

# Copenhagen Summit

*on Cognitive Reserve*



## CONSENSUS STATEMENT



# The Time for Global Action is Now

Population ageing along with urbanisation and migration are the great demographic definers of our time. The sheer number of older people in contemporary society commands the attention of governments from two vantage points – potential for ongoing social and economic contribution and the budgetary and human burden of short- and long-term care related to chronic disease.

While healthy life expectancy is slowly increasing, between 10 to 20% of older people experience some cognitive impairment, and 47 million people live with cognitive impairment severe enough to limit their ability to function in society. The impact on families, communities and governments is staggering, with worldwide dementia costs alone estimated at \$818 billion USD per year.

By contrast, healthy ageing is the aspirational goal of the World Health Organization's (WHO) defined as "the process of developing and maintaining the functional ability that enables older people to do what they value." Cognition is one of the major predictors of day-to-day functional ability and so new strategies for protecting against cognitive decline and impairment are necessary.

In response, the IFA Copenhagen Summit on Cognitive Reserve in October 2019 brought together over 75 delegates from 22 countries, comprising public health policy makers, international organizations focused on ageing and brain health, academics and policy advocacy experts.

A clear message from the Summit was of a present and tangible opportunity to make a positive impact on older people worldwide through action on Cognitive Reserve.

When cognitive abilities are viewed in snapshot over a broad age range the picture is stark. On average, year on year, most mental abilities including memory and problem solving appear to decline in steady fashion, whilst some such as vocabulary are preserved. However, a very different picture emerges when individuals are tracked over time. Across 10 to 20 years, cognitive abilities tend to follow at least three major trajectory patterns: no change, slight decline and steep drop. Cognitive decline is not inevitable in later life and by extension there is a public health responsibility to help move people 'up' a trajectory class.

Cognitive Reserve is critical to this objective and refers to a human capacity to decouple cognitive function from the accumulation of brain pathology that is so common as we age. Cognitive Reserve can be built up by voluntary and involuntary exposure to stimulatory environments throughout the lifespan. At a policy level, Cognitive Reserve can be promoted, protected and cultivated; alternatively, if ignored then like a muscle it will wither and waste away.

The potential for Cognitive Reserve to impact population health cannot be overvalued. In richer populations, evidence suggests that age-adjusted dementia rates may have fallen by 20-40% over the last few decades. Secular improvements in Cognitive Reserve determining factors such as schooling, higher education and occupational patterns are likely to have contributed (amongst other factors), but evolved in an unplanned way. Understanding and exploiting these

developments is critical because the greatest growth in dementia burden is yet to come and will occur in lower- and middle-income countries.

Summit delegates were therefore united and energized by the potential impact of a global, co-ordinated and evidence-informed action plan to support and boost Cognitive Reserve. Together, we call upon multiple sectors of society to:

- 1. Promote social policies that permit, enable and foster Cognitive Reserve building activities:** Address gate-keeper issues such as raising school completion, disparities in education, adult illiteracy, and better managing chronic mental health issues. Building Cognitive Reserve will require tackling many social determinants of health and a commitment to reduce inequities between and within nations. Proactive actions are also essential such as abolishing mandated retirement, supporting life-long learning, introducing retirement planning for the brain, countering loneliness and social isolation, promoting intergenerational exchange and incentivising and removing obstacles for volunteerism. All levels of governments have a key role here.
- 2. Advance a new societal narrative:** Ageing as decline, disease and disability must be replaced by a narrative of opportunity to take control, transmit knowledge, maximise function and pursue activities that give meaning to life. This begins with improved brain health literacy, a lifespan perspective and multidisciplinary and multi-sectoral engagement. Media, NGOs and popular culture have the power to make or break this objective.
- 3. Coordinate a global action plan:** The time for global action is now. Research, translation and implementation of low cost and accessible Cognitive Reserve-inspired interventions and policy are all urgently required. Critically, these need to be developed and optimised for populations beyond English-speaking and rich countries. The WHO will have a vital co-ordinating role in this respect.

For further information, please contact [asangster@ifa.ngo](mailto:asangster@ifa.ngo)

# Lead Authors

**Professor Michael Valenzuela** Brain and Mind Centre, University of Sydney

**Dr Jane Barratt** International Federation on Ageing (IFA)

# Summit Presenters

**Prof A. Patricia Aguilera Hermida** Penn State University

**Dr Charles Alessi** HIMSS International

**Professor Kaarin Anstey** UNSW Ageing Futures Institute

**Dr Islene Araujo de Carvalho** World Health Organization

**Professor Carol Brayne** University of Cambridge

**Dr Simon Chapman** University of Sydney

**Professor Linda Clare** University of Exeter

**Ms Heidi Holt** Centers for Disease Control and Prevention

**Ms Conny Helder** tanteLouise

**Professor Miia Kivipelto** Karolinska Institutet

**Prof Gill Livingston** University College London

**Professor Ralph Martins** Centre of Excellence for Alzheimer's Disease Research and Care

**Mr Graeme Prior** Hall & Prior Health & Aged Care Group

**Scientia Professor Perminder Sachdev** Centre for Healthy Brain Ageing (CHeBA)

**Mr Lenny Shallcross** World Dementia Council

**Dr Prashanthi Vemuri** Mayo Clinic

**Mr. Wu Yushao** China National Committee on Ageing

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