

Non-Communicable Diseases Watch

August
2025



Understanding Dementia

Key Messages

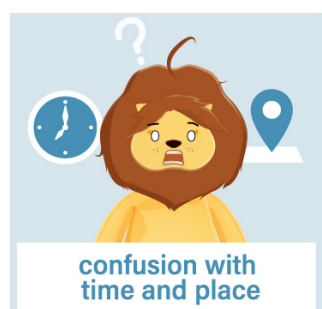
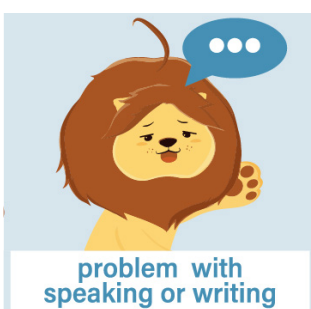
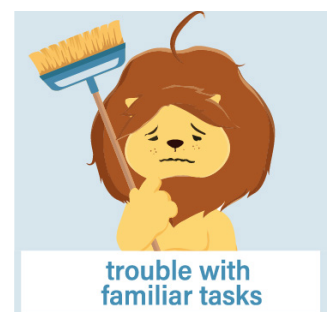
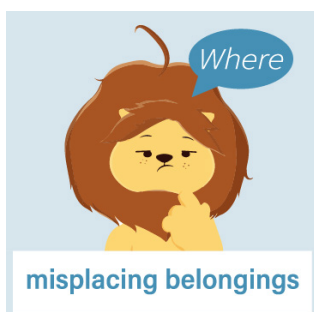
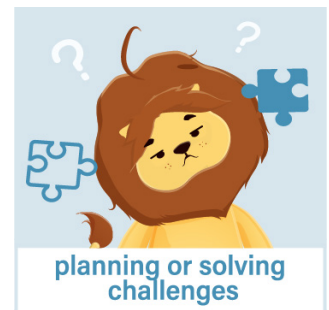
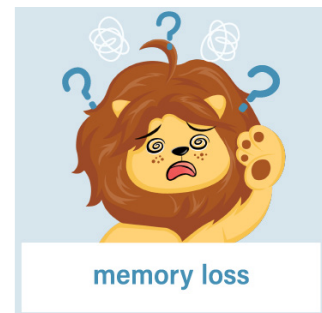
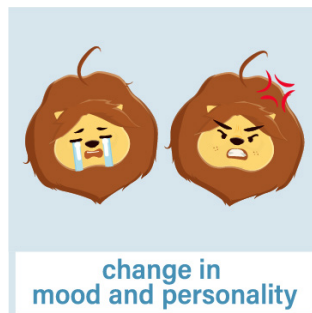
- Dementia is one of the major causes of dependency, disability and death among older people. In Hong Kong, about one in ten elders aged 60 or above is living with dementia.
- Dementia is not a normal part of ageing. Although it is much more common in older people, young people can also develop dementia due to brain injury, genetic and other factors.
- Dementia is preventable. By properly managing common health issues and chronic conditions such as obesity, hypertension, and diabetes; avoiding smoking and excessive alcohol consumption; increasing physical activity; and preventing head injuries, nearly half of all dementias could be prevented.
- Individuals should proactively take measures to prevent and manage dementia-related risk factors as early as possible.

What is Dementia ?

Dementia is a chronic and progressive syndrome characterised by a deterioration in cognitive function, such as the ability to remember, think and reason, which impairs daily life. Although consciousness is not affected, the decline in cognitive function is commonly accompanied with emotional, behavioural or motivational changes (Box 1)^{1,2}. There are many forms of dementia with different causes. Alzheimer's disease is the most common form and contributes to 60%–70% of dementia cases¹. It involves the gradual degeneration and death of brain cells due to abnormal deposits of specific proteins (amyloid and tau) throughout the brain³. Vascular dementia is the second most common form of dementia. It is associated with reduced blood flow in the brain³. Among people suffering from dementia, co-occurrence of other chronic diseases is common, such as cardiovascular diseases, diabetes, chronic obstructive lung disease and depression^{4,5}. Even though contemporary medicine cannot yet cure dementia or reverse its progression, appropriate treatment can help slow down the progression of cognitive decline. Nonetheless, prevention is of the utmost importance.

Dementia is one of the major causes of dependency, disability and death among older people. The World Health Organization recognises dementia as a global public health priority and urges Member States to increase public awareness of dementia and reduce the risk of disease^{1,6}. This article provides an overview of the disease burden and major risk factors for dementia, urging members of the public to take actions early to reduce the risk of getting dementia and delay disease progression.

Box 1: 10 warning signs of dementia²



Disease Burden of Dementia

The disease burden of dementia is huge, posing a daunting challenge to population health, healthcare system and society.

Global situation

Worldwide, 57 million people suffered from dementia in 2021 with nearly 10 million new cases every year¹. Because of an ageing population, the total number of people with dementia across the globe is projected to reach 83 million in 2030 and further soar to 153 million in 2050^{6,7}.

Dementia is also one of the leading causes of mortality worldwide, accounting for 1.96 million deaths in 2021⁸. The ranking of dementia as a leading cause of death is projected to rise from being the seventh in 2022 to the fourth in 2050 at the global level⁹.



Local situation

In Hong Kong, cognitive morbidity in the older community is common. According to the Hong Kong Mental Morbidity Survey for Older People conducted from 2019 to 2023, 9.7% of older adults aged 60 or above had dementia after adjusting for age and gender. The weighted prevalence of dementia in the community and residential care homes for elderly was 7.4% and 68.8%, respectively. As shown in Table 1, weighted prevalence increased with age from 1.1% in the 60–64 age group to 49.8% in the 85 or above age group¹⁰.

In the past 20 years, the number of registered deaths due to dementia in Hong Kong has increased from 276 in 2004 to 1 364 in 2024, representing an almost five-fold increase. In 2024, dementia was the seventh leading cause of death. Of 1 364 registered deaths, over 99% were elders aged 65 and above (provisional figures)¹¹.

Table 1: Prevalence (weighted*) of dementia among elders aged 60 or above living in the community and residential care homes by age group

Age group	Prevalence
60–64	1.1%
65–69	2.5%
70–74	4.6%
75–79	9.0%
80–84	22.8%
85 or above	49.8%
Total	9.7%

Note: *Sample weighting was performed according to the key characteristics of Hong Kong population (age and gender)
Source: Hong Kong Mental Morbidity Survey for Older People

Dementia is a brain condition. It is NOT a normal part of ageing.



Dementia can happen to anybody, although it is much more common in older people.

Advancing age is the strongest non-modifiable risk factor. However, dementia is not a natural or inevitable consequence of ageing. Young-onset dementia, defined as the onset of symptoms before the age of 65 years, accounts for up to 9% of dementia cases globally¹. Given a global total age-standardised incidence rate of 11 per 100 000 population in the age group of 30 to 64, this would correspond to about 370 000 new young-onset dementia cases worldwide per year¹². Other non-modifiable risk factors for dementia include a family history and genetic mutations or variations.

Early Prevention of Dementia

Studies have shown a relationship between dementia with certain unhealthy lifestyles, common chronic diseases as well as other specific risk factors (Figure 1)^{13, 14}. Although certain risk factors seem to be more closely associated with specific stages of life, such as midlife obesity and hypertension or infrequent social contact in later life, one should proactively take measures to prevent and manage dementia-related risk factors as early as possible when it comes to prevention. By addressing the 14 modifiable dementia risk factors, it is estimated that nearly half of all dementias could be prevented¹⁴.



Source: Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission, Livingston, Gill et al. The Lancet, Volume 404, Issue 10452, 572–628

www.alzint.org



Figure 1: Modifiable risk factors associated with increased dementia risk (used with permission from Alzheimer's Disease International¹³)

10 Must-Do Habits for Preventing Dementia

Studies consistently show that dementia risk is lower in people who have healthy behaviours. Compared to those with the least healthy lifestyle, individuals with the healthiest lifestyle have about 40% lower risk of developing dementia¹⁵. Even among people with a higher genetic risk, adherence to a healthy lifestyle is also associated with a lower risk of developing dementia¹⁶.

Actions to enhance cognitive reserve and reduce the risk of developing dementia later in life:



Manage body weight and control chronic diseases. Keep body weight, blood pressure, blood sugar and blood lipids at optimal levels. Follow treatment plans offered by healthcare professionals to manage and control hypertension, diabetes, hyperlipidaemia and other chronic medical conditions.

Stay physically active. Apart from reducing the risk of obesity, hypertension and diabetes, physical activity can increase cerebral blood flow and enhance neurogenesis, reducing the risk of dementia^{17, 18}. Adults are recommended to do at least 150–300 minutes of moderate-intensity aerobic physical activity such as brisk walking, or equivalent amount of physical activity throughout the week¹⁹.



Eat Healthily. Eat a balanced diet according to the “Healthy Eating Food Pyramid”²⁰ with at least 2 servings of fruit and at least 3 servings of vegetables per day. Choose more whole grains over refined grains and limit consumption of fats, salt and sugar.

Do not smoke. Smoking harms the brain and affects vision and hearing. Thus, smokers should quit immediately.



Prioritise sleep. Getting a good night's sleep is vital to brain health. A study showed that persistent sleeping 6 hours or less per night at age 50, 60 and 70 was associated with a 30% increased dementia risk²¹. Maintain regular sleep time and aim for 7–8 hours of quality sleep per night.

Refrain from alcohol drinking. Chronic and heavy alcohol drinking can lead to permanent damage to the brain²². Non-drinkers should not start drinking. Current drinkers should appraise their drinking habits, realise the potential harms associated with drinking and appreciate the benefits of stopping alcohol consumption.



Stay mentally and socially active. Intellectual stimulation protects against cognitive decline. Explore and engage regularly in activities that challenge brain, such as crosswords or puzzles, mahjong, card games, playing musical instruments, reading, calligraphy or painting. Social activities are also good for the brain and can keep dementia at bay. Stay socially active, keep in touch with family and friends, participate in volunteer activities or join a hobby group.



Protect the head. Wear safety helmets when engaging in certain types of work such as construction work, recreational and sporting activities such as boxing, rugby or cycling to reduce the risk of traumatic head injury. Buckle-up at all times when travelling in cars. For elders, take steps to prevent falls and stay protected.



Protect eyesight. Wear protective eyewear or face shields when engaging in certain types of work such as welding and dealing with chemicals, playing sports such as fencing or doing other activities that could damage the eyes. On sunny days, wear sunglasses for protection from the sun's ultraviolet rays when outdoors.



Protect hearing. A rule of thumb is to avoid noises that are too loud, too close or last too long. Adopt the 60-60 Rule, i.e. listening at no more than 60% of the audio device's maximum volume for less than a cumulative 60 minutes a day²³. Block out noise by wearing appropriate ear plugs or ear muffs when working in noisy environments.



Cognition vitality is essential to quality of life and survival in later years. To prevent or reduce the risk of getting dementia, individuals should proactively take measures to prevent and manage dementia-related risk factors as early as possible.

References

1. Dementia (31 March 2025): Geneva: World Health Organization. Accessed 9 June 2025: <https://www.who.int/news-room/fact-sheets/detail/dementia>
2. Dementia (Last updated 5 February 2025). Hong Kong SAR: Elderly Health Service, Department of Health. Accessed 9 June 2025: https://www.elderly.gov.hk/english/health_information/dementia/dementia.html.
3. Understanding Different Types of Dementia (Last updated 27 January 2025). National Institute of Aging, National Institute of Health of the U.S. Department of Health and Human Services. Accessed 9 June 2025: <https://www.nia.nih.gov/health/alzheimers-and-dementia/understanding-different-types-dementia>.
4. Hu HY, Zhang YR, Aerqin Q, et al. Association between multimorbidity status and incident dementia: A prospective cohort study of 245,483 participants. *Translational Psychiatry* 2022;12(1):505.
5. Xiao X, Xiang S, Xu Q, et al. Comorbidity among inpatients with dementia: A preliminary cross-sectional study in West China. *Aging Clinical and Experimental Research* 2023;35(3):659-667.
6. Risk Reduction of Cognitive Decline and Dementia: WHO Guidelines. Geneva: World Health Organization; 2019.
7. Estimation of the global prevalence of dementia in 2019 and forecasted prevalence in 2050: An analysis for the Global Burden of Disease Study 2019. *Lancet Public Health* 2022;7(2):e105-e125.
8. GBD Cause and Risk Summaries: Alzheimer's disease and other dementias--Level 3 Risk (Last updated 16 May 2024). Seattle WA: Institute for Health Metrics and Evaluation. Accessed 9 June 2025: <https://www.healthdata.org/research-analysis/diseases-injuries-risks/factsheets/2021-alzheimers-disease-and-other-dementias>.
9. Burden of disease scenarios for 204 countries and territories, 2022-2050: A forecasting analysis for the Global Burden of Disease Study 2021. *Lancet* 2024;403(10440):2204-2256.
10. Lam LCW, Chan WC, Lee ATC, et al. The Hong Kong Mental Morbidity Survey for Older People – HKMMSOP. Submitted to the Grant Review Board on 4 December 2023 Final Report (Version 2). Accessed 12 August 2025: <https://rfs2.healthbureau.gov.hk/search/#/fundedsearch/projectdetail?id=2444&lang=en>.
11. Mortality Statistics. Hong Kong SAR: Department of Health and Census and Statistics Department.
12. Hendriks S, Peetoom K, Bakker C, et al. Global incidence of young-onset dementia: A systematic review and meta-analysis. *Alzheimer's & dementia : the journal of the Alzheimer's Association*. 2023;19(3):831-843.
13. Dementia Risk Factors. Alzheimer's Disease International. Accessed 9 June 2025: <https://www.alzint.org/u/07387-risk-factor-graphics-updated-2024.pdf>.
14. Livingston G, Huntley J, Liu KY, et al. Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission. *Lancet* 2024;404(10452):572-628
15. Gao Y, Zhang Z, Song J, et al. Combined healthy lifestyle behaviours and incident dementia: A systematic review and dose-response meta-analysis of cohort studies. *International Journal of Nursing Studies* 2024;156:104781.
16. Lourida I, Hannon E, Littlejohns TJ, et al. Association of lifestyle and genetic risk with incidence of dementia. *Journal of the American Medical Association* 2019;322(5):430-437.
17. Brown BM, Peiffer JJ, Martins RN. Multiple effects of physical activity on molecular and cognitive signs of brain aging: Can exercise slow neurodegeneration and delay Alzheimer's disease? *Molecular Psychiatry* 2013;18(8):864-874.
18. Nuzum H, Stickel A, Corona M, et al. Potential benefits of physical activity in MCI and dementia. *Behavioural Neurology* 2020;2020:7807856.
19. WHO Guidelines on Physical Activity and Sedentary Behaviour. Geneva: World Health Organization, 2020.
20. Health Eating Food Pyramid for Adults. Hong Kong SAR: Department of Health.
21. Sabia S, Fayosse A, Dumurgier J, et al. Association of sleep duration in middle and old age with incidence of dementia. *Nature Communications* 2021;12(1):2289.
22. Nutt D, Hayes A, Fonville L, et al. Alcohol and the brain. *Nutrients* 2021;13(11)..
23. Healthy Use of Internet and Electronic Screen Products. Hong Kong SAR: Student Health Service, Department of Health. Accessed 9 June 2025: https://www.studenthealth.gov.hk/english/internet/video/txt_video_healthy_use_of_internet_and_electronic_screen_products.html.

World Alzheimer's Month

World Alzheimer's Day

World Alzheimer's Month is the international campaign from Alzheimer's Disease International that takes place every September and World Alzheimer's Day takes place on 21 September every year, aiming to raise public awareness about the disease.

The theme of the 2025 campaign is "Ask about dementia Ask about Alzheimer's".

For more information about the campaign, please visit the thematic website at www.alzint.org/get-involved/world-alzheimers-month/.

**Ask about
dementia**

**Ask about
Alzheimer's**



Editorial Board

Editor-in-Chief		Dr Anne CHEE
Members		Dr Patrick CHONG, Dr SK CHUANG, Dr Dominic LAU, Dr Joanna LEUNG, Dr April LI, Dr CY LI, Dr Geeta SHARMA, Dr Kellie SO, Dr Tammy TAM Dr Lilian WAN, Mr Simon WONG
Production Assistants		Ms Cynthia CHEUNG, Mr KK FUNG, Mr Paul FUNG, Ms Sharon LAU, Ms Natalie LEUNG

Disclaimer

This publication is produced by the Non-communicable Disease Branch, Centre for Health Protection of the Department of Health, 18/F Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong

All rights reserved

Please send all comments and/or questions to so_dp3@dh.gov.hk

Centre for Health Protection Website

www.chp.gov.hk