

LETTER TO THE EDITOR

Against healthism in dementia prevention: Sharing responsibility

As I have argued in the journal,¹ it is vital that social determinants of health be addressed in dementia prevention. Yet, there is still a major focus on individual-level interventions centered around behavior change. This is because of widespread “healthism” within society and research that takes an individual's responsibility for their own health for granted.² Instead, we ought to defend a view of “forward-looking responsibility” with regard to dementia prevention, in which “responsibility for health is not a zero-sum game” and is shared between governments and citizens.³

Dementia is a cognitive-behavioral amnesic syndrome affecting over 55 million people worldwide and has no cure. But according to an expert panel commissioned by *The Lancet* in 2020, up to 40% of cases are associated with 12 potentially modifiable risk factors across the lifetime, centered around less education, poor health, and air pollution.⁴ Recognizing that “many risk factors cluster around inequalities,” *The Lancet* commission offers “Tackle inequality” as a key take-home message for dementia prevention priority to maximize risk reduction.⁴ However, most expert and journalistic discourse since then has entirely ignored what role governments might have to play in facilitating risk reduction and tackling inequality and has instead focused almost exclusively on citizens' lifestyles. A symptomatic article published on March 11, 2023, in the British newspaper *The Guardian*, “Don't forget to floss: the science behind dementia and the four things you should do to prevent it,” claims that “exercise, being sociable, and looking after your ears” are keys to dementia prevention.⁵ It makes no mention of the need for governments to campaign for social inclusion or facilitate access to exercise or hearing aids.

This imbalance indeed smacks of healthism, an attitude which “elevat[es] health to a super value,” reduces health to a problem of individuals, and promotes “a non-political, and therefore, ultimately ineffective conception and strategy of health promotion ... reinforc[ing] the privatization of the struggle for generalized well-being”.² Yet, older adults themselves are not proponents of healthism. For instance, Feldman found that a sample of older women “refused to create new dualisms of super-aging, in which story-lines of physically fit, creative, active, adventurous aging become the new unachievable oppression”.⁶ Moreover, beyond being a moralizing attitude, healthism also widens inequalities in dementia prevention in an unequal society by favoring those who have access to physical,

mental, and social resources required for long-term maintenance of risk-reducing behaviors.⁷

Instead, as Walsh et al⁷ have argued, in the spirit of shared responsibility, the dementia community must stress the need for a population-wide approach to dementia prevention that actively involves national and local governments as well as citizens as it tackles environmental drivers of dementia.

FUNDING INFORMATION

No funding was received for this work.

CONFLICT OF INTEREST STATEMENT

Nothing to disclose.

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