patient or Public Contributions: The findings suggest that traditional CBT may not fully address the needs of people with dementia, emphasising the importance of incorporating multisensory stimulation and caregiver involvement to enhance therapeutic outcomes. (© 2025 John Wiley & Sons Ltd.)

12. Home-based, caregiver-assisted multimodal exercise and cognitive training via videoconferencing for older adults with mild dementia: A mixed-methods pilot study

Author: Xue, Dandan, Yu, Doris S. F., Yue, Ling, Sheng, Meiqing and Li, Polly W. C.

Publication Date: 2026

Publication Details: Journal of Alzheimer's Disease, 109, (2) pp.940–959. IOS Press.

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13. Support Needs via Telephone Immediately After a Dementia Diagnosis

Authors: Yamazaki, Akiko;Kato, Mai;Inagaki, Chigusa;Sakamoto, Yuki;Suda, Satoshi and Yamashita, Mari

Publication Date: 2026

Journal: Psychogeriatrics : The Official Journal of the Japanese Psychogeriatric Society 26(2), pp. e70128

Abstract: Background: The number of individuals with dementia in Japan is increasing rapidly, placing a significant burden on family caregivers. Following a diagnosis, caregivers often experience confusion and psychological distress. Although early support can help alleviate these challenges, time and geographic constraints frequently limit access. Telephone-based counselling may offer a practical alternative, particularly for older adults who are comfortable using telephones.; Methods: This prospective cohort study targeted 266 primary caregivers of individuals newly diagnosed with dementia or mild cognitive impairment at Nippon Medical School Musashikosugi Hospital between June 2022 and December 2023. A self-administered questionnaire was distributed following the initial consultation. Of the 125 respondents, 116 provided complete data and were included in the analysis. Variables assessed included caregiver demographics, care context, health status, social support and willingness to use telephone consultations. Chi-square tests were used to compare the characteristics of those who were willing versus unwilling to use telephone consultation support.; Results: A total of 48 caregivers expressed willingness to use telephone consultation support. This group exhibited significantly higher rates of depressive symptoms, lack of instrumental support and a greater likelihood of handling medical or service-related calls. Conversely, patients with chronic shoulder pain were less likely to use telephone consultation support. Many participants were in the early stages of caregiving, reported relatively low burden, yet demonstrated a high need to continue.; Conclusion: Telephone consultation support appears particularly beneficial for caregivers who serve as primary communicators with health services, lack adequate support and exhibit signs of depression. Alternative support formats are needed for caregivers with physical limitations. Tailored, early-stage interventions are crucial to effectively support family caregivers in the period following their relative's dementia diagnosis. (© 2026 Japanese Psychogeriatric Society.)

14. Cancer and dementia incidence are strongly correlated worldwide: evidence from cross-national regression analyses

Authors: You, Wenpeng;Coventry, Brendon J. and Henneberg, Maciej

Publication Date: 2026

Journal: Future Science OA 12(1), pp. 2602336

Abstract: Background: Cancer and dementia are two major global health challenges influenced by population aging and socioeconomic transitions. Both impose substantial burdens, yet their relationship at the population level is insufficiently explored. This study investigated the global association between cancer incidence and dementia incidence, while accounting for developmental, demographic, and healthcare-related factors.; Methods: Data were obtained from the Institute for Health Metrics and Evaluation. Covariates included economic affluence, urbanization, reduced selection opportunity, and life expectancy e(60). Analyses across 204 countries employed correlations, partial correlations, principal component analysis, and multiple linear regression (enter and stepwise). Subgroup analyses were stratified by income level, development status, WHO regions, and geopolitical groupings.; Results: Cancer incidence was strongly correlated with dementia incidence worldwide ($r = 0.873$; $\rho = 0.938$, $p < 0.001$). Associations remained consistent across regions, particularly in upper-middle-income and developing countries. Partial correlations showed the relationship persisted after adjustment, with cancer explaining 59.8% of dementia variance. Regression models revealed that socioeconomic and demographic factors explained 51.7% of the variance, rising to 80.1% with cancer included.; Conclusion: Cancer incidence is a dominant independent predictor of dementia incidence globally, surpassing traditional factors. Findings highlight shared determinants and emphasize the importance of integrated chronic disease strategies, especially in low-resource settings.

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